



Municipal Form No. 102
(Revised January 1999)

(To be accomplished in quadruplicate)

(Copy for OCRG)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 3a, 3b and 19a.)

Province Eastern Samar
City/Municipality Borongan

Registry No. 2005-1254

REMARKS/ANNOTATION

"Delayed Registration"

C H I L D	1. NAME (First) (Middle) (Last) <u>TRICIA MAE BUNA CABALLEGAN</u>		
	2. SEX 1 Male <input type="checkbox"/> 2 Female <input checked="" type="checkbox"/>		3. DATE OF BIRTH (day) (month) (year) <u>09 January 2001</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. Bugas, Borongan, Eastern Samar</u>		
	5a. TYPE OF BIRTH 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/>		b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify <input type="checkbox"/>
M O T H E R	c. BIRTH ORDER (live births and fetal deaths including this delivery) (1st, second, third, etc.) <u>1st</u>		d. WEIGHT AT BIRTH <u>3175</u> grams
	6. MAIDEN NAME (First) (Middle) (Last) <u>MERCIA DIGMAN BUNA</u>		
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive <u>1</u>	b. No. of children still living including this birth <u>1</u>	c. No. of children born alive but are now dead <u>0</u>
F A T H E R	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>20</u> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Brgy. Bugas, Borongan, Eastern Samar</u>		
	13. NAME (First) (Middle) (Last) <u>TAME OUB CABALLEGAN</u>		
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>	
16. OCCUPATION <u>Private Employee</u>		17. Age at the time of this birth: <u>21</u> years	

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 P. 49 46 48

2 0 1 2 1 1 1 1 1 1

48
2

49 50
1 1 1 1 1 1 1 1 1 1

54
1 1 1 1 1 1 1 1 1 1

51
1

52 54
1 1 1 1 1 1 1 1 1 1

58 59
1 1

70 72 74
1 1 1

78 79
2 4 0 1

81
2 5 1 1 1 1 1 1 1 1

86 87
1 1

88 91
1 1 1 1 1 1 1 1 1 1

93
1 1 1 1 1 1 1 1 1 1

94
26/06/2005

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Not Married

19a. ATTENDANT
1 Physician 2 Nurse 3 Midwife
4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 5:00am o'clock on the date stated above.

Signature [Signature] Address Bugas, Borongan, Eastern Samar
Name in Print EMMA LUCANA Date 24 May 2005
Title or Position Rural Health Midwife

20. INFORMANT
Signature [Signature] Address Brgy. Bugas, Borongan, Eastern Samar
Name in Print TAME O. CABALLEGAN Date 24 May 2005
Relationship to the child Father

21. PREPARED BY
Signature [Signature]
Name in Print MARTINO B. AMBOY
Title or Position Administrative Aide III
Date 24 May 2005

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print ROLAND B. CATALO
Title or Position Min. Civil Registrar
Date 02 JUNE 2005

04762-45-402RHH-00121-B1001

BEST POSSIBLE IMAGE



T402047624020012101142013001
YHQ00037806

BRen
02604-B01B902-8

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICTA
Administrator and Civil Registrar General
National Statistics Office



For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

W/ I, TAKE D. CABALLEGAN and parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of my/my knowledge and belief.

(Signature of Father)
Community Tax No. 23229572
Date Issued JUNE 6 2005
Place Issued TAGBISAN CITY

(Signature of Mother)
Community Tax No.
Date Issued
Place Issued

SUBSCRIBED AND SWORN to before me this 24th day of June 2005 at Borongan, Eastern Samar, Philippines.

(Signature of Administering Officer)
ROLAND B. CATALO
(Name in Print)

Min. Civil Registrar
(Borongan, E. Samar)
(Title/Designation)
(Borongan, E. Samar)
(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, TAKE GUAB CABALLEGAN, of legal age, single/married and with residence and postal address at Brgy. Bugan, Borongan, Eastern Samar after having been duly sworn to in accordance with law, do hereby depose and say:

- 1. That I am the applicant for the delayed registration of my birth/of the birth of TRICIA MAE BUNA CABALLEGAN
2. That I/he/she was born on 05/01/2001 at Brgy. Bugan, Borongan, Eastern Samar
3. That I/he/she was attended at birth by Ferna Lucena (RM) who resides at Bugan, Borongan, E. Samar
4. That I/he/she is a citizen of the Philippines
5. That my/his/her parents were [] married on [] at [] [X] not married but was acknowledge by my/his/her father whose name is Take Guab Caballegan
6. That the reason for the delay in registering my/his/her birth was due to negligence
7. That a copy of my/his/her birth certificate is needed for the purpose of registration
8. [] (For the applicant only) That I am married to [] [] (For the father/mother/guardian) That I am the father of the said person.

(Signature of Affiant)
Community Tax No. 23229572
Date Issued JUL 6 2005
Place Issued TAGBISAN CITY

SUBSCRIBED AND SWORN to before me this 24th day of June 2005 at Borongan, Eastern Samar, Philippines.

(Signature of Administering Officer)
ROLAND B. CATALO
(Name in Print)

Min. Civil Registrar
(Borongan, E. Samar)
(Title/Designation)
(Borongan, E. Samar)
(Address)

04762-45-402RHH-00121-BI001

BReN 02604-B01B902-6

Carmelita N. ERICTA
Administrator and Civil Registrar General
National Statistics Office

Documentary Stamp Tax Paid

BEST POSSIBLE IMAGE



T402047624020012101142013001



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(Ver. 04/2022)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NUMBER	121325113592
REGISTRATION TRACKING NUMBER	923214675069

OCCUPATIONAL STATUS: UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY:

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO. BYDLE NAME
MEMBER	CABALLEGAN	TRICIA MAE		BUNA	<input type="checkbox"/>
FATHER	CABALLEGAN	TAME		QUAB	<input type="checkbox"/>
MOTHER (Maiden Name)	BUNA	MHERCIA		DIOMAN	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CABALLEGAN	TRICIA MAE		BUNA	<input type="checkbox"/>

DATE OF BIRTH	01/09/2001	MARITAL STATUS	Single/Unmarried	TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH	BORONGAN, EASTERN SAMAR	CITIZENSHIP	FILIPINO	SSS NUMBER	
SEX	FEMALE	HEIGHT (cm.)	157.00	WEIGHT (kg.)	67.00
PROMINENT DISTINGUISHING FACIAL FEATURES					
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			EMPLOYEE NUMBER	
				For AFP/PAF Employee, Serial/Badge No.	
				For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS	COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor	Home
Building Name	Cell Phone
Let No., Block No., Phase No.	+63 (0938) 8947348
House No.	Business (Direct Line)
Street Name	SOLAJES COMPOUND
Subdivision	Business (Trunk Line)
Barangay	Barangay 71 NAGA-NAGA
Province/State/Country	LEYTE, PHILIPPINES
Municipality/City	TACLOBAN CITY
ZIP Code	6500
	Email Address
	caballegantrish@gmail.com

PRESENT HOME ADDRESS	Phase No.
Unit/Room No., Floor	Barangay
Building Name	Barangay 71 NAGA-NAGA
Lot no., Block no.	ZIP Code
House No.	6500
Street Name	
SOLAJES COMPOUND	
Subdivision	
Province/State/Country	
LEYTE, PHILIPPINES	
Municipality/City	
TACLOBAN CITY	

PREFERRED MAILING ADDRESS: PRESENT HOME ADDRESS

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.


EMPLOYMENT CERTIFICATE

This is to certify that **Tricia Mae Caballegan** was an employee of Boldr PH, Inc. from **September 15, 2023 to December 08, 2023** as **Sales Development Representative** under the **Client Team**.

This is to further certify that **Tricia Mae Caballegan** has been cleared of any accountabilities and obligations from the company.

This certification was issued to **Tricia Mae Caballegan** on the **9th day of December 2023** at 5th Floor, Hanston Building, F. Ortigas Jr. Road, Ortigas Center, Pasig City, 1600 Metro Manila, Philippines, for whatever purpose it may serve.

Certified by:



12/09/2023

Cristina Briones
Senior People Experience Manager
phpxteam@boldrimpact.com



Republic of the Philippines

Eastern Visayas State University

Tacloban City

COMPANY WITH
QUALITY SYSTEM
CERTIFIED BY DNV
= ISO 9001 =

Sa Lahat ng Akatatutunghay sa Diplomang ito

To All To Whom This Presents May Come

Mapitagang Bati Greetings

Ipinababatid ng Lupon ng mga Katiwala, sa Kapangyarihan kalaos ng Republika ng Pilipinas at sa Tagubilin ng
Be it known that the Board of Regents, by authority of the Republic of the Philippines and on Recommendation of the

Sanggunian ng Pamantasan, ay naggawad kay
University Academic Council, has conferred upon

Tricia Mae B. Caballegan

(Academic Achiever)

na nakatupad sa lahat ng kinakailangan ukol sa titulong
who has fulfilled all the requirements of the degree

BACHELOR OF SCIENCE IN OFFICE ADMINISTRATION

ay ginawaran ng nasabing titulo kalakip ang lahat ng karapatan, karangalan, pribilehiyo, pati na ang mga tungkulin at pananagutan na doo'y nauukol.
has accordingly been admitted to that title with all the rights, honors, and privileges as well as the obligations and responsibilities thereunto appertaining.

Bilang katunayan, taglay nito ang tatak ng Pamantasan at mga lagda ng Tagatala, Dekano at ng Pangulo ng Pamantasang ito.
In testimony whereof, the seal of the University and the signatures of the Registrar, Dean and the President of the University are hereunto affixed.


Iginawad sa Lungsod ng Tacloban, Philippines, ngayong ika-7 ng Hulyo sa taon ng ating Panginoon. Dalawang libo't dalawang pu't-tallo.
Given at the City of Tacloban, Philippines, this 7th day of July in the year of our Lord, Two thousand & twenty-three

Special Order No. 5-022, s. 2023, Per Board Res. No. 108, s. 2023.




JOSEPITO T. TOLPASE
OIC Tagatala
(OIC Registrar)


ROSE ANNA L. REFUERZO, DM
Dekano
(Dean)


DENNIS C. DE PAZ, PhD
Pangulo
(President)


June 05, 2024

CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:

This is to certify that **Tricia Mae Caballegan** was an employee of Teleperformance Philippines from **March 19, 2024** to **June 4, 2024**. He/She held the position of Customer Service Representative.

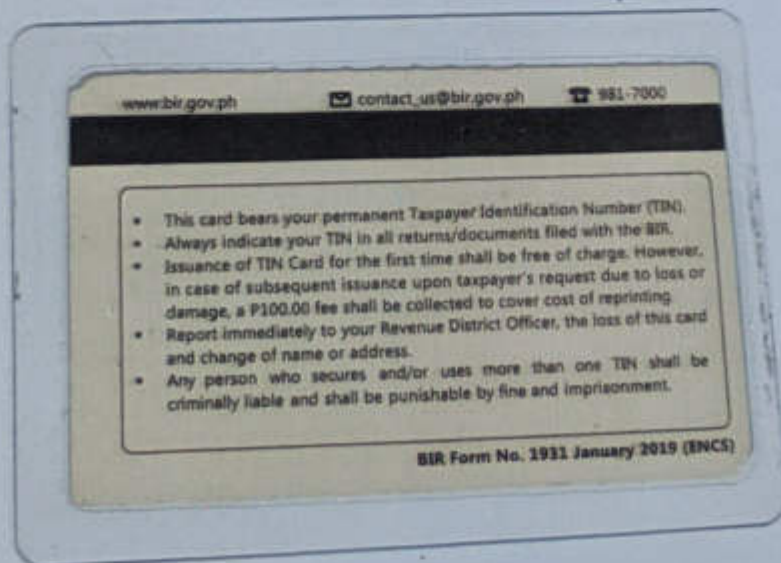
This Certification is being issued upon the request of **Tricia Mae Caballegan** for reference Purposes.


Rachel Majito - Cabaleros
Vice President, Human Resources

For Employment Verification, please send an e-mail to philippines@teleperformance.com

DATA CLASS 3 – HIGHLY CONFIDENTIAL

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REPUBLIC OF THE PHILIPPINES
PhilHealth



13-250086704-7
CABALLEGAN, TRICIA MAE BUNA
JANUARY 26, 2001 - FEMALE
907 71 TAGLOAN CITY LETTS - BDO

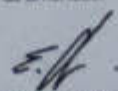


132500867047
INFORMAL ECONOMY

AK

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



EMMANUEL R. LEDESMA, JR.
Acting President and Chief Executive Officer (CEO)



MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V06, 06/2022)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NUMBER	121325113592
REGISTRATION TRACKING NUMBER	923214675069

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
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MEMBER	CABALLEGAN	TRICIA MAE		BUNA	<input type="checkbox"/>
FATHER	CABALLEGAN	TAME		GUAB	<input type="checkbox"/>
MOTHER (Maiden Name)	BUNA	MHERCIA		DIOMAN	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CABALLEGAN	TRICIA MAE		BUNA	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TRN)		
01/09/2001	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		BSS NUMBER	
BORONGAN, EASTERN SAMAR		FILIPINO			
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	157.00	67.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				For AFP/FPW Employee, Serial/Badge No.	
				For DepEd Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name		Home	
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
				SOLAJES COMPOUND	+63 (0638) 6947548
Subdivision			Barangay		Business (Direct Line)
			BARANGAY 71 NAGA-NAGA		
Municipality/City			Province/State/Country		Business (Trunk Line)
TACLOBAN CITY			LEYTE, PHILIPPINES		Email Address
ZIP Code					caballegatrxh@gmail.com
6500					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.	Street Name		Subdivision	Barangay	
	SOLAJES COMPOUND			BARANGAY 71 NAGA-NAGA	
Municipality/City			Province/State/Country		ZIP Code
TACLOBAN CITY			LEYTE, PHILIPPINES		6500
PREFERRED MAILING ADDRESS					
PRESENT HOME ADDRESS					

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



E-4

COV-01215 (09-2015)

Republic of the Philippines SOCIAL SECURITY SYSTEM MEMBER DATA CHANGE REQUEST

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
PLEASE READ THE INSTRUCTIONS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY MEMBER
A. PERSONAL DATA

SS NUMBER: **06-4647325-3** COMMON REFERENCE NUMBER (IF ANY): _____

NAME (LAST NAME): **CABALLEGAN** (FIRST NAME): **TRICIA** (MIDDLE NAME): _____ (SUFFIX): _____
DATE OF BIRTH (MM/DD/YYYY): **01/09/2001** TAX IDENTIFICATION NUMBER (IF ANY): _____

ADDRESS (RM./FLR/UNIT NO. & BLDG. NAME): **SOLAJES COMPOUND** (HOUSE/LOT & BLK. NO.): _____ (STREET NAME): **NAGA NAGA**
(SUBDIVISION): _____ (BARANGAY/DISTRICT/LOCALITY): **BARANGAY 71** (CITY/MUNICIPALITY): **TACLOBAN CITY (CAPITAL)** (PROVINCE): **LEYTE** ZIP CODE: **8500**

TELEPHONE NUMBER (AREA CODE + TEL. NO.): _____ MOBILE/CELLPHONE NUMBER: **0936-6947548** E-MAIL ADDRESS: **caballegantrish@gmail.com**

FOREIGN ADDRESS (IF APPLICABLE): _____ COUNTRY: _____ ZIP CODE: _____

B. DATA CHANGE/CORRECTIONS/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM: Employed Voluntary Overseas Filipino Worker Non-Working Spouse Prior Registrant
TO: Self-Employed (Please fill-out the details below)
 Professional/Business: _____
 Year Professional/Business Started: _____
 Monthly Earnings (Php): _____
 Non-Working Spouse (Please fill-out the details below)
 SS No./ORR of Working Spouse: _____
 Monthly Income of Working Spouse (Php): _____
 I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS.
 SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE: _____

(A person who registers with the SSS for the first time as a prospective employee.)

B. CORRECTION OF NAME

	FROM	TO
<input type="checkbox"/> Last Name		
<input checked="" type="checkbox"/> First Name	TRICIA	TRICIA MAE
<input checked="" type="checkbox"/> Middle Name (or change of middle initial to middle name)		SUNA
<input type="checkbox"/> Prefix (e.g., "Mr", "Mrs", "Miss", "Dr", "Ma", "Ms") or Suffix (e.g., Jr., Sr., III)		
<input type="checkbox"/> Simple Error in Spelling of Name (e.g., "T" to "Y" or "n" to "m" or vice versa, exclusion/deletion of space and special characters)		
<input type="checkbox"/> Due to Re-marriage		

C. CORRECTION OF DATE OF BIRTH

D. CORRECTION OF SEX

E. CHANGE OF CIVIL STATUS
(For Female Members: Accomplish the FROM and TO portions, if also requesting for change of name.)

Single to Married
 Married to Legally Separated
 Married to Widowed
 Reversion from Married to Single

F. UPDATING OF CONTACT INFORMATION

Address Telephone Number E-mail Address Mobile/Cellphone Number

G. UPDATING OF BANK INFORMATION

Benefits (Sickness/Maternity/Partial Disability) Loans PESO Fund

Bank Name: _____ Bank Branch: _____ Account Number: _____

H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents

BC

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use the back of the form.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MM/DD/YYYY)	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
1.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion