

SS NUMBER

06-3182740-3

SOCIAL SECURITY SYSTEM
PERSONAL RECORD

(Please Use Black Ink Only)
(Gumamit ng Itim na Tinta Lamang)



E-1
(Rev. 08/94)

SURNAME (APELYIDO)

Lungay

GIVEN NAME (PANGALAN)

Christine

MIDDLE NAME (GITNANG PANGALAN)

Tabar

ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN, BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN)

POSTAL CODE

SEX (KASARIAN)

MALE (LALAKI)

FEMALE (BABAE)

DATE OF BIRTH (KAPANGANAKAN)

m m d d y y
1 1 2 0 8 7

CIVIL STATUS (KATAYUANG SIBIL)

SINGLE (WALANG ASAWA)

MARRIED (MAY ASAWA)

WIDOWED (BALOI)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA)

FATHER (AMA)

Sabino C. Lungay

CHILDREN (MGA ANAK)

DATE OF BIRTH (KAPANGANAKAN)

MOTHER (INA)

Gerodina T. Lungay

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)

NAME (PANGALAN) RELATIONSHIP (KAPAGKIBIGAN)
SSS CEBU BRANCH Members Services Section

RIZA E. SABERON

Signature (Lagda) [Signature]
Date 11/10
Time 11:00

THUMBMARK



LEFT (KALIWA)



RIGHT (KANAN)

I hereby certify that the above information are true and correct. (Ako ay nagpapatunay na ang aking mga isinaad ay totoo at tama.)

Signature (Lagda)

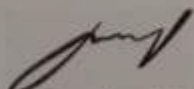
CERTIFICATE OF EMPLOYMENT

This is to certify that **Christi Rey Tabar Lungay** had been employed at **ePERFORMAX Contact Centers (Cebu) Corp.** from **March 16, 2019** to **March 31, 2021** as **Community Support Agent**.

This is to further certify that **Christi Rey Tabar Lungay** has been **cleared** from all her accountabilities from the Company.

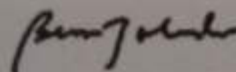
This certification is issued this **16th of June 2021** upon the request of **Christi Rey Tabar Lungay** for future employment purposes. For inquiries, please contact the undersigned.

Prepared by:


Ken Jordan M. Castañeda
Process and Policy Compliance Specialist
Email Address: e3ppccebu@eperformax.com

not valid without a seal

Noted by:


Noalliven Fae Marquiño-Toledo
E3 Deputy Director

*Note: For verification purposes you may send a message to employeecheck@eperformax.com.
Kindly support your verification with attached Letter of Authorization AND scanned copy of this document.*

REPUBLIC OF THE PHILIPPINES
OFFICE OF THE PRESIDENT
COMMISSION ON HIGHER EDUCATION
VISAYAS AREA
CEBU CITY

Southwestern University

By virtue of the authority granted by the government of the Republic of the Philippines, and upon the recommendation of the faculty and approval of the Board of Directors, Southwestern University confers on

Christi Rey Tabar Lungay

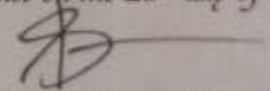
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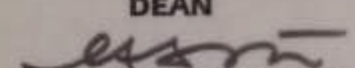
BACHELOR OF SCIENCE IN NURSING

Upon satisfactory fulfillment of the requirements thereof and grants this diploma as an evidence of graduation as approved by the Commission on Higher Education, with all the rights, honors and privileges as well as obligations and responsibilities thereunto appertaining.

IN TESTIMONY WHEREOF are hereunto affixed the Seal of the University and our signatures. Given in the City of Cebu, Philippines on the 29th day of March in the year of our Lord, two thousand and ten.

S.O. NO. : 50-501200-0438 s. 2010
DATED : July 19, 2010


LUCRIS A. TAN JR. RN. MAN, MD
DEAN


ELSA A. SURALTA, Ed.D
PRESIDENT

Form No. 102
Revised 1983



REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out, completely, accurately and legibly in ink or typewriter)

(To be accomplished by the Registrar)

LOCAL CIVIL REGISTRY NO. 87-1458

1. MUNICIPALITY Cebu City (Last)

2. NAME Christi Ray (First) Tabar (Middle) (Last)

3. DATE OF BIRTH (Day) 20 (Month) November (Year) 1987

4. SEX (Place 'X' on appropriate answer)
 Male Female

5. PLACE OF BIRTH (Name of Hospital/Institution; If not in hospital, give street/barangay)
Sacred Heart Hospital Urgello St. Cebu City

6. TYPE OF BIRTH (Place 'X' on appropriate answer)
 1 Single 2 Twin 3 Three or more

7. IF MULTIPLE BIRTH, CHILD WAS
 1 First 2 Second 3 Third, etc.

8. NATIONALITY Philippine

9. RELIGION RC

10. MAIDEN NAME (First) (Middle) (Last)
Georadella Cabanada Tabar

11. RELIGION RC

12. NAME (First) (Middle) (Last)
Sebina Calimbayan Lungay

13. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: Not applicable, fill Affidavit of Acknowledgment)
March 30, 1986 Cebu City

1. CERTIFICATE OF ATTENDANT AT BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 6:28 P.M.

Signature [Signature]

Name in print Georadella Cabanada Tabar

Title or position Attending Physician

Address C/O Sacred Heart Hospital Urgello St. Cebu City

Date November 20, 1987

14. INFORMANT
 Signature [Signature]

Name in print Georadella Lungay

Relationship to child Mother

Address 229 Cal. V. Tabada St. Cebu City

Date November 20, 1987

15a. PREPARED BY
 Signature [Signature]

Name in print Miss Louie Lestinoso R. N

Title or position CRS/ NRSB

Date November 29, 1987

Signature [Signature]

Name in print _____

Title or position _____

Date _____

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED _____

Informant should also provide information for items 17 to 25. The code boxes are to be filled by the Registrar.





Pag-IBIG *Plus*
LOYALTY CARD



CHRISTI REY T. LUNGAY

MID No 1212-4320-9433

Christi

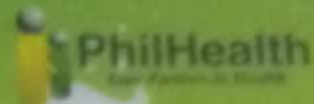


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REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-051237350-5

LUNGAY, CHRISTI REY TABAR

NOVEMBER 20, 1987 - FEMALE

229 ALUMNOS BASAK SAN NICOLAS CEBU CITY,
CEBU - 6000

Christi Rey Tabar
signature



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REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

LUNGAY, CHRISTI REY TABAR

TIN: 345-594-387-000

**229 ALUMNOS BASAK
SAN NICOLAS, CEBU CITY**

DATE OF BIRTH: NOVEMBER 20, 1987

DATE OF ISSUE: SEPTEMBER 08, 2020



Christi Rey Tabar Lungay

SIGNATURE