



REPUBLIC OF THE PHILIPPINES
CITY OF CEBU
OFFICE OF THE BARANGAY CAPTAIN

Hon. Hazel Ann Muaña - Empleo
Barangay Captain

Landline No.: 234-6813 Hotline No.: 0933-139-5898

CTRL: 2024-JULY-C503

PLBK-5665-2024



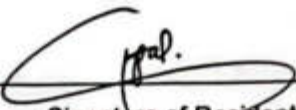
CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that **VYTHS APLACA DUMPA**, 23 years old, Single, Filipino, is a resident of Sitio Son-oc, BARANGAY LAHUG, CEBU CITY. He/She is known to me to be a person of good moral character in the community and has not violated any Barangay or City Ordinance and has no pending civil nor criminal case filed with the barangay under Republic Act No. 7160, otherwise known as the Local Government Code of 1991.

This certification is issued in connection with his/her requirement for **EMPLOYMENT**.

Done this 25th day of July, 2024.


Signature of Resident

Comm. Tax :
Issued On :
Issued At : Cebu City

NOT VALID WITHOUT OFFICIAL SEAL




HAZEL ANN MUAÑA-EMPLEO



TANGUB CITY GLOBAL COLLEGE

Formerly Gov. Alfonso D. Tan College
J. Luna St., Maloro, Tangub City, Philippines



G R E E T I N G S

Be it known that

VYTHS A. DUMPA
has satisfactorily complied with all the requirements leading to the degree of
Bachelor of Arts in Communication

and upon the recommendation of the Faculty and with the approval of the Board of Trustees
is hereby awarded this

DIPLOMA
With Academic Distinction

with all the rights, privileges, and immunities thereunto appertaining.

In witness whereof, this Diploma is signed by the College President and the
College Registrar of Tangub City Global College with our seal hereto affixed
in Tangub City this 28th day of July 2023 with Board of Trustees Resolution No. 2023-06-02
and per CHED Special Order (50) (R-X) No. 840101-0021/s. 2023.

NIEL C. ENERIO, MPA, JD
College Registrar

MARICELLE M. NUEVA, DM
College President





(Copy for OCRG)

Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

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.)

REMARKS/ANNOTATION

Province _____ Registry No. 2001-44365
 City/Municipality Manila

1. NAME (First) (Middle) (Last)
Vytha Aplasa Duma

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
03 May 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
 House No., Street, Barangay) GAT. ANDRES BONIFACIO AEM. MED. CTR. TDC

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others. Specify _____

c. BIRTH ORDER (five births and fetal deaths including this delivery) fourth (first, second, third, etc.) d. WEIGHT AT BIRTH
2900 grams

6. MAIDEN NAME (First) (Middle) (Last)
Jessie Mansanares Aplasa

7. CITIZENSHIP Pilipino 8. RELIGION Roman Cath.

9a. Total number of children born alive: 04 b. No. of children still living including this birth: 04 c. No. of children born alive but are now dead: 00

10. OCCUPATION Housewife 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
T.R. Malense North Harbor Manila

13. NAME (First) (Middle) (Last)
Allen Apao Duma

14. CITIZENSHIP Pilipino 15. RELIGION Roman Cath.

16. OCCUPATION Security Guard 17. Age at the time of this birth: 30 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
January 27, 1991 (Clarín, Mis. Occ.)

19a. ATTENDANT X 1 Physician 2 Nurse 4 4 Midwife (Traditional Midwife) 5 Others (Specify) 3 Midwife

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child who was born alive at 2:56 AM o'clock am/pm on the date stated above.

Signature _____ Address GAT ANDRES BONIFACIO AEM. MED. CTR. TDC, M.
 Name in Print Elizabeth Mercado M.D. Date May 03, 2001
 Title or Position Physician

20. INFORMANT
 Signature _____ Address T.R. Malense North Harbor, Manila
 Name in Print Allen Duma Date May 03, 2001
 Relationship to the child Father

21. PREPARED BY
 Signature _____ Title or Position Records Clerk Date May 03, 2001
 Name in Print Milagros M. Pangilinan

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature _____ Title or Position CITY CIVIL REGISTRAR Date MAY 30 2001
 Name in Print GLORIA C. PAGDILAO

For OCRG USE ONLY - Population Reference No. _____

USE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 1010072

42

43 230501

44 39216

45

46 04 2999

47

48 04 04 04

49 2 20 23

50 39016

51 1030

52 159 30

53 01279/ 22 251

54 27300/

07993-84-134JBB-00248-BI001

BEST POSSIBLE IMAGE



FP-0024811192021001

BReN 03901-B01K331-7

Documentary Stamp Tax Paid

CSM

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





MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121325738919
REGISTRATION TRACKING NUMBER	923221321167

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	DUMPA	VYTHS		APLACA	<input type="checkbox"/>
FATHER	DUMPA	ALAN		APAO	<input type="checkbox"/>
MOTHER (Maiden Name)	APLACA	JESSIE		MANSANADEZ	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DUMPA	VYTHS		APLACA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
05/03/2001		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
MANILA, METRO MANILA (NCR)			FILIPINO		3510501630
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	151 00	45 00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		
			For AFP/PNP Employee, Senal/Badge No For DepEd Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No. Floor		Building Name			Home
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
				PUROK 3	
Subdivision			Barangay		Business (Direct Line)
			CANICAPAN		
Municipality/City			Province/State/Country		Business (Trunk Line)
CLARIN			MISAMIS OCCIDENTAL, PHILIPPINES		
ZIP Code			Email Address		
7201			vythsdumpa.gsg@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No. Floor		Building Name		Phase No.	
House No.		Street Name		Barangay	
		SITIO SON-OC		LAHUG	
Municipality/City		Province/State/Country		ZIP Code	
CEBU CITY		CEBU, PHILIPPINES		6000	
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **100254202260** PhilSys Number :
 Member Category : DIRECT CONTRIBUTOR - SELF
 EARNING INDIVIDUAL - INDIVIDUAL NHTS Coverage : N/A
 Validity Period : N/A

DUMPA, VYTHS APLACA

ZN 5 MARUPIT, CAMALIGAN, CAMARINES SUR - 4401

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 5/3/2001
 Place of Birth : TONDO, NCR, CITY OF MANILA, FIRST DISTRICT
 Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : /0968 3020525 Tax Identification Number :

ENTITY 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 ***

HENRY V. ALMANON
 REGIONAL VICE PRESIDENT
 Philhealth Regional Office - V Legaspi City

Paalala : 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 makikinabang ng benepisyo, magbigay ng kopya sa ospital. *Reminder: 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 availment of benefits.*

This is a system generated report. Signature is not required.

Printed At : Naga City, Camarines Sur - ALDP Commercial Complex, Roxas Ave., Naga City

2/21/2022 3:13:52 PM 30202910 30424913 10/14/2021



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

MO0620IW202109149761 Date/Time Generated: 20 November 2021 10:53:40 AM

SS NUMBER 35-1050163-0		NAME	
(LAST NAME) DUMPA	(FIRST NAME) VYTHS	(MIDDLE NAME) APLACA	(SUFFIX)
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY) 05032001	PLACE OF BIRTH (CITY/MUNICIPALITY) TONDO I / II	(PROVINCE/STATE) METRO MANILA	(COUNTRY) PHILIPPINES
FATHER'S NAME (LAST NAME) DUMPA	(FIRST NAME) ALAN	(MIDDLE NAME) APAO	(SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) APLACA	(FIRST NAME) JESSIE	(MIDDLE NAME) MANSANADEZ	(SUFFIX)
DEMOGRAPHIC DATA			
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)
(BARANGAY/DISTRICT/LOCALITY) CANIPACAN	(CITY/MUNICIPALITY) CLARIN	(PROVINCE) MISAMIS OCCIDENTAL	POSTAL CODE 7201
COUNTRY CODE 0063	CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 54	WEIGHT (IN KILOGRAMS) 46
DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN	
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0968) 302-0525	EMAIL ADDRESS vythsdumpa217@gmail.com	
DEPENDENT(S)/BENEFICIARY/IES			
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			
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE			
SELF-EMPLOYED (SE)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)	
Profession/Business	Foreign Address	SS No./Command Reference No. of Working Spouse	
Year Prof./Business Started			
Monthly Earnings	Monthly Earnings	Monthly Income of Working Spouse (P)	
	Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PURPOSE OF APPLICATION			
PURPOSE FOR EMPLOYMENT	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION			
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)	(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION			
1. I certify that the information provided are true and correct. 2. I hereby consent to: • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; • sharing of these data with SSS service providers to carry out the purposes stated above; and • disposal of this application in the manner consistent with the Data Privacy Act. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.			

