

(Copy for OCRG)



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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, 5a, 5b and 19a.)

Province <u>CEBU</u>		Registration No. <u>2000 33171</u>	Per OCRG USE ONLY Population Reference No. <u>227-200XP25-9</u>  TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR  41 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 42 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 43 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 44 <input type="checkbox"/> <input type="checkbox"/> <input 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City/Municipality <u>CEBU CITY</u>			
1. NAME (First) (Middle) (Last) <u>HARLEY ANGEL VILLARDAR TOFOU</u>			
2. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	3. DATE OF BIRTH (day) (month) (year) <u>23 NOVEMBER 2000</u>		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>CEBU PUB. CENTER &amp; MATERNITY HOUSE INC., CEBU CITY</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____	
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) <u>FIRST</u>		d. WEIGHT AT BIRTH <u>3,160</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>ESMINDA ELECCION VILLARDAR</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>	
10. OCCUPATION <u>NONE</u>		11. Age at the time of this birth: <u>26</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>LAWAAN I, TALISAY, CEBU</u>			
13. NAME (First) (Middle) (Last) <u>HARLEY HUBERTIN TOFOU</u>			
14. CITIZENSHIP <u>AUSTRALIAN</u>		15. RELIGION <u>ISLAM</u>	
16. OCCUPATION <u>RETIRED MILITARY</u>		17. Age at the time of this birth: <u>69</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>FEBRUARY 4, 1999 CAPITOL, CEBU CITY</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:55 A.M.</u> o'clock am/pm on the date stated above.			
Signature _____ Name in Print <u>MA. TERESA DATAN, M.D.</u> Title or Position <u>PHYSICIAN</u>		Address <u>CEBU PUB. CENTER &amp; MAT HOUSE INC., CEBU CITY</u> Date <u>NOVEMBER 23, 2000</u>	
20. INFORMANT Signature _____ Name in Print <u>ESMINDA TOFOU</u> Relationship to the child <u>MOTHER</u>		Address <u>LAWAAN I, TALISAY, CEBU</u> Date <u>NOVEMBER 23, 2000</u>	
21. PREPARED BY Signature _____ Name in Print <u>STANLEY E. LIBOR</u> Title or Position <u>CLERK</u> Date <u>NOVEMBER 23, 2000</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>CLAIRE DENNIS S. MAPA</u> Title or Position <u>CLERK</u> Date _____	

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BEST POSSIBLE IMAGE



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CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





## MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(v15, 04/2023)

FORM Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121312845128
REGISTRATION TRACKING NO.	923007139908


<b>OCCUPATIONAL STATUS</b> UNEMPLOYED/NOT YET EMPLOYED					
<b>MEMBERSHIP CATEGORY</b> <span style="float: right; font-size: x-small;">Please specify</span>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	WIDDLE NAME	NO. WIDDLE NAME
MEMBER	TOPCU	HARLEY ANSEL		VILLARDAR	<input type="checkbox"/>
FATHER	TOPCU	HASAN		HUSEYIN	<input type="checkbox"/>
MOTHER (Maestro Name)	VILLARDAR	ESMERCA		ELECCION	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	TOPCU	HARLEY ANSEL		VILLARDAR	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
11032000	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
CEBU CITY, CEBU		FILIPINO			
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER	
				For AFP/PAF Employee, Serial/Trade No.	
				For DepEd Employee, Division Code-Station Code	
ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY • AREA CODE • TELEPHONE NUMBER	
Lot/Block No., Floor		Building Name		Home	
Lot No.	Block No.	Phase No.	House No.	Street Name	Call Phone
18	22	1		HELIUM STREET	+63 (0382) 2773321
Subdivision			Barangay		Business (Direct Line)
DECA HOMES			TUNGKIL		
Municipality/City			Province/State/Country		Business (Toll Free)
MIGDALANILLA			CEBU, PHILIPPINES		
ZIP Code				Email Address	
6046				harleyharley@gmail.com	
PRESENT HOME ADDRESS					
Lot/Block No., Floor		Building Name		Phase No.	
				1	
House No.	Street Name		Subdivision		Barangay
	HELIUM STREET		DECA HOMES		TUNGKIL
Municipality/City			Province/State/Country		ZIP Code
MIGDALANILLA			CEBU, PHILIPPINES		6046
PREFERRED MAILING ADDRESS PERMANENT HOME ADDRESS					

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS						
OCCUPATION			EMPLOYMENT STATUS	TYPE OF WORK		
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT		
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME		
Work/Room No., Floor		Building Name		Basic		\$ 0.00
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others	\$ 0.00
Subdivision		Barangay		OFFICE ASSIGNMENT		
Municipality/City		Province		DATE EMPLOYED		
State/Country (if abroad)			ZIP Code			

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

MEMBERS						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME	RELATIONSHIP	DATE OF BIRTH
VILLARDAR	QUEENILYN MAE		ELECCION	( )	SISTER	06/22/1966
VILLARDAR	RAIMUND			(/)	BROTHER	03/26/2006
VILLARDAR	NICOLE		ELECCION	( )	SISTER	08/11/2006

CERTIFICATION	
<p>I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect, record, organize, update, modify, consult, use, consolidate, block, erase or destroy my personal data as part of my information. I hereby affirm my rights to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).</p>	
_____ SIGNATURE OF INFORMANT	_____ DATE
FOR Pag-IBIG FUND USE ONLY	
 Signature over Printed Name	DATE <b>FEB 15 2024</b>
_____ Designation/Position	_____ Branch/Unit

**DISCLAIMER**  
 Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 B/F Golden Peak Tower, General Awe, cor. Estero St., Cebu City 6000  
 (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871  
 www.philhealth.gov.ph



### MEMBER DATA RECORD

#### MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN): **120262015411** PhilSys Number :  
 Member Category : DIRECT CONTRIBUTOR - SELF NHTS Coverage : N/A  
 EARNING INDIVIDUAL - INDIVIDUAL Validity Period : N/A

**TOPCU, HARLEY ANGEL VILLARDAR**  
 TUNGKL, MINGLANILLA, CEBU - 6046

Please keep original copy of  
**MEMBER DATA RECORD (MDR)**

Foreign Address : N/A Sex : FEMALE  
 Date of Birth : 11/23/2000  
 Place of Birth : CEBU CITY, CEBU  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : /09206934776 Tax Identification Number :

#### ENTRY INFORMATION

Philhealth Number (PEN/POGN) : N/A  
 Name of Employer/Organized Group : N/A  
 Business Address : N/A  
 Telephone Number : N/A Employment Status: N/A  
 Tax Identification Number : N/A Date : N/A

#### DEPENDENT INFORMATION

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

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

**Pastala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang mairagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makinabang ng benepisyo, magbigay ng kopya sa ospital. *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 availing of benefits.*

This is a system generated report. Signature is not required. Printed At : CARCAR - Brgy. Panteles, Carcar, Cebu City  
 01/13/2014 10:42:13 AM



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

MO0677IW202111124370 Date/Time Generated: 12 November 2021 09:33:49 AM

SS NUMBER <b>35-1278876-5</b>					
<b>NAME</b>					
(LAST NAME) <b>TOPCU</b>	(FIRST NAME) <b>HARLEY ANGEL</b>	(MIDDLE NAME) <b>VILLARDAR</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>11232000</b>	PLACE OF BIRTH <b>CEBU CITY</b> (CAPITAL)	(CITY/MUNICIPALITY) <b>CEBU</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>
FATHER'S NAME (LAST NAME) <b>TOPCU</b>	(FIRST NAME) <b>HASAN</b>	(MIDDLE NAME) <b>HUSEYIN</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>VILLARDAR</b>	(FIRST NAME) <b>ESMINDA</b>	(MIDDLE NAME) <b>ELECCION</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>BLK 22, LOT 19</b>		(STREET NAME) <b>DECA HOMES PHASE 1</b>	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>TUNGKIL</b>	(CITY/MUNICIPALITY) <b>MINGLANILLA</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6046</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>170</b>	WEIGHT (IN KILOGRAMS) <b>48</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL. NO.) <b>032-3846836</b>	MOBILE NUMBER <b>(0915) 491-4379</b>	EMAIL ADDRESS <b>harleycuttie12@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
SPOUSE	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
CHILDREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____		Foreign Address _____ _____ Monthly Earnings _____ Are you applying for membership in the <i>Flex-Fund Program</i> ? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse _____ _____ Monthly Income of Working Spouse (P) _____	
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
<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"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <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 payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					

**INSTRUCTIONS**

- Fill out this form in one (1) copy.
- Erasures/alterations are not encouraged. However, if necessary, such will be limited up to two (2) erasures/alterations only. Always affix initials on all erasures/alterations of this form.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- Indicate the home address. If permanent home address is in the province but working in Metro Manila during weekdays or working abroad, indicate the provincial address instead of the Metro Manila address.
- Write the "HEIGHT" in centimeters and "WEIGHT" in kilograms.  
To convert: 1 ft = 30.48 cm    1 in = 2.54 cm    1 lb = 0.4536 kg
- Limit the distinguishing features to those that can be found on the face such as "mole under the right eye" and "mole or birth mark on the left cheek/forehead".
- Always indicate the following **mandatory** information:
  - Country of place of birth, if born outside the Philippines
  - Mobile number, if applied locally
  - Email address, if applied abroad
  - \* If card applicant cannot provide the required mobile number/email address, indicate the card applicant's immediate family member's mobile number/email address where SSS can communicate with the card applicant.
- For all types of card replacement, pay the required fee at any SSS branch office/ accredited bank/collecting agent. Write the Special Bank Receipt (SBR)/Receipt Number/Transaction Reference Number on the field provided and submit this form together with the required document/s and proof of payment to the nearest SSS branch office.
- For card replacement due to unclaimed UMID cards beyond five (5) years, a replacement fee and biometric data re-capture is required.
- Submit this form to the nearest SSS branch with the following required documents (use the table Documentary Requirements Guide).

**DOCUMENTARY REQUIREMENTS GUIDE**

IDENTIFICATION REQUIREMENTS (Present the original)	IDENTIFICATION REQUIREMENTS (Present the original)
<b>A. Primary ID card/document [any one (1) of the following]:</b> <input type="checkbox"/> 1. Unified Multi-Purpose ID Card <input type="checkbox"/> 2. Social Security Card <input type="checkbox"/> 3. Alien Certificate of Registration <input type="checkbox"/> 4. Driver's License <input type="checkbox"/> 5. Firearm Registration <input type="checkbox"/> 6. License to Own and Possess Firearms <input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance <input type="checkbox"/> 8. Passport <input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence <input type="checkbox"/> 10. Postal Identity Card <input type="checkbox"/> 11. Seafarer's Identification & Record Book (Seaman's Book) <input type="checkbox"/> 12. Voter's ID Card  <b>B. Any two (2) other ID cards/documents, both with signature and at least one (1) with photo (In absence of a primary card). Please specify.</b> <input type="checkbox"/> _____ <input type="checkbox"/> _____	<b>A. For card replacement due to amendment of data/authenticating finger</b> <input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant <input type="checkbox"/> Proof of payment <b>B. For card replacement due to lost SS digitized ID or UMID Card</b> <input type="checkbox"/> Duly notarized Affidavit of Loss <input type="checkbox"/> Proof of payment <b>C. For card replacement due to non-receipt of UMID Card</b> <input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card <input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card <input type="checkbox"/> Proof of payment <b>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</b> <input type="checkbox"/> Proof of payment

12. Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> <li>Collared shirt/blouse is encouraged</li> <li>Face and neck should be free from bandage or accessories</li> </ul>	<ul style="list-style-type: none"> <li>Wearing of the following:                             <ul style="list-style-type: none"> <li>For Male - undershirt/sando and/or earrings</li> <li>For Female - dangling or overstated earrings</li> <li>Eyeglasses and/or colored contact lenses</li> <li>Metal piercing in any part of the face</li> <li>Head gear</li> <li>Sunglasses</li> </ul> </li> </ul>

**REMINDERS**

- Card applicants who chose to enroll their UMID Card as ATM card at point of card application shall claim the same at the specified bank's branch or kiosk within thirty (30) days upon receipt of SMS notification from SSS.
- For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
- UMID Cards for pick-up at SSS Offices where card application was filed, shall be claimed within sixty (60) days from receipt of SMS notification from SSS. Otherwise, unclaimed UMID Cards within the 60-days claiming period shall be verified thru IMD or SSS hotline. Unclaimed UMID Cards beyond five (5) years shall be shredded or destroyed.
- To verify the status of your UMID Card application, you may reach us at 920-6401 local 5714 or email at sss\_id@sss.gov.ph.
- Card applicants shall be required to verify the status/availability of their UMID Cards if with change of mobile number after the card application was made or non-receipt of SMS notification from SSS within thirty (30) days from card application.
- Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

SS NUMBER SLIP

35-1278876-5

TOPCU, HARLEY ANGEL VILLARDAR

11/23/2000





CDR CHECKLIST OF DOCUMENTARY REQUIREMENTS F1104

REQUIREMENTS QF11-01.2020.05

Taxpayer's Copy



APPLICATION FOR REGISTRATION PURELY TIN ISSUANCE UNDER E.O. 98

- IMPORTANT: 1. Processing of transactions commences only upon submission of complete documents. INCOMPLETE REQUIREMENTS WILL BE RETURNED TO APPLICANT/WILL NOT BE PROCESSED. 2. Mark "v" for submitted documents and "X" for lacking documents.

FOR E.O. 98 - INDIVIDUAL (LOCAL)

- 1. BIR Form No. 1904 (2 originals);
2. Any government-issued ID (e.g. Birth Certificate, passport, driver's license, Community Tax Certificate) that shows the name, address, and birthdate of the applicant, in case the ID has no address, any proof of residence or business address; (1 photocopy)
Additional documents, if applicable:
1. Marriage Contract, for married female; (1 photocopy)
2. If transacting through a Representative:
2.1 Special Power of Attorney (SPA); (1 original)
2.2 Any government-issued ID of the authorized representative; (1 photocopy)
3. For First Time Job Seeker - Barangay Certification that the applicant is a resident of the barangay and is a First Time Job Seeker; (1 certified true copy)

FOR E.O. 98 - FOREIGN NATIONAL

- 1. BIR Form No. 1904 (2 originals);
2. Passport (Bio page, including date of entry/arrival and exit/departure stamp, if applicable); (1 photocopy)
Additional documents, if applicable:
1. If transacting through a Representative:
1.1 Apostilled Special Power of Attorney (SPA) or authenticated by the Philippine Embassy or Consulate General; (1 certified true copy, original for presentation)
1.2 Any government-issued ID of the authorized representative; (1 photocopy)
2. Employment contract or equivalent document indicating the duration of employment, compensation and other benefits, and scope of duties, if registering in the RDO of the employer other than RDO No. 39 - South Quezon City.

FOR E.O. 98 - NON-INDIVIDUAL

- 1. BIR Form No. 1904 (2 copies);
2. Any Apostilled official documentation issued by an authorized government body (e.g. government agency (tax authority) thereof, or a municipality) that includes the name of the non-individual and the address of its principal office in the jurisdiction in which the non-individual was incorporated or organized (e.g. Articles of Incorporation, Certificate of Tax Residency); (1 certified true copy)
Additional documents, if applicable:
1. If transacting through a Representative:
1.1 Apostilled Board Resolution/Secretary's Certificate (or equivalent); (1 certified true copy, original for presentation)
1.2 Any government-issued ID of the authorized representative; (1 photocopy)

Submitted by: TOPCU HANLEY ANGEL V Date: Jan. 26, 2023

Received by: [Signature] Date: JAN 20 2023

Return of Document/s: In preliminary evaluation of the completeness of the application and its supporting documents, the applicant has been informed of the identified lacking documentary requirement/s (marked "X") above for completion or resubmission of application.

Evaluator/Officer: [Signature] Return Date of Document/s: [Blank]

Acknowledgment by the applicant: I, [Blank] of legal age, hereby acknowledge the identified lacking documentary requirement/s (marked "X") and understand that pursuant to the IRR of RA 11052 otherwise known as "Ease of Doing Business and Efficient Government Service Delivery Act of 2018", the government office or agency shall not process deficient or incomplete applications or requests.

Name of Taxpayer/Representative: [Blank] Date: [Blank]

WE WANT TO SERVE YOU BETTER AND IMPROVE OUR CLIENT SERVICE STANDARDS. TO FULFILL THIS, LET US KNOW WHAT YOU THINK AND HOW WELL WE SERVE YOU BY ANSWERING OUR CUSTOMER SATISFACTION SURVEY FORM.

FOR REGISTRATION

BIR Form No. 1904

January 2019 (E.O. 98)

1 Date of Registration: 4 JAN 2023
2 RDO Code: 083

Information

Section - Foreign National Foreign Corporation Foreign Partnership

Address: VILLARDAR

City: S.T. R.E.I.T.
Province: TUNGKIL
Municipality: MINGLANILLA

Zip Code: 6046

15 Date of Arrival in the Philippines: 21
16 Municipality Code: 21

17 Father's Name: HASAN HUSEYIN TOPCU

18 Transaction Details: E.Y.Y.P.G.M.A.I.L.-C.O.M

Government Agencies: C: Tax Treaty Relief

Accredited Tax Agent Information: 23 RDO Code

24 Municipality (Province):

25 ZIP Code:

26 Bureau of Internal Revenue

27 RECEIVED 20 JAN 2023

28 Taxpayer's Signature:

29 Signature, Printed Name, Contact and Address of the Agent, address not being an e-mail address

30 Signature and Agency (e.g. ATTORNEY AT LAW, ACCOUNTANT, etc.) of the Agent or Secretary of the Agent, if the Agent is a representative of the taxpayer

31 Address and contact information of the Agent or Secretary of the Agent, if the Agent is a representative of the taxpayer