



Republic of the Philippines

Province of Cebu

CITY OF MANDAUE

BARANGAY TIPOLO

Tel. +63 921 588 3360 / (032) 345 4200

OFFICE OF THE PUNONG BARANGAY



CERTIFICATION

- BARANGAY CLEARANCE -

This is to certify that the person whose name, picture, and signature appeared herein has requested a **BARANGAY CLEARANCE** from this office.

Complete Name : **HANNAH P. VILLAJUAN**
 Address : **MAHARLIKA CICC
TIPOLO, MANDAUE CITY**
 Gender : **FEMALE**
 Date of Birth : **MAY 26, 2004**
 Place of Birth : **LOOC, MANDAUE CITY**
 Religion : **ROMAN CATHOLIC**
 Civil Status : **SINGLE**
 Contact Number : **09945770351**
 Purpose : **EMPLOYMENT**



HANNAH P. VILLAJUAN

Signature over printed name

It is further certified that the above person is a law-abiding citizen and of good moral character and has no pending case filed against him/her in this office.

Issued this **25TH** day of **JUNE 2024** at the office of the Punong Barangay of Barangay Tipolo, Mandaue City, Cebu, Philippines.

Certified by:

By the authority of the Punong Barangay

PHILIP RICHARD II J. CUIZON

Barangay Kagawad

RESTITUTO VILLANUEVA

Punong Barangay

Not valid if there is no official city seal.

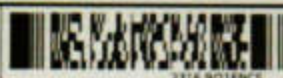
OR Number : 10440628
 Amount Paid : P 50.00
 Doc. Stamp : P 30.00
 Issued by : *Kim Nolasca Peralta*

This Clearance is good for 6 months only after issuance.



BIR Form No.
2316

**Certificate of Compensation
Payment/Tax Withheld**



September 2023 (RMC)

For Compensation Payment With or Without Tax Withheld

2316 (01/2013)

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) **2 0 2 4** 2 For the Period From (MM/DD) **0 1 0 1** To (MM/DD) **0 4 0 6**

Part I - Employee Information **Part IV-B Details of Compensation Income & Tax Withheld from Present Employer**

3 TIN **6 2 8 - 5 1 9 - 5 9 4 - 0 0 0 0**

4 Employer's Name (Last Name, First Name, Middle Name) **Villajuan, Hannah, Platero** 5 RDO Code **0 0 0**

6 Registered Address **C.D SENO ST, MAHARLIKA TIPOLO** 6A ZIP Code **6 0 1 4**

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 5 2 6 2 0 0 4** 8 Contact Number

9 Statutory Minimum Wage rate per day

10 Statutory Minimum Wage rate per month

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

12 TIN **2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0**

13 Employer's Name **CONCENTRIX CVG PHILIPPINES, INC.**

14 Registered Address **GF 14th to 25th Fir 6798 Ayal** 14A ZIP Code **1 2 2 6**

15 Type of Employer Main Employer Secondary Employer

16 TIN

17 Employer's Name

18 Registered Address **GF 14th to 25th Fir 6798 Ayal** 18A ZIP Code

19 Gross Compensation Income from Present Employer (Sum of items 29 and 32) **90,402.77**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of items 29 and 32) **29,630.83**

21 Taxable Compensation Income from Present Employer (Sum of items 29 and 32) **60,771.94**

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

23 Gross Taxable Compensation Income (Sum of items 21 and 22) **60,771.94**

24 Tax Due **0.00**

25 Amount of Taxes Withheld **0.00**

25A Present Employer **0.00**

25B Previous Employer, if applicable

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

27 5% Tax Credit (PERA Act of 2008)

28 Total Taxes Withheld (Sum of items 26 and 27) **0.00**

29 Basic Salary (including the exempt P250.00 below or the Statutory Minimum Wage of the MWE)

30 Holiday Pay (MWE)

31 Overtime Pay (MWE)

32 Night Shift Differential (MWE)

33 Hazard Pay (MWE)

34 13th Month Pay and Other Benefits (Maximum of P60,000) **14,329.19**

35 De Minimis Benefits **9,971.52**

36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) **5,330.12**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37) **29,630.83**

Part II - Employer Information (Present) **B. TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary **47,898.38**

40 Representation

41 Transportation

42 Cost of Living Allowance (COLA)

43 Fixed Housing Allowance

44 Others (specify):

44A

44B

SUPPLEMENTARY

45 Commission

46 Profit Sharing

47 Fees Including Director's Fees

48 Taxable 13th Month Benefits **0.00**

49 Hazard Pay

50 Overtime Pay

51 Others (specify):

51A **OTHER TAXABLE INCOME** **12,873.56**

51B

52 Total Taxable Compensation Income (Sum of items 39 to 51B) **60,771.94**

Part III - Employer Information (Previous) **Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of items 29 and 32) **90,402.77**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (Sum of items 29 and 32) **29,630.83**

21 Taxable Compensation Income from Present Employer (Sum of items 29 and 32) **60,771.94**

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

23 Gross Taxable Compensation Income (Sum of items 21 and 22) **60,771.94**

24 Tax Due **0.00**

25 Amount of Taxes Withheld **0.00**

25A Present Employer **0.00**

25B Previous Employer, if applicable

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

27 5% Tax Credit (PERA Act of 2008)

28 Total Taxes Withheld (Sum of items 26 and 27) **0.00**

We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/his, and to the best of my/his knowledge and belief, 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/we give my/his consent to the processing of my/his information as indicated under the "Data Privacy Act of 2012 (RA No. 10173)" for legitimate and lawful purposes.

53 **EDENREY RAMOS** *[Signature]* Date Signed

Present Employer/Authorized Agent Signature over Printed Name

CONFORME: 54 **Villajuan Hannah Platero** *[Signature]* Date Signed **05 18 2024**

Employee Signature over Printed Name

CTC/Value ID No. of Employee _____ Place of Issue _____ Date Issued _____ Amount paid (P/CTC) _____

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1804-C which has been filed with the Bureau of Internal Revenue.

55 **EDENREY RAMOS** *[Signature]* Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

56 **Villajuan Hannah Platero** *[Signature]* Employee Signature over Printed Name

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



Republic of the Philippines
Department of Justice
National Bureau of Investigation



40033631

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBI ID NO
V425EH0H40-ND4697873

FAMILY NAME
VILLAJUAN

MIDDLE NAME
PLATERO

ADDRESS
CD SENO ST BRGY TIPOLO MANDAUE CITY CEBU

DATE OF BIRTH
May 26, 2004

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
June 25, 2025

FIRST NAME
HANNAH

HUSBAND'S SURNAME

PLACE OF BIRTH
MANDAUE CITY CEBU

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE



V425EH0H40-ND4697873

JUDGE JAIME B. SANTIAGO (RET.)
Director

Date Printed: Tuesday, 25 June 2024 12:48 pm

Agency	ND4	DATE	minguezj
CASID	minguezj	BIOD	minguezj
O/R No	75Y22KJL	RECD	
O/R Date	06/25/2024 12:49:15 pm	INTD	
DST PAID		PRTD	minguezj



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Department of Justice
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SIGNATURE

GENDER
FEMALE



PERSONAL COPY



V425EH0H40-ND4697873

JUDGE JAIME B. SANTIAGO (RET.)
Director

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DST PAID		PRTD	minguezj



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: 01645752179
COMMON REFERENCE NUMBER (P AMT):
DATE OF BIRTH (MMDDYYYY): 05262004
TAX IDENTIFICATION NUMBER (if any):
NAME: VILLASIAN HANNAH
ADDRESS: TIPOLD MANAOJE CEBU
TELEPHONE NUMBER (JAMA CODE + TEL. NO.):
MOBILE/CELLPHONE NUMBER: 09260853936
E-MAIL ADDRESS: hannahvillasian71@gmail.com
COUNTRY: PHILIPPINES
ZIP CODE: 6014

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

FROM:
[] Employed
[] Voluntary
[] Overseas Filipino Worker
[] Non-Working Spouse (NWS)
[] Prior Registrant
TO:
[] Self-Employed (Please fill-out the details below.)
[] Non-Working Spouse (Please fill-out the details below.)
I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS.
SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

B. CORRECTION OF NAME

[] Last Name
[] First Name
[] Middle Name
[] Prefix (e.g., "de", "delos", "del", "Ma." or "Mrs") or Suffix (e.g., Jr., II or III)
[] Simple Error in Spelling of Name (e.g., "l" to "n" or "r" to "o" or vice versa, inclusion/deletion of space and special characters)
[] 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

Bank Name Bank Branch Account Number
[] Benefits (Sickness/Maternity/Partial Disability)
[] Loans
[] PESO Fund

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

I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 1, use other page "Instructions" portion.)

Table with columns: NAME (LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX), RELATIONSHIP TO MEMBER, DATE OF BIRTH (MMDDYYYY), and checkboxes for New/Additional/Deletion.

SKETCH OF RESIDENCE

