



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39367147

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

APPLICANT NO
C615ARSL79-OU100113
FAMILY NAME
CERVANTES
MIDDLE NAME
SALINAS
ALPHAB. SS
SITIO NAWANAW BRGY PIT-OS CEBU CITY
DATE OF BIRTH
January 19, 1997
CITY/STATE
FILIPINO
MARRIAGE

VALID UNTIL
July 05, 2025
FIRST NAME
RAMIL
SURNAME'S SURNAME
RAMIL
PLACE OF BIRTH
STA. ANA TAGUIG METRO MANILA
CIVIL STATUS
SINGLE



SIGNATURE

MULTI-PURPOSE CLEARANCE
NO DEROGATORY RECORD



C615ARSL79-OU100113

JUDGE JAIME B. SANTIAGO (RET.)
Director

Agency: DU
Case: jadrang
Date: 07/05/2024 10:29:01 AM
DST PAID: jadrang



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NO DEROGATORY RECORD



C615ARSL79-OU100113

JUDGE JAIME B. SANTIAGO (RET.)
Director

Date Printed: Monday, July 14, 2025 12:01 PM
Agency: DU
Case: jadrang
Date: 07/05/2024 10:29:01 AM
DST PAID: jadrang

PERSONAL COPY



Medgrappe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph

SERVICE ORDER



Priority No.	0006
SG No.	468028
S.O Date	07/15/2024
Terms	30 Days
Amount Due	P800.00

BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

PATIENT INFORMATION

PATIENT ID : 102834
PATIENT NAME : CERVANTES, RAMIL, SALINAS
PATIENT ADDRESS : Pit-Os, Cebu City (Capital), Cebu
MOBILE NO. : 09539860880
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Male
BIRTHDATE : 01/19/1997
AGE : 27
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT



CODE PARTICULARS/PROCEDURE

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME	1.00	800.00	800.00
	PE CHEST PA CBC UA			0.00
	DRUG TEST (NO PLEASE COMPANY)			0.00
	THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)			0.00
				800.00

ACKNOWLEDGED BY:
 Signature Over Printed Name

PREPARED BY:
 Floren A. Manigos

VALIDATED

BY Signature Over Printed Name

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests, I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services.

**** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM ****



Republic of the Philippines
SOCIAL SECURITY SYSTEM
MEMBER DATA CHANGE REQUEST

COV-01215 (09-2015)

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 9031911104519	COMMON REFERENCE NUMBER (IF ANY)	DATE OF BIRTH (MMDDYYYY) 01/19/1997	TAX IDENTIFICATION NUMBER (IF ANY) N/A
NAME (LAST NAME) CERVANTES	(FIRST NAME) RAMIL	(MIDDLE NAME) VALINAS	(SUFFIX)
ADDRESS (PM, FLR, UNIT NO. & BLDG. NAME)		(HOUSE/LOT & BLK NO.)	(STREET NAME)
(SUBDIVISION)	(BARANGAY/DISTRICT/LOCALITY) AMBACON	(CITY/MUNICIPALITY) HINUNGANGA	(PROVINCE) SOUTHERN LEYTE
TELEPHONE NUMBER (AREA CODE + TEL. NO.) N/A	MOBILE/CELLPHONE NUMBER 0195398601810	E-MAIL ADDRESS ramil.cervantes@ppa@gmail.com	
FOREIGN ADDRESS (IF APPLICABLE) N/A		COUNTRY	ZIP CODE

B. DATA CHANGE/CORRECTION/UPDATING

A. CHANGE OF MEMBERSHIP TYPE

<p>FROM</p> <input type="checkbox"/> Employed <input type="checkbox"/> Voluntary <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Non-Working Spouse (NWS) <input type="checkbox"/> Prior Registrant <small>(A person who registered with the SSS for the first time as a prospective employee.)</small>	<p>TO</p> <input type="checkbox"/> Self-Employed (Please fill-out the details below.) Profession/Business: _____ Year Profession/Business Started: _____ Monthly Earnings (P): _____	<p>TO (Option for Prior Registrant Only)</p> <input type="checkbox"/> Non-Working Spouse (Please fill-out the details below.) SS No./CRN of Working Spouse: _____ Monthly Income of Working Spouse (P): _____ I AGREE WITH MY SPOUSE'S MEMBERSHIP WITH SSS. _____ <small>SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE</small>
--	--	--

FROM _____ **TO** _____

B. CORRECTION OF NAME

Last Name _____

First Name _____

Middle Name _____
(or change of middle initial to middle name)

Prefix (e.g., "de", "delo", "delos", "del", "Ma" or "Maria") or Suffix (e.g., Jr., II or III) _____

Simple Error in Spelling of Name (e.g., "l" to "e" or "u" 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
<input type="checkbox"/> Benefits (Sickness/ Maternity/Partial Disability)	_____	_____
<input type="checkbox"/> Loans	_____	_____
<input type="checkbox"/> 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 3, use other page "Instructions" portion.)

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (MMDDYYYY)	
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion



REPUBLIC OF THE PHILIPPINES

CITY OF CEBU
BARANGAY PIT-OS

OFFICE OF THE BARANGAY CAPTAIN
Tel. No. 401-1894



BARANGAY CERTIFICATION

NILO C. TARIMAN

Barangay Captain

BARANGAY COUNCILORS:

JOHN CHRISTIAN F. ASIGNAR

Com. On Peace & Order

Com. On Social Services

JOHANNA F. HERBIETO

Com. On Women & Family
Affairs

MARK ANTHONY C. PEPITO

Com. on Infrastructure & Public
Services

DEXTER B. VELAYO

Com. On Environment,
Agriculture, & Solid Waste
Management

CHONA A. REYES

Com. On Finance
Com. On Health & Sanitation

CHRISTIAN LLOYD

M. FAMADOR

Com. On Education

LEONILO G. BONTILAO

Comm. On Transportation &
Communication

KEELYN A. REYES

Barangay Secretary

LIZETTE F. ABELLANA

Barangay Treasurer

TO WHOM IT MAY CONCERN:

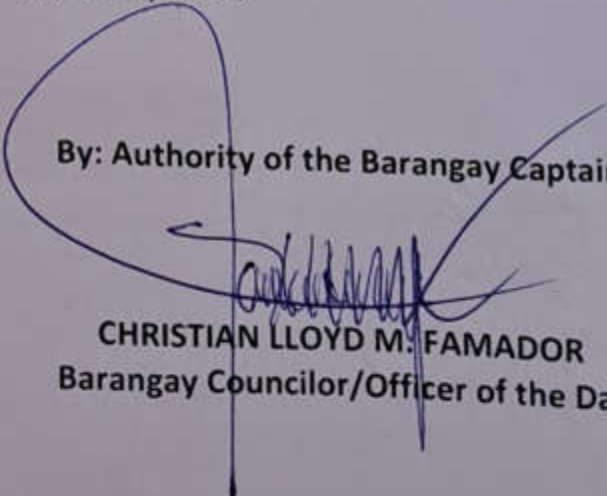
This is to certify that **Ramil S. Cervantes**, male, single, born on January 19, 1997 and a resident of Sitio Nawanao, Barangay Pit-os, Cebu City.

That he is residing in this barangay for 6 months.

This certification is being issued upon the request of the above named individual for **Employment** purposes.

Issued this 15th day of July 2024.

By: Authority of the Barangay Captain


CHRISTIAN LLOYD M. FAMADOR
Barangay Councilor/Officer of the Day



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121346041641
REGISTRATION TRACKING NO.	924191404995

OCCUPATIONAL STATUS	EMPLOYED
MEMBERSHIP CATEGORY	EMPLOYED - PRIVATE Please specify

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	CERVANTES	RAMIL		SALINAS	<input type="checkbox"/>
FATHER	CERVANTES	ROMIL		MALAYAG	<input type="checkbox"/>
MOTHER (Maiden Name)	SALINAS	BEVERLY		BDRELA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CERVANTES	RAMIL		SALINAS	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		492578101
01/19/1967	Single/Unmarried		SSS NUMBER		
PLACE OF BIRTH	CITIZENSHIP		GSIS NUMBER		
TAGUIG CITY, METRO MANILA (NCR)	FILIPINO		EMPLOYEE NUMBER		
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	164.00	72.00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For AFP/PNP Employee, Serial/Badge No.		
			For DepEd Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS Unit/Room No., Floor: _____ Building Name: _____ Lot No., Block No., Phase No.: _____ House No.: _____ Street Name: _____ Subdivision: _____ Municipality/City: HINUNANGAN ZIP Code: 6608				COUNTRY + AREA CODE + TELEPHONE NUMBER Home: _____ Cell Phone: +63 (0953) 9860680 Business (Direct Line): _____ Business (Trunk Line): _____ Email Address: ramilcervantes86@gmail.com	
PRESENT HOME ADDRESS Unit/Room No., Floor: _____ Building Name: _____ Lot No., Block No.: _____ Phase No.: _____ House No.: _____ Street Name: _____ Subdivision: NAWANAO Municipality/City: CEBU CITY Province/State/Country: CEBU, PHILIPPINES ZIP Code: 6000					
PREFERRED MAILING ADDRESS PRESENT HOME ADDRESS					