



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



15-050301291-1

LLUCH, JESSEL MAE MAHINAY

SEPTEMBER 25, 1990 - FEMALE

SUAREZ ILIGAN CITY, LANA DEL NORTE - 9200

Jessel
Signature



1 5 0 5 0 3 0 1 2 9 1 1

FORMAL ECONOMY



Pag-IBIG
LOYALTY CARD

JESSEL MAE M. LLUCH

MID No.

1210-1674-3878

Jessel



2*50103*095*03253*00*637*16*228





Municipal Form No. 07 (Revised January 2007) Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL *e accomplished in quadruplicate using black ink*

CERTIFICATE OF MARRIAGE

Province LANAO DEL NORTE		Registry No. 2015-044	
City/Municipality ILIGAN			
HUSBAND		WIFE	
1. Name of Contracting Parties	(First) JAY MARTIN (Middle) TAN (Last) LLUCH	(First) JESSEL MAE (Middle) EDNALIG (Last) MAHINAY	
2a. Date of Birth	(Day) 19 (Month) October (Year) 1992 (Age) 22	(Day) 25 (Month) September (Year) 1990 (Age) 24	
2b. Age	(City/Municipality) (Province) (Country)	(City/Municipality) (Province) (Country)	
3. Place of Birth	Iligan City	Butuan City - Agusan del Norte	
4a. Sex	Male	Female	
4b. Citizenship	Filipino	Filipino	
5. Residence	Tubod, Iligan City	Suarez, Iligan City	
6. Religion/ Religious Sect	Roman Catholic	Roman Catholic	
7. Civil Status	Single	Single	
8. Name of Father	Martin Quidlat Lluch	Jessie Tribucio Mahinay	
9. Citizenship	Fil.	Fil.	
10. Maiden Name of Mother	Jinky Pahagas Tan	Silveria Mesa Ednalig	
11. Citizenship	Fil.	Fil.	
12. Name of Person With Who Came Consent or Advice	Mr. & Mrs. Martin Quidlat Lluch	Mr. & Mrs. Jessie Tribucio Mahinay	
13. Relationship	Parents	Parents	
14. Residence	Tubod, Iligan City	Suarez, Iligan City	
15. Place of Marriage:	CORPUS CHRISTI PARISH, Tubod, Iligan City		
16. Date of Marriage:	08 May 2015	17. Time of Marriage: 3:00 p.m.	
18. CERTIFICATION OF THE CONTRACTING PARTIES: THIS IS TO CERTIFY THAT I, JAY MARTIN T. LLUCH and I, JESSEL MAE E. MAHINAY , both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we: <input type="checkbox"/> have entered, a copy of which is hereto attached / <input checked="" type="checkbox"/> have not entered into a marriage settlement. IN WITNESS WHEREOF, we have signed / marked with our fingerprint this certificate in quadruplicate on the 8th day of May 2015.			
JAY MARTIN T. LLUCH (Signature of Husband)		JESSEL MAE E. MAHINAY (Signature of Wife)	
19. CERTIFICATION OF THE SOLEMNIZING OFFICER: THIS IS TO CERTIFY THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age. I CERTIFY FURTHER THAT 0008926 issued on Feb. 16, 2015 at Iligan City <input checked="" type="checkbox"/> a. Marriage License No. _____ in favor of said parties, was exhibited to me. <input type="checkbox"/> b. no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 209. <input type="checkbox"/> c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.			
MSGR. JEDAR L. VERA CRUZ (Signature Over Printed Name of Solemnizing Officer)		Parish Priest (Position/Designation)	
		2014 26Y6ZMYG-2016 (Religion/Religious Sect, Registry No. and Expiration Date, if applicable)	
20a. WITNESSES (Print Name and Sign) Additional on the back Atty. Arthur B. Padilla, Betsy Rose LR. Tamala Carlo Antonio II, Alejo Cristi A. Lasmarias, Eric H. Siao, Hans B. Siao, Benedict H. Lluch, Eleonor A. Generican			
21. RECEIVED BY Signature _____ Name in Print SALVACION P. RAMOS Title or Position BOOKBINDER II Marriage Division Date 5/10/15		22. REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print SALVACION P. RAMOS Title or Position BOOKBINDER II Marriage Division Date 5/10/15	
REMARKS/ANNOTATIONS (For LCRO/OCRG/Shari's Circuit Registrar Use Only)			
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
4bH	4bW	6H	6W
7H	7W		
0 1 0 1 6 0 8 0 3 5 0 4 6 0 8 0 3 5 0 4 0 8 0 8 1 1			

06691-G7-733RBI-00112-MI001/

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Documentary Stamp Tax Paid

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

18, November 2022

To Whom it may concern;

This letter is to certify that **Ms. Lluch, Jessel Mae M.** was employed under 24-7 Intouch Ph. Inc., from **June 24, 2022** until **October 19, 2022**. **Ms. Lluch** last held the position of **Merchant Support Advisor** in **Probationary-Full Time** status.

This also certifies that **Ms. Lluch** has been cleared and has no pending accountabilities with 24-7 Intouch Ph Inc..

This certification is issued upon the request of **Ms. Lluch** for the purpose of employment records.

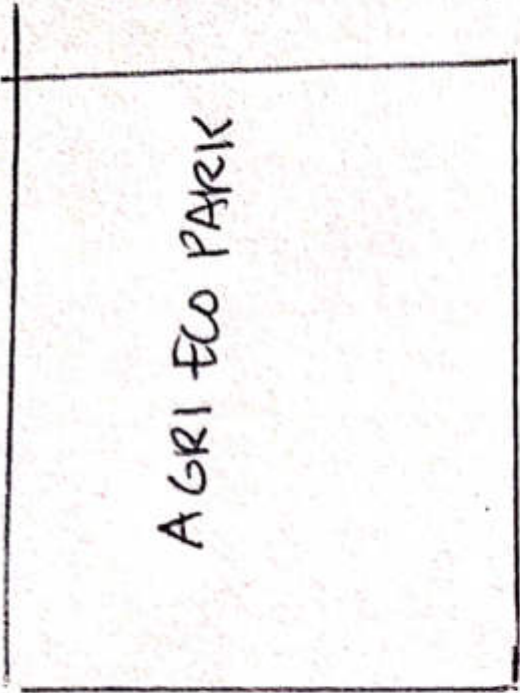
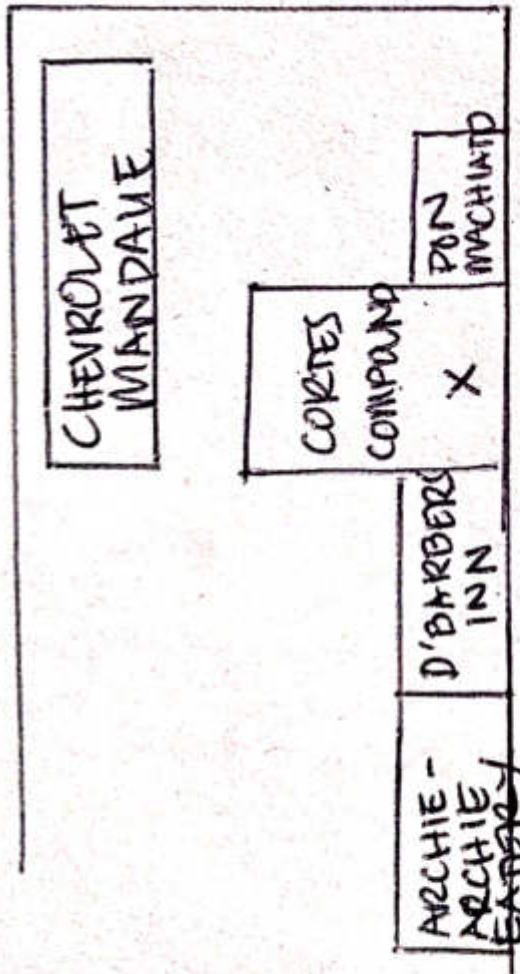
Respectfully,

Talingting, Shaira May
Coordinator | Human Resources
24-7 Intouch Ph. Inc.,
phhrservices@24-7intouch.com

If you have further clarification about this document, you may contact us through +6328814.8912 or email us through phhrservices@24-7intouch.com. Information disclosed herein shall be for the intended purpose only herewith in compliance with the Data Privacy Act of 2012. Any unlawful use or for other purpose voids this document.

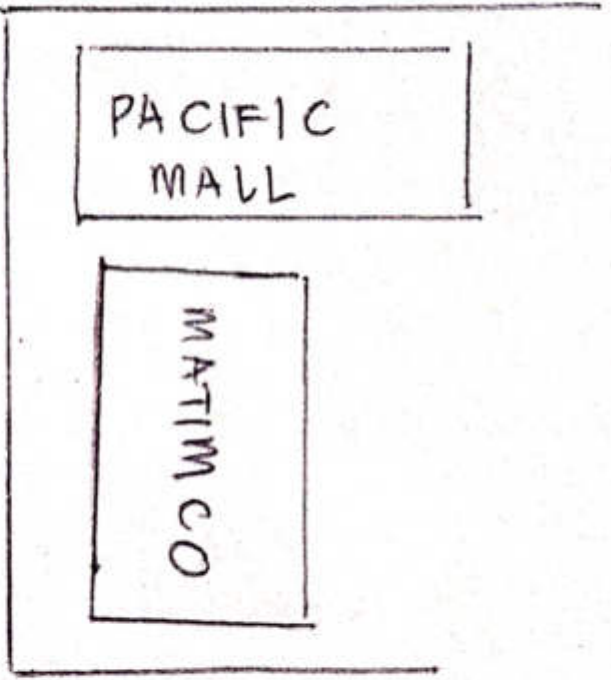
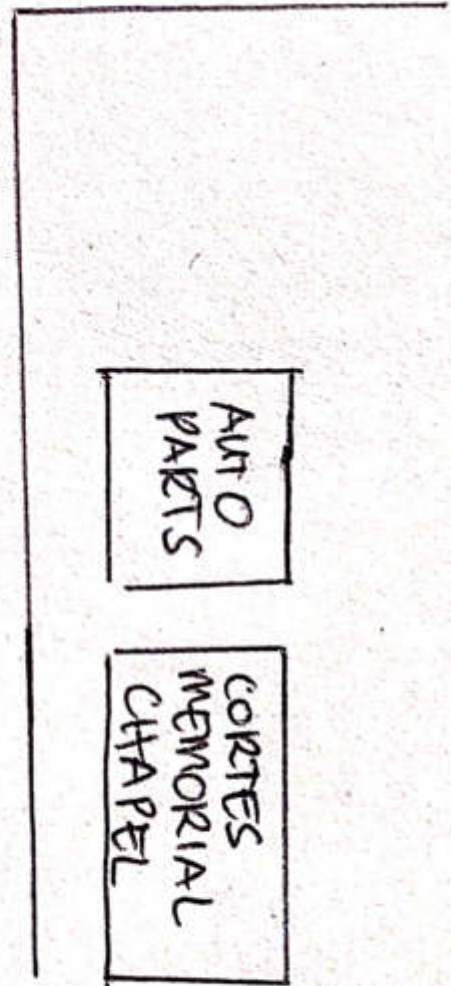
Dry seal not required

GOING TO CONSOLIDACION ->



SB CABAHUG STREET, IBABAO ESTANCIA MANDUE CITY

TO LAPU-LAPU CITY ->





ILIGAN MEDICAL CENTER COLLEGE

Human Resource Department

San Miguel Village, Pala-o, Iligan City 9200

Telephone No. (063)221-4661 Local 1120

Email address: imcchrd@gmail.com

CERTIFICATION

To Whom This May Concern:

This is to certify that MS. JESSEL MAE M. LLUCH is a contractual employee of Iligan Medical Center College as a **Guidance Facilitator** of the Basic Education Department from September 1, 2020 until February 25, 2021.

This certification is being issued upon the request of Ms. Lluch for whatever legal purpose it may serve her best.

Issued on 24th day of February 2021 at Iligan City, Philippines.

For further verification, you may call the undersigned at 221-4661 loc 1120.

MARIA CONCEPCION T. LAGTAPON
Head, Human Resource Department





ILIGAN MEDICAL CENTER COLLEGE

Human Resource Department

San Miguel Village, Pala-o, Iligan City 9200

Telephone No. (063)221-4661 Local 1120

Email address: imcchrd@gmail.com

C E R T I F I C A T I O N

To Whom This May Concern:

This is to certify that MS. JESSEL MAE M. LLUCH was employed with Iligan Medical Center College as **Guidance Facilitator** of the Basic Education Department since May 16, 2019 until May 15, 2020.

This certification is issued upon the request of Ms. Lluch for her employment purposes.

Done this June 3, 2020 in Iligan City, Philippines.


MARIA CONCEPCION T. LAGTAPON
Head, Human Resource Department 

not valid without school seal



BIR Form No.
2316

September 2021(ENCS)

Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

1 For the Year (YYYY)

2 For the Period From (MM/DD) To (MM/DD)

Part I - Employee Information

3 TIN - - -

4 Employee's Name (Last Name, First Name, Middle Name) 5 RDO Code

6 Registered Address 6A ZIP Code

6B Local Home Address 6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) 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

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	Amount
29 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE	0.00
30 Holiday Pay (MWE)	0.00
31 Overtime Pay (MWE)	0.00
32 Night Shift Differential (MWE)	0.00
33 Hazard Pay (MWE)	0.00
34 13th Month Pay and Other Benefits (maximum of P90,000)	47,251.91
35 De Minimis Benefits	23,358.77
36 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	24,052.50
37 Salaries and Other Forms of Compensation	0.00
38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	94,663.18

Part II - Employer Information (Present)

12 TIN - - -

13 Employer's Name

14 Registered Address 14A ZIP Code

15 Type of Employer Main Employer Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	302,329.17
40 Representation	0.00
41 Transportation	0.00
42 Cost of Living Allowance (COLA)	0.00
43 Fixed Housing Allowance	0.00
44 Others (specify)	
44A <input type="text"/>	0.00
44B <input type="text"/>	0.00

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A ZIP Code

SUPPLEMENTARY

45 Commission	0.00
46 Profit Sharing	0.00
47 Fees Including Director's Fees	0.00
48 Taxable 13th Month Benefits	0.00
49 Hazard Pay	0.00
50 Overtime Pay	38,524.64
51 Others (specify)	
51A <input type="text"/>	0.00
51B <input type="text"/>	0.00
52 Total Taxable Compensation Income (Sum of Items 39 to 51B)	340,853.81

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 38 and 52)	435,516.99
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38)	94,663.18
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52)	340,853.81
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	340,853.81
24 Tax Due	13,628.07
25 Amount of Taxes Withheld	13,628.07
25A Present Employer	
25B Previous Employer, if applicable	0.00
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	13,628.07
27 5% Tax Credit (PERA Act of 2008)	0.00
28 Total Taxes Withheld (Sum of Items 26 and 27)	13,628.07

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our 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/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

53 Present Employer/Authorized Agent Signature over Printed Name

CONFORME: Employee Signature over Printed Name

54 CTC/Valid ID No. of Employee Place of Issue

Date Signed

Date Signed

Date Issued

Amount paid, if 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. 1604-C which has been filed with the Bureau of Internal Revenue.

55 Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

56 Employee Signature over Printed Name



Form No. 102 (Rev. 1983)

To be accomplished in triplicate

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

PROVINCE Agusan del Norte LOCAL CIVIL REGISTRY NO. 9005735
CITY / MUNICIPALITY Butuan City

1. NAME (First) Jannel Mae (Middle) Ednalig (Last) Mahinay

2. SEX (Place "X" on appropriate answer)
- 1 Male - 2 Female 2 Female

3. DATE OF BIRTH (Day) 25 (Month) September (Year) 1990

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay)
Sancta Villana, Bancasi (City/Municipality) Butuan City (Province) Agusan del Norte

5a. TYPE OF BIRTH (Place "X" on appropriate answer)
 1 Single - 2 Twin - 3 Three or more.

b. IF MULTIPLE BIRTH CHILD WAS
- 1 First - 2 Second - 3 Third, 4th, etc.

6. MAIDEN NAME (First) Silveria (Middle) Meeia (Last) Ednalig

7. NATIONALITY Filipino

8. RELIGION R. Catholic

9. NAME (First) Jannel (Middle) Mae (Last) Mahinay

10. NATIONALITY Filipino

11. RELIGION R. Catholic

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)
December 3, 1988 - Libertad, Butuan City

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at _____ o'clock a.m./p.m. on the date stated above.

Signature [Signature] Address Bancasi, Butuan City

Name in print ANBERTA E. SULTO

Title or position Trained Midwife Date September 26, 1990

14. INFORMANT

Signature [Signature] Address Bancasi, Butuan City

Name in print SILVERIA E. MAHINAY Date September 26, 1990

Relationship to child Mother

15a. PREPARED BY: [Signature] b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature [Signature] Name in print MERCEDES F. MONTON

Name in print ASST. REGISTRATION OFFICER Title or position Asst. Registration Officer

Date 11/7/90 Date 11/7/90

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

(Important: Informant should also provide information Nos. 16a to 26. The code boxes are to be filled out of the Office of the Local Civil Registrar)

Local Civil Registry No. 9005735 Registration Stamp [Stamp]

PROVINCE Agusan del Norte

CITY / MUNICIPALITY Butuan City

17. Weight at Birth (In grams) 4.8 lbs [Code] 18. Birth Order of Child Ex. first, second, etc. First [Code]

19a. Total Number of Children Born Alive 1 [Code] b. How many children are now living including this birth? 1 [Code] c. How many children were born alive but are now dead? 0 [Code]

20. Usual Occupation Gov't employee [Code] 21. Age of the time of this Birth 36 [Code]

22. Usual Residence (Barangay) Bancasi (City / Municipality) Butuan City (Province) Agusan del Norte

23. Usual Occupation Soldier [Code] 24. Age at the time of this Birth 28 [Code]

25. Attendant at Birth (Place "X" on appropriate answer)
- 1 Physician - 2 Nurses - 3 Midwife 4 Midwife - 5 Others

Sex [Code] Date of Birth [Code] Place of Birth [Code] Mother's Nationality [Code] Father's Nationality [Code]

RESERVE FOR BINDING

NAME OF CHILD

First	M.I.	Last
J E S S E L	M A E	E M A H I N A Y
68	70	71

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BEST POSSIBLE IMAGE

BReN
00202-A90TR08-4

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
Local Civil Registrar General



P.A.A.S.C.U. Accredited

LA SALLE ACADEMY
est. 1958

Br. Raymond Jeffrey St.
Pala-o
9200 Iligan City
Lanao Del Norte
Philippines

T: (63) (63)221-3203 local 36
F: (63) (63)221-3203 local 49

www.lasalleiligan.org

CERTIFICATE OF EMPLOYMENT

August 15, 2011

To Whom This May Concern:

This is to certify that **Ms. Jessel Mae E. Mahinay** was a substitute employee of La Salle Academy from June 7, 2011 up to August 6, 2011.

She rendered services in this institution as Guidance Counselor.

This is to certify further that there is no derogatory aspect in the record of this person in this school.

This certification is issued upon her request for whatever legal purpose it may best serve her.

Ms. Honey Vi J. Cruz
Human Resource Development Officer



Remembering the past, Living the present and Creating the future



P.A.A.S.C.U. Accredited

LA SALLE ACADEMY
est. 1958

La Salle Road, Pals-o
9200 Iligan City
Philippines
T: (63) (63)221-3203 local 12
F: (63) (63)221-3203 local 49
Website: lsa.ph

CERTIFICATE OF EMPLOYMENT

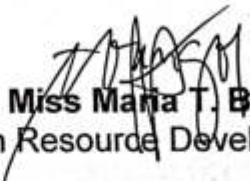
May 21, 2019

To Whom This May Concern:

This is to certify that **Ms. Jessel Mae M. Lluch** is a probationary employee of La Salle Academy, Iligan City from June 1, 2014 up to May 15, 2019.

She rendered services in this institution as **Guidance Associate**.

This certification is issued upon the request of the aforementioned employee for employment purposes.


Miss Maria T. Bangot
Human Resource Development Officer

Not valid if
Without dry seal





Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

(to be accomplished in quadruplicate using black ink)

CERTIFICATE OF LIVE BIRTH

Province <u>LANAO DEL NORTE</u>		Registry No. <u>2016- 6913</u>					
City/Municipality <u>ILIGAN CITY</u>							
CHILD	1. NAME (First) (Middle) (Last) <u>MARTIN SEBASTIAN MAHINAY ILLUCH</u>						
	2. SEX (Male / Female) <u>Male</u>	3. DATE OF BIRTH (Day) (Month) (Year) <u>21 SEPTEMBER 2016</u>					
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) <u>SUREWAY Maternity Clinic, Villaverde, Iligan City, Lanao del Norte</u>						
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) <u>Single</u>	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of the birth to parents has both child, living, first death) (First, Second, Third, etc.) <u>First</u>	6. WEIGHT AT BIRTH <u>2835</u> grams			
MOTHER	7. MOTHER NAME (First) (Middle) (Last) <u>JESSEL MAE EDNALIG MAHINAY</u>						
	8. CITIZENSHIP <u>Filipino</u>		9. RELIGION/RELIGIOUS SECT <u>Roman Catholic</u>				
	10a. Total number of children born alive <u>1</u>	10b. No. of children still living including this birth <u>1</u>	10c. No. of children born alive but are now dead <u>0</u>	11. OCCUPATION <u>Private Employee</u>			
	12. AGE at the time of this birth (completed years) <u>25</u>						
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>0104 Macapagal Highway Tubod, Iligan City, Lanao del Norte, Philippines</u>							
FATHER	14. NAME (First) (Middle) (Last) <u>JAY MARTIN TAN ILLUCH</u>						
	15. CITIZENSHIP <u>Filipino</u>		16. RELIGION/RELIGIOUS SECT <u>Roman Catholic</u>				
	17. OCCUPATION <u>Student</u>		18. AGE at the time of this birth (completed years) <u>23</u>				
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) <u>0104 Macapagal Highway Tubod, Iligan City, Lanao del Norte, Philippines</u>						
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)							
20a. DATE (Month) (Day) (Year) <u>May 08, 2015</u>		20b. PLACE (City / Municipality) (Province) (Country) <u>Iligan City, Lanao del Norte, Philippines</u>					
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____							
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <u>1:45am</u> am/pm on the date of birth specified above.							
Signature _____ Name in Print <u>Dra. Eva L. Abdulsalam</u>		Address <u>Brgy. Villaverde, Iligan City</u> Date <u>October 5, 2016</u>					
Title or Position <u>Physician</u>							
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print <u>Jessel Mae M. Iluch</u> Relationship to the Child <u>Mother</u> Address <u>Tubod, Iligan City</u> Date <u>October 5, 2016</u>		23. PREPARED BY Signature _____ Name in Print <u>Marilyn P. Encinares</u> Title or Position <u>R. Midwife</u> Date <u>October 5, 2016</u>					
24. RECEIVED BY Signature _____ Name in Print <u>CORAZON C. SUERT</u> Title or Position <u>REGISTRATION OFFICER IN CHIEF BIRTH DIVISION</u> Date <u>OCT 10 2016</u>		BY THE CIVIL REGISTRAR Signature _____ Name in Print <u>NORMA R. ARANTON</u> Title or Position <u>Registration Officer - Chief Marriage Division</u> Date <u>OCT 10 2016</u>					
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
8	9	11	13	15	16	17	19
0	1	2	3	4	5	6	7



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BEST POSSIBLE IMAGE



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BReN
03504-B16SM06-0

Documentary
Stamp Tax Paid

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



Municipal Form No. 102
(Revised January 2007)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

(to be accomplished in quadruplicate using black ink)

CERTIFICATE OF LIVE BIRTH

Province LANAO DEL NORTE Registry No. 2016- 6913
City/Municipality ILIGAN CITY

CHILD
1. NAME (First) (Middle) (Last)
MARTIN SEBASTIAN MAHINAY ILLUCH
2. SEX (Male / Female) Male 3. DATE OF BIRTH (Day) (Month) (Year)
21 SEPTEMBER 2016
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)
SUREWAY Maternity Clinic, Villaverde, Iligan City, Lanao del Norte
5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) Single 5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)
First 5c. BIRTH ORDER (Order of the birth to parents has both child, living, first death) (First, Second, Third, etc.)
First 6. WEIGHT AT BIRTH 2835 grams

MOTHER
7. MOTHER'S NAME (First) (Middle) (Last)
JESSEL MAE EDNALIG MAHINAY
8. CITIZENSHIP Filipino 9. RELIGION/RELIGIOUS SECT Roman Catholic
10a. Total number of children born alive 1 10b. No. of children still living including this birth 1 10c. No. of children born alive but are now dead 0 11. OCCUPATION Private Employee 12. AGE at the time of this birth (completed years) 25
13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
0104 Macapagal Highway Tubod, Iligan City, Lanao del Norte, Philippines

FATHER
14. NAME (First) (Middle) (Last)
JAY MARTIN TAN ILLUCH
15. CITIZENSHIP Filipino 16. RELIGION/RELIGIOUS SECT Roman Catholic 17. OCCUPATION Student 18. AGE at the time of this birth (completed years) 23
19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)
0104 Macapagal Highway Tubod, Iligan City, Lanao del Norte, Philippines

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
20a. DATE (Month) (Day) (Year) May 08, 2015 20b. PLACE (City / Municipality) (Province) (Country)
Iligan City, Lanao del Norte, Philippines

21a. ATTENDANT
 1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify) _____
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at 1:45am am/pm on the date of birth specified above.
Signature _____ Address Brgy. Villaverde, Iligan City
Name in Print Dra. Eva L. Abdulsalam Date October 5, 2016
Title or Position Physician

22. CERTIFICATION OF INFORMANT
I hereby certify that all information supplied are true and correct to my own knowledge and belief.
Signature _____
Name in Print Jessel Mae M. Iluch
Relationship to the Child Mother
Address Tubod, Iligan City
Date October 5, 2016
23. PREPARED BY
Signature _____
Name in Print Marilyn P. Encinares
Title or Position R. Midwife
Date October 5, 2016

24. RECEIVED BY
Signature _____
Name in Print CORAZON C. SUERT
Title or Position REGISTRATION OFFICER IN CHIEF BIRTH DIVISION
Date OCT 10 2016
Signature _____
Name in Print NORMA R. ARANTON
Title or Position REGISTRATION OFFICER IN CHIEF MARRIAGE DIVISION
Date OCT 10 2016



REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 11 13 15 16 17 19
01080216080935040108012360803504



MSU-IIT NATIONAL MULTI-PURPOSE COOPERATIVE

2nd floor MSU-IIT NMPC Bldg., Gregorio T. Llach Sr. Ave., Pala-o, Iligan City.
Tel. Nos. (063) 223-5874, <http://www.msuitcoop.org/>



CERTIFICATE OF SEPARATION

TO WHOM IT MAY CONCERN:

This is to certify that **JESSEL E. MAHINAY** was employed with MSU-IIT National Multi-Purpose Cooperative from August 15, 2011 to November 11, 2014. She was appointed as HR Staff of the Human Resource Management Department.

This certificate is issued upon the request of the above named person as proof that she is cleared of any liabilities from the cooperative.

Given this 16th day of April 2019 at Iligan City, Philippines.

RYAN D. GASIL, MM, JD.
Human Resource Manager

TCD201900122881



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

TIN

418-809-789-00000



Name:

LLUCH, JESSEL MAE MAHINAY

Address:

58 CABAHUG ST. CORTES COMP. IBABAO
ESTANCIA 6014 MANDAUE CITY CEBU PHILIPPINES

Expn. Date:

25-SEP-1990

TIN Issuance Date:

22-FEB-2012



CN: 080-22012nd


SIGNATURE



St. Michael's College

Lunsod ng Iligan, Pilipinas

Sa lahat ng makakabasa nito:

Bati

Ito'y nagpapatunay na si

THIS IS TO CERTIFY THAT

Jessel Mae E. Mahinay

HAS SUCCESSFULLY COMPLETED ALL THE REQUIREMENTS AS AUTHORIZED BY THE COMMISSION ON HIGHER EDUCATION

na ang karapatan sa pagtatapos ay pinagtibay ng **KAWANIHAN NG LALONG MATAAS NA EDUKASYON**

ay nakatupad sa lahat ng kinakailangan ukol dito sa titulong

FOR THE DEGREE

Bachelor of Science in Psychology (BS Psych)

na itinakda ng Pamahalaan ng Pilipinas at dahil dito'y pinagkalooban nitong

BY THE REPUBLIC OF THE PHILIPPINES AND GIVEN THIS

Diploma

AS PROOF THEREOF THE SEAL OF ST. MICHAEL'S COLLEGE

Bilang katunayan ay ikinintal sa katibayang ito ang sagisag ng **ST. MICHAEL'S COLLEGE**

at ang sagda ng Pangulo at Pangalawang Pangulong Pang-akademiko

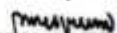
AND THE SIGNATURE OF THE PRESIDENT AND VICE PRESIDENT FOR ACADEMIC AFFAIRS

Iginawad sa Lunsod ng Iligan, Pilipinas, ngayong ika Dalawampu araw ng Marso


GIVEN IN THE CITY OF ILIGAN, PHILIPPINES THIS 20th day of March

taon ng ating Panginoon Dalawanlibu't Labing-isa (2011)

IN THE YEAR OF OUR LORD TWO THOUSAND ELEVEN


S. MA. LORINA A. JUMAWAN, RVM
PRESIDENT

PAASCU ACCREDITED
EXEMPTED FROM
THE ISSUANCE OF
SPECIAL ORDER


RITZCEN A. DURANGO, PhDEL
VICE PRESIDENT FOR ACADEMIC AFFAIRS



OFFICIAL TRANSCRIPT OF RECORDS

ID No. : C67-0123



STUDENT NAME **MAHINAY, JESSEL MAE E.**
 HOME ADDRESS **ZONE SATURN SUAREZ, ILIGAN CITY**
 COURSE **MASTER OF ARTS IN EDUCATION**
 BIRTHDAY **September 25, 1990**
 ENTRANCE DATA **FORM 137A & FORM 138A**
 DATE ADMITTED **FIRST SEM. 2007-2008** ISSUE DATE **JULY 27, 2018**
 DATE OF GRAD **N/A** HONOR/DISTINCTION **N/A**
 PRIMARY COURSE COMPLETED AT
 INTERMEDIATE COURSE COMPLETED AT **CORPUS CHRISTI PAROCHIAL SCHOOL OF ILIGAN**
 SECONDARY COURSE COMPLETED AT **CORPUS CHRISTI PAROCHIAL SCHOOL OF ILIGAN**
 DEGREE **N/A**
 REMARKS **COPY FOR BOARD EXAM PURPOSES**

S.Y. **_____**
 S.Y. **2002-2003**
 S.Y. **2008-2007**

TERMS	COURSE NO.	DESCRIPTIVE TITLE	GRADES		CREDITS	
			FINAL	RE-EXAM		
1st Sem. 07-08	Eng-1	Study & Thinking Skills	1.75		3.0	
	Math-1E	College Algebra with Enrichment Math	1.75		6.0	
	SocSc-1	Philippine History: Basis and Development	1.50		3.0	
	NSTP-1	National Service Training Program	1.25		3.0	
	HD	Personality Development & Human Relation	1.25		3.0	
	PE-1	Self-Testing Activities	1.25		2.0	
	SocSc-0	General Psychology	1.00		3.0	
	FI-1	Strong ng Pabalikpagkatagan	1.25		3.0	
	Math-1	Theoretical Science	2.00		3.0	
	2nd Sem. 07-08	ES-1	Basic Elements of Faith	1.25		3.0
Eng-2		Writing in the Discipline (Basic Research)	1.75		3.0	
FI-2		Padura't Pagpapalag sa Dabawing (Therapia)	1.00		3.0	
SocSc-2		Rural Life and Works	1.75		3.0	
Phil-1		Philosophy & Logic	1.75		3.0	
Psych-2		Developmental Psychology	1.75		3.0	
PE-2		Fundamentals of Rhythmic Activities	2.00		2.0	
NSTP-2		National Service Training Program - 4-11-0520A-08	1.50		3.0	
Summer 08		Art-1	Art Education & Appreciation	1.25		3.0
		Soc. Sc-3	Philippine Politics & Government	1.25		3.0
1st Sem. 08-09	IT-1	Computer Fundamentals and Concept	1.00		3.0	
	Eng-3	Speech & Oral Communication	1.50		3.0	
	FI-3	Remedia	1.00		3.0	
	Math-3C	Plane Trigonometry	1.75		3.0	
	Li-1	Philippine Literature	1.25		3.0	
	Psych-3	Theories of Personality	3.25		3.0	
	Chem-101	General Chemistry (Organic & Inorganic) Lec.	2.00		3.0	
	Chem-101.1	General Chemistry (Organic & Inorganic) Lab.	1.75		2.0	
	PE-3	Fundamentals of Dance Steps	1.50		2.0	
	2nd Sem. 08-09	ES-2	Salvation History	1.50		3.0
Soc. Sc-4		Society and Culture	1.25		3.0	
Grading System:	99-100 = 1.0 (A+) 90-98 = 1.0 (A) 80-89 = 1.5 (B) 70-79 = 2.0 (C) 60-69 = 2.5 (D) 50-59 = 3.0 (E) 40-49 = 3.5 (F) 30-39 = 4.0 (G) 20-29 = 4.5 (H) 10-19 = 5.0 (I) 0-9 = 5.5 (J) 0 = 6.0 (K)					
	74 and below = 5.5 (K) (F) The total of credit is one hour in each of a semester and is worth for a credit of one semester.					

TERMS	COURSE NO.	DESCRIPTIVE TITLE	GRADES		CREDITS
			FINAL	RE-SAM	
Summer 09	Psych-4	Social Psychology	1.50		3.0
	Psych-17	Seminar in Psychology (Filipino Psychology)	1.75		3.0
	PE-4	Fundamentals of Games and Sports	1.75		2.0
	Lib-2	World Literature	1.75		3.0
	Psych-16	Fundamental Statistics	1.75		3.0
1st Sem. 09-10	Nat Sc-5	Ecology	1.25		3.0
	Soc Sci-6	Basic Economics (LIT)	1.75		3.0
2nd Sem. 09-10	IT-2	Software Applications	2.00		3.0
	Psych-21	Seminar in Psychology IV (Learning and Cognitive Psychology)	1.50		3.0
	Psych-12	Mental Hygiene	1.25		3.0
	Psych-19	Psychological Testing	1.75		3.0
	RS-3	Christianity	1.30		3.0
Summer 10	Psych-8	Seminar in Psychology (Industrial Psychology)	1.50		3.0
	Psych-9	Experimental Psychology	2.25		3.0
	Psych-22	Counseling & Psycho-Therapy	2.50		3.0
	Phys-21	College Physics (Lec)	2.25		3.0
	Phys-21L	College Physics 1 - Lab	1.25		2.0
1st Sem. 10-11	Ana-101	Anatomy & Physiology	2.00		3.0
	Ana-101.L	Anatomy & Physiology - Lab	1.50		2.0
2nd Sem. 10-11	Psych-1	Physiological Psychology	2.00		3.0
	RS-4	Christian Morality	1.50		3.0
	NatSc-21.1	Biological Science with Laboratory	1.00		3.0
	Psych-13	Seminar in Psychology V (Abnormal Psychology)	1.75		3.0
	Psych-18	Group Dynamics	1.25		3.0
1st Sem. 11-12	Rech	Research Methodology	1.25		3.0
	TW	Thesis Writing 1 & 2	1.75		6.0
	PBC	Practicum	1.25		3.0
GRADUATED with the DEGREE of BACHELOR OF SCIENCE IN PSYCHOLOGY (BS/PSYCH) on MARCH 20, 2011. PAASCU ACCREDITED, EXEMPTED FROM THE INSURANCE OF SPECIAL ORDER.					
1st Sem. 11-12	MSU-ILIGAN INSTITUTE OF TECHNOLOGY - Iligan City				
1st Sem. 17-18	EDUC216T	Child and Adolescent Development	1.50		3.0
	EDUC216	Statistics as Applied to Education	1.50		3.0
	MAEDGC201	Prin of Guidance and Student Personnel Services ST. MICHAEL'S COLLEGE - Iligan City	1.50		3.0
2nd Sem. 17-18	GC-203	Philosophical, Psychological & Sociological Filt of Guidance	1.50		3.0
	GC-205	Org., Admin. & Sup. of Guid. Counseling Services & Prog Devt	1.50		3.0
	Educ-211	Philosophical, Psychological Foundations of Education	1.60		3.0
	GC-201	Counseling Theories & Techniques w/ Laboratory	1.50		3.0
	GC-204	Group Process	1.08		3.0
GC-207	Advanced Educational Psychology	1.60		3.0	
smc-smc-smc	smc-smc-smc	smc-smc-smc-TRANSCRIPT CLOSED-smc-smc-smc-smc-smc-smc-smc-smc			

Grading System:

90-100 = 1.0 A+ - 1.01 EXCELLEN7

87 - 1.01, 86 - 1.00, 85 - 2.00, 84 - 1.00, 83 - 1.00, 82 - 1.00, 81 - 1.00, 80 - 1.00 VERY GOOD

89 - 1.00, 88 - 1.00, 87 - 1.00, 86 - 1.00, 85 - 2.00, 84 - 2.00, 83 - 2.00, 82 - 2.00 GOOD

81 - 2.00, 80 - 2.00, 79 - 2.00, 78 - 2.00, 77 - 2.00, 76 - 2.00, 75 - 3.00 FAIR

74 - 3.00, 73 - 3.00, 72 - 3.00, 71 - 3.00, 70 - 3.00, 69 - 3.00, 68 - 3.00, 67 - 3.00, 66 - 3.00, 65 - 3.00, 64 - 3.00, 63 - 3.00, 62 - 3.00, 61 - 3.00, 60 - 3.00, 59 - 3.00, 58 - 3.00, 57 - 3.00, 56 - 3.00, 55 - 3.00, 54 - 3.00, 53 - 3.00, 52 - 3.00, 51 - 3.00, 50 - 3.00, 49 - 3.00, 48 - 3.00, 47 - 3.00, 46 - 3.00, 45 - 3.00, 44 - 3.00, 43 - 3.00, 42 - 3.00, 41 - 3.00, 40 - 3.00, 39 - 3.00, 38 - 3.00, 37 - 3.00, 36 - 3.00, 35 - 3.00, 34 - 3.00, 33 - 3.00, 32 - 3.00, 31 - 3.00, 30 - 3.00, 29 - 3.00, 28 - 3.00, 27 - 3.00, 26 - 3.00, 25 - 3.00, 24 - 3.00, 23 - 3.00, 22 - 3.00, 21 - 3.00, 20 - 3.00, 19 - 3.00, 18 - 3.00, 17 - 3.00, 16 - 3.00, 15 - 3.00, 14 - 3.00, 13 - 3.00, 12 - 3.00, 11 - 3.00, 10 - 3.00, 9 - 3.00, 8 - 3.00, 7 - 3.00, 6 - 3.00, 5 - 3.00, 4 - 3.00, 3 - 3.00, 2 - 3.00, 1 - 3.00, 0 - 3.00



10th Floor, Glorietta 1 BPO Office Tower
Ayala Center, Makati City 1226 Philippines
Tel. +63 2 8817 8781
Fax. +63 2 8849 9390
www.sykes.com
ph.sykes.com

C E R T I F I C A T I O N

June 10, 2022

This is to certify that **Ms. JESSEL MAE MAHINAY LLUCH** was a REGULAR employee of SYKES Asia, Inc. from November 8, 2021 to June 7, 2022. She held the position of CUSTOMER SERVICE AGENT.

This further certifies that she has not completed the clearance processing. As such, as of date, she has not been cleared from liabilities/accountabilities from the company, if any.

For your information, SYKES Asia, Inc., with Corporate Headquarters located in Tampa, Florida, USA, provides customer support solutions for the Asia Pacific region through its Manila and Cebu Call Centers.

This certification is being issued to be used for **whatever legal purpose this may serve**.

A handwritten signature in black ink, appearing to read "Mae E. Blanco". The signature is stylized with loops and a long horizontal stroke at the end.

Mae E. Blanco
Senior Manager, Site Human Resources



June 16, 2022

CERTIFICATE OF EMPLOYMENT

This is to certify that **JESSEL MAE M. LLUCH** was an employee of WIPRO BPO Philippines Ltd Inc. and that the employment details that follow are true and correct:

Hire Date:	March 26, 2021
Status:	Separated
Relieving Date:	October 14, 2021
Employment Type:	Regular
Position Held:	Associate
Department:	Operations

This certificate is issued to reflect the employment period and position of the employee at the time of separation and for whatever legal purposes it may serve him/her.

A handwritten signature in black ink, appearing to read "Grace C. Carlos", is positioned above the printed name.

Grace C. Carlos
Senior Executive, Human Resources