



MOUNTAIN VIEW COLLEGE
 VALENCIA CITY, BUKIDNON
 MOBILE#:09177709403 EMAIL:DSF@MVC.EDU.PH
 THE SCHOOL OF THE LIGHT

ACCOUNT ACTIVITY REPORT

Statement of Account as of 2022-08-01 14:52:04

ACCOUNT: SPAREZ001-PARDILLO, EZRA AARON

PERIODS: 2023/02-2024/02

Page 1

DATE	PRD	REF	JRNAL	DESCRIPTION	CHARGES/DR	PAYMENTS/CR	BALANCE
				*** BEGINNING BALANCE***-02/2023	44,620.04		44,620.04 Dr
2022-05-25	2023002-10	JV2023	90787-4	Excess Meal Load- 5/17/22	1,000.00		45,620.04 Dr
2022-05-25	2023002-10	JV2023	90787-29	Excess Meal Load- 5/23/22	1,000.00		46,620.04 Dr
2022-05-31	2023002-10	JV2023	90849-34	Excess Meal Load- 5/30/22	1,000.00		47,620.04 Dr
2022-05-31	2023002-10	JV2023	91022-228	Guidance Chrqs- SAMS Test 2/16/22	100.00		47,720.04 Dr
2022-06-14	2024001-10	JV2024	91100-8	Excess Meal Load- 6/03/22	500.00		48,220.04 Dr
2022-06-21	2024001-10	OR#601323	91174-15	June.15, 2022 Account Payment PNB-		25,447.00	22,773.04 Dr
2022-07-13	2024002-10	JV2024	91636-33	Negative Load - 2nd Sem. 2021-22	24.00		22,797.04 Dr
				*****NET BALANCE - DUE US	22,797.04		



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 15a.

Province: **Cebu** Registration No: **27225**

City/Municipality: **Cebu City**

1. NAME (First) (Middle) (Last)
ESRA AARON NUDALO PARDILLO

2. SEX 1 Male 2 Female **3. DATE OF BIRTH** (day) (month) (year)
20 SEPTEMBER 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No./Street/Barangay)
Cebu Puer-Centera Maternity House, Inc., Cebu City, Cebu

5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. **b. IF MULTIPLE BIRTH, CHLD WAS**
 1 First 2 Second 3 Other, Specify

6. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) **THIRD** **d. WEIGHT AT BIRTH**
1,900 grams

7. CITIZENSHIP **FIL.** **8. RELIGION** **CHRISTIAN**

9a. Total number of children born alive **3** **b. No. of children still living including this birth** **3** **c. No. of children born alive but are now dead** **0**

10. OCCUPATION **HOUSEWIFE** **11. Age at the time of this birth:** **32** years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
TALAVERA TOLEDO CITY CEBU

13. NAME (First) (Middle) (Last)
AQUILINO REPUNTE PARDILLO

14. CITIZENSHIP **FIL.** **15. RELIGION** **ROMAN CATHOLIC**

16. OCCUPATION **HOUSEKEEPING** **17. Age at the time of this birth:** **43** years

15. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
MAY 20, 1994 STANLEY, Cebu City, Cebu

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

15b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at **5:34** o'clock **PM** on the date stated above.

Signature: **CHARISSE VEROIDE, M.D.** OCSU PUER-CENTERA MATERNITY HOUSE, INC., CEBU CITY
Name in Print: **CHARISSE VEROIDE, M.D.**
Title or Position: **PHYSICIAN**
Date: **SEPTEMBER 20, 2000**

20. INFORMANT
Signature: **ESTER M. PARDILLO** Address: **TALAVERA, TOLEDO CITY CEBU**
Name in Print: **ESTER M. PARDILLO**
Relationship to the child: **MOTHER** Date: **SEPTEMBER 20, 2000**

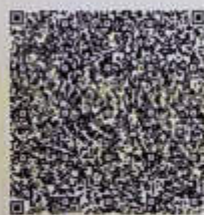
21. PREPARED BY
Signature: **MARIANILLA O. HERNANDEZ** Signature: **AG. LEVIA**
Name in Print: **MARIANILLA O. HERNANDEZ** Name in Print: **AG. LEVIA**
Title or Position: **CLERK** Title or Position: **CLERK**
Date: **SEPTEMBER 20, 2000** Date: **SEPTEMBER 20, 2000**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

000225

08796-A0-400CJ-01385-B001
BEST POSSIBLE IMAGE

T001087964000138501312024001



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



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39454984

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

NBI ID NO P634IETN00	VALID UNTIL February 16, 2025	
FAMILY NAME PARDILLO	FIRST NAME EZRA AARON	
MIDDLE NAME NUDALO	HUSBAND'S SURNAME	
ADDRESS QUIJADA ST. BRGY GUADALUPE CEBU CITY	PLACE OF BIRTH CEBU CITY	
DATE OF BIRTH September 20, 2000	CIVIL STATUS SINGLE	
CITIZENSHIP FILIPINO	SEX MALE	
PURPOSE MULTI-PURPOSE CLEARANCE		
REMARKS NO RECORD ON FILE		



P634IETN00

Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Friday, February 16, 2024 12:34 PM
Agency: RT BIRYO: vltarinn
CASID: vltarinn BIOD: vltarinn
O.R. No: MPQJLWASU RECID:
D.R. Date: 02/16/2024 12:29:53 PM INTD:
DST PAID PRTO: vltarinn



Republic of the Philippines
Department of Justice
National Bureau of Investigation



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DATE OF BIRTH September 20, 2000	CIVIL STATUS SINGLE	
CITIZENSHIP FILIPINO	SEX MALE	
PURPOSE MULTI-PURPOSE CLEARANCE		
REMARKS NO RECORD ON FILE		



P634IETN00

Medardo de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Date Printed: Friday, February 16, 2024 12:24 PM
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CASID: vltarinn BIOD: vltarinn
O.R. No: MPQJLWASU RECID:
D.R. Date: 02/16/2024 12:29:53 PM INTD:
DST PAID PRTO: vltarinn

PERSONAL COPY

