



Multiple Form No. 102
(Revised January 1993)
(To be accomplished in quadruplicate)
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 2 before the appropriate answer in items 2, 5a, 5b and 18a.)

REMARKS/ANNOTATION

Province Cebu
City/Municipality TOLEDO CITY Registrar No. 2004-151

1. NAME (First) VALLERY (Middle) MANAGAYDAY (Last) TANTUAN

2. SEX 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year) 8 JANUARY 2004

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay) ST. FAMILY MIDWIFE CLINIC, BANGI, TOLEDO CITY, CEBU

5a. TYPE OF BIRTH 1 Single X 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) THIRD

d. WEIGHT AT BIRTH 2730 grams

6. MAIDEN NAME (First) GERMA (Middle) GANGZ (Last) MANAGAYDAY

7. CITIZENSHIP PILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 3 b. No. of children still living including this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 29 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
BOHON, PINAMUNGAN, CEBU

13. NAME (First) JOSE LLOYD (Middle) REPORTO (Last) TANTUAN

14. CITIZENSHIP PILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION DRIVER 17. Age at the time of this birth: 31 years

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

19a. ATTENDANT 22 AUGUST 2002 - PINAMUNGAN, CEBU

1 Physician 3 Nurse X 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 4:32 AM o'clock am/pm on the date stated above.

Signature [Signature] Address BOHON BANGI
Name in Print MARILITA P. UY TOLEDO CITY, CEBU
Title or Position MIDWIFE Date 8 JANUARY 2004

20. INFORMANT
Signature [Signature] Address BOHON
Name in Print GERMA N. TANTUAN PINAMUNGAN, CEBU
Relationship to the child MOTHER Date 8 JANUARY 2004

21. PREPARED BY
Signature [Signature]
Name in Print MARILITA P. UY
Title or Position MIDWIFE
Date 8 JANUARY 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print JOSE R. SAPO DM
Title or Position City Civil Registrar
Date 11/2/04
Toledo City

For OCR USE ONLY
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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06151-G8-400JA-00364-BI001

BEST POSSIBLE IMAGE



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02251-B04B803-0

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority





MEMBER'S DATA FORM (MDF)

HQP-PFF-039
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY
Pag-IBIG MID NO: 121301477864
REGISTRATION TRACKING NO: 922174184044

OCCUPATIONAL STATUS: UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY: _____

Please specify

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	TANTUAN	VALLERY		MANAGAYTAY	<input type="checkbox"/>
FATHER	TANTUAN	JOSE LLOYD		REPUNTE	<input type="checkbox"/>
MOTHER (Mother Name)	MANAGAYTAY	GEMMA		GAMOT	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TANTUAN	VALLERY		MANAGAYTAY	<input type="checkbox"/>

DATE OF BIRTH: 01/09/2004

MARITAL STATUS: Single/Unmarried

PLACE OF BIRTH: TOLEDO CITY, CEBU

CITIZENSHIP: FILIPINO

TAXPAYER IDENTIFICATION NUMBER (TIN): _____

SSS NUMBER: 0544139544

GSIS NUMBER: _____

EMPLOYEE NUMBER: _____
For AFP/PNP Employee, Serial/Badge No.

For DepEd Employee, Division Code-Station Code: _____

SEX: FEMALE | HEIGHT (cm): 154.94 | WEIGHT (kg): 45.00

PROMINENT DISTINGUISHING FACIAL FEATURES: _____

COMMON REFERENCE NUMBER (CRN): _____

FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT: _____

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS

Unit/Block No., Floor: _____ Building Name: _____

Lot No., Block No., Phase No., House No., Street Name: _____

Subdivision: BONBON POBLACION PINAMUNGAJAN CEBU

Municipality/City: PINAMUNGAHAN Province/State/Country: CEBU, PHILIPPINES

ZIP Code: 6030

COUNTRY + AREA CODE + TELEPHONE NUMBER: _____

Home: _____

Cell Phone: +65 (0927) 0379491

Business (Direct Line): _____

Business (Trunk Line): _____

Email Address: vallerytantuan@gmail.com

PRESENT HOME ADDRESS

Unit/Block No., Floor: _____ Building Name: _____

Lot No., Block No., Phase No.: _____

House No., Street Name, Subdivision: _____

Municipality/City: PINAMUNGAHAN Province/State/Country: CEBU, PHILIPPINES

ZIP Code: 6030

PREFERRED MAILING ADDRESS: PERMANENT HOME ADDRESS

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 122517703743
 Member Category : FORMAL ECONOMY
 Sub-Category : PRIVATE
 NHTS Coverage :
 Effectivity Period :

TANTUAN, VALLERY MANAGAYTAY
 583 K C J CUIZON, TINAGO, CEBU CITY,
 CEBU 6000

Foreign Address : N/A
 Contact No. (Foreign) : N/A
 (Local) :
 Sex : Female
 Date of Birth : 01/08/2004
 Place of Birth : TOLEDO CITY, CEBU
 Civil Status : SINGLE
 Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 200339300421
 Name of Employer/Organized Group : SUPER VALUE INC
 Business Address : SM CORPORATE OFFICE J W DIOKNO BLVD MALL OF ASIA COMPLEX ZONE 10 CBP 1A, BGY 76, PASAY CITY, FOURTH DIST.
 Telephone Number : N/A
 Tax Identification Number : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

MARJORIE A. CABRIETO
 REGIONAL VICE PRESIDENT
 PRO - VII Cebu City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyong, maghigay ng kopya sa ospital. Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.

This is a system generated report. Signature is not required.



Consolatrix College of Toledo City, Inc.

Magsaysay Hills, Toledo City, Cebu, Philippines

PAASCU Accredited Level 2



www.cctc.edu.ph

consolatrxcollege.toledo2005@gmail.com

(032) 466-8771 466-1690

CERTIFICATION OF GRADUATION

To Whom It May Concern:

This is to certify that **TANTUAN, VALLERY M.**, is a graduate of the Secondary Academic- Science, Technology, Engineering and Mathematics (STEM) at Consolatrix College of Toledo City, Inc., Toledo City Cebu, Philippines on May 18, 2022.

This certification is issued upon the request of the above mentioned student for whatever purpose it may serve her best.

Issued this 14th day of June, 2022 at Consolatrix College of Toledo City Inc., Cebu, Philippines.

J. J. A. E.

SR. JOSEPHINE D. ATIVO, A.R., Ph.D., EM

Directress / Principal

Not valid without
CCTC Seal



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



Part I - Employee Information

1 For the Year (YYYY) 2017

3 TIN 811 494 167

4 Employee's Name (Last Name, First Name, Middle Name) TANTUAN, VALLERY MANAGAYTAY

5 RDO Code

6 Registered Address 6A ZIP Code
C/O Supervalue, Inc.

6B Local Home Address 6B ZIP Code

6C Foreign Address

7 Date of Birth (MMDDYYYY) 01 09 2004

8 Contact Number

9 Statutory Minimum Wage rate per day 0.00

10 Statutory Minimum Wage rate per month 0.00

11 Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

Part II - Employer Information (Present)

12 TIN 000 144 876

13 Employer's Name Supervalue, Inc.

14 Registered Address 14A ZIP Code
14B Corporate Office, Bldg. 2, 7th District Blvd., Alabang-Corpus, Parañaque City 1700

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 27 and 30) 22,969.78

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 22,969.78

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) -0.00

22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 0.00

24 Tax Due 0.00

25 Amount of Taxes Withheld
25A Present Employer 0.00
25B Previous Employer, if applicable 0.00

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 0.00

Part IV-B Details of Compensation Income & Tax Withheld from Present Employer

Item	Amount
27 Basic Salary (including the amount P200,000 & below) or the Statutory Minimum Wage of the MWE	19,331.29
28 1/2-day Pay (MWE)	0.00
29 Overtime Pay (MWE)	0.00
30 Night Shift Differential (MWE)	0.00
31 Hazard Pay (MWE)	0.00
32 13th Month Pay and Other Benefits (maximum of P90,000)	1,567.97
33 De Minimis Benefits	0.00
34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	1,973.54
35 Salaries and Other Forms of Compensation	0.00
36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	22,969.78
B. TAXABLE COMPENSATION INCOME REGULAR	
37 Basic Salary	0.00
38 Representation	0.00
39 Transportation	0.00
40 Cost of Living Allowance (COLA)	0.00
41 Fixed Housing Allowance	0.00
42 Others (specify): 42A 42B	
SUPPLEMENTARY	
43 Commission	
44 Profit Sharing	
45 Fees Including Director's Fees	
46 Taxable 13th Month Benefits	0.00
47 Hazard Pay	0.00
48 Overtime Pay	0.00
49 Others (specify): 49A 49B	
50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	0.00

I hereby declare, under the penalties of perjury that this certificate has been made in good faith, verified by me, and to the best of my own knowledge and belief, it is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my full consent to the processing of my information as contemplated under the Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 ROQUE A. LIM / DIRECTOR
Present Employer/Authorized Agent Signature over Printed Name

Date Signed

52 VALLERY M. TANTUAN
Employee Signature over Printed Name

Date Signed

CTC/Valid ID No. of Employee

Place of Issue

Date Issued

Amount paid, if CTC

I declare, under the penalties of perjury that the information herein stated is reported under BIR Form No. 1004-C which has been filed with the Bureau of Internal Revenue.

53 ROQUE A. LIM / DIRECTOR
Present Employer/Authorized Agent Signature over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

54 VALLERY M. TANTUAN
Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

MO0874IW202206141711 Date/Time Generated: 14 June 2022 08:59:59 PM

SS NUMBER 06-4413954-4					
NAME					
(LAST NAME) TANTUAN	(FIRST NAME) VALLERY	(MIDDLE NAME) MANAGAYTAY	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 01082004	PLACE OF BIRTH (CITY/MUNICIPALITY) TOLEDO CITY	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) TANTUAN	(FIRST NAME) JOSE LLOYD	(MIDDLE NAME) REPUNTE	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) MANAGAYTAY	(FIRST NAME) GEMMA	(MIDDLE NAME) GAMOT	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (PM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME) BONBON POBLACION, PINAMUNGAHAN, CEBU	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) POBLACION	(CITY/MUNICIPALITY) PINAMUNGAHAN	(PROVINCE) CEBU	POSTAL CODE 6039	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 155	WEIGHT (IN KILOGRAMS) 45	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.) 032-2539253	MOBILE NUMBER (0927) 037-9491	EMAIL ADDRESS vallerytantuan@gmail.com		TIN	
DEPENDENT(B) BENEFICIARY(IES)					
SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
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OTHER BENEFICIARY(IES) (without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1 TANTUAN	YANCY BRILL	MANAGAYTAY		Sister	03/14/2001
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started					
Monthly Earnings		Monthly Earnings <small>Are you applying for membership in the Free Fund Program?</small>		Monthly Income of Working Spouse (P)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> - the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/issuance of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; - sharing of these data with SSS service providers to carry out the purposes stated above; and - disposal of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payments of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					