



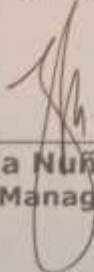
## CERTIFICATE OF EMPLOYMENT

This is to certify that **Mr/Ms. KATHLEYA JAYNE S. PAIGAN** has been employed with **Metrics Call Services Corporation** from **September 27, 2022, to July 1, 2024** with the **position** of a **Service Support Officer**.

This certification is issued for service record purposes only.

Issued this **18th day of July, 2024**.

Authorized Signatory:



**Zenaida Nuñez**  
Sr. HR Manager

CERTIFIED TRUE COPY

DATE: 7/18/24

For further verification you may contact:

**Izsa Jane A. Wofford** - Human Resource Recruitment Officer ; # 0917-772-5579  
**Zenaida M. Nunez**-Human Resource Manager; # 0917-558-7600  
**Rushell Jalnaiz**- Human Resource Admin; #0995-756-9523  
**Elizabeth C. Diva**-HR Employee Relations Manager; #0998-189-4314



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



40026992

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.  
**P250HKTE30-ML16158847**  
FAMILY NAME  
**PAIGAN**  
MIDDLE NAME  
**SOSMENA**  
ADDRESS  
**BASUBAS COMPOUND TIPOLO MANDAUE CITY CEBU**  
DATE OF BIRTH  
**August 20, 2003**  
CITIZENSHIP  
**FILIPINO**  
PURPOSE  
**MULTI-PURPOSE CLEARANCE**  
REMARKS  
**NO RECORD ON FILE**

VALID UNTIL  
**July 16, 2025**  
FIRST NAME  
**KATHLEYA JAYNE**  
HUSBAND'S SURNAME  
  
PLACE OF BIRTH  
**CEBU CITY**  
CIVIL STATUS  
**SINGLE**



SIGNATURE  
*Kathleya Jayne Paigan*

GENDER  
**FEMALE**



P250HKTE30-ML16158847

*Judge Jaime B. Santiago*  
JUDGE JAIME B. SANTIAGO (RET.)  
Director

Date Printed: 07/16/2024 11:08 AM

Agency ML16 DATID otazanj  
CASID otazanj BIOD otazanj  
O.R. No. 4D6W5MHI RECID  
O.R. Date 07/16/2024 11:09:20 AM INTID  
DST PAID PRID lantapemb



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



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NBI ID NO.  
**P250HKTE30-ML16158847**  
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ADDRESS  
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DATE OF BIRTH  
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REMARKS  
**NO RECORD ON FILE**

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PLACE OF BIRTH  
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CIVIL STATUS  
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SIGNATURE  
*Kathleya Jayne Paigan*

GENDER  
**FEMALE**



P250HKTE30-ML16158847

*Judge Jaime B. Santiago*  
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Director

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O.R. No. 4D6W5MHI RECID  
O.R. Date 07/16/2024 11:09:20 A INTID  
DST PAID PRID lantapemb



## MEMBER'S DATA FORM (MDF)

HQP-PFF-036  
(V18, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121343540737
REGISTRATION TRACKING NO.	924162555190

OCCUPATIONAL STATUS - UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY			Please specify		
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	PAIGAN	KATHLEYA JAYNE		SOSMEÑA	<input type="checkbox"/>
FATHER	PAIGAN	CESARIO		CEROJE	<input type="checkbox"/>
MOTHER (Maiden Name)	SOSMEÑA	DINA		CULANGO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PAIGAN	KATHLEYA JAYNE		SOSMEÑA	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
08/20/2003		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	5.10	55.00			For AFP/PNP Employee, Serial/Badge No.
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		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
				BASUBAS COMPUND	
Subdivision			Barangay		Business (Direct Line)
			TIPOLO		Business (Trunk Line)
Municipality/City			Province/State/Country		Email Address
MANDAUE CITY			CEBU, PHILIPPINES		kaynepaigan@gmail.com
ZIP Code					
6014					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot No.,	Block No.,
				Phase No.	
House No.		Street Name		Subdivision	
		BASUBAS COMPUND		Barangay	
				TIPOLO	
Municipality/City		Province/State/Country			
MANDAUE CITY		CEBU, PHILIPPINES			
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.





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

MO0604IW202406103259 Date/Time Generated: 10 June 2024 09:06:28 PM

SS NUMBER <b>06-4878892-0</b>					
<b>NAME</b>					
(LAST NAME) <b>PAIGAN</b>	(FIRST NAME) <b>KATHLEYA JAYNE</b>	(MIDDLE NAME) <b>SOSMEÑA</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>08202003</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>MANDAUE CITY</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>PAIGAN</b>	(FIRST NAME) <b>CESARIO</b>	(MIDDLE NAME) <b>CEROJE</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>SOSMEÑA</b>	(FIRST NAME) <b>DINA</b>	(MIDDLE NAME) <b>CULANGO</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>BASUBAS COMPOUND</b>			(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) <b>TIPOLO</b>	(CITY/MUNICIPALITY) <b>MANDAUE CITY</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6014</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>5.1</b>	WEIGHT (IN KILOGRAMS) <b>55</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.)	MOBILE NUMBER <b>9939926117</b>	EMAIL ADDRESS <b>kaynepaigan@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)			RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
1 <b>PAIGAN</b>	<b>KYZER JOSEPH</b>	<b>SOSMEÑA</b>		<b>Brother</b>	<b>06112014</b>
<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 Flexi-Fund Program? <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 / PRIOR REGISTRANT</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/updating 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).

<b>DOCUMENTARY REQUIREMENTS GUIDE</b>	
<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. Primary ID card/document [any one (1) of the following]:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Unified Multi-Purpose ID Card</li> <li><input type="checkbox"/> 2. Social Security Card</li> <li><input type="checkbox"/> 3. Alien Certificate of Registration</li> <li><input type="checkbox"/> 4. Driver's License</li> <li><input type="checkbox"/> 5. Firearm Registration</li> <li><input type="checkbox"/> 6. License to Own and Possess Firearms</li> <li><input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance</li> <li><input type="checkbox"/> 8. Passport</li> <li><input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence</li> <li><input type="checkbox"/> 10. Postal Identity Card</li> <li><input type="checkbox"/> 11. Seafarer's Identification &amp; Record Book (Seaman's Book)</li> <li><input type="checkbox"/> 12. Voter's ID Card</li> </ul> <p><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></p> <p><input type="checkbox"/> _____</p> <p>_____</p>	<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Loss</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card</li> <li><input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of payment</li> </ul>

- Observe proper attire when applying for a UMID card.

<b>DOs</b>	<b>DONTs</b>
<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>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. 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.



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**(UMID) CARD APPLICATION (E-1/E-6)**

MO0604IW202406103259 Date/Time Generated: 10 June 2024 09:06:28 PM

SS NUMBER <b>06-4878892-0</b>					
<b>NAME</b>					
(LAST NAME) <b>PAIGAN</b>	(FIRST NAME) <b>KATHLEYA JAYNE</b>	(MIDDLE NAME) <b>SOSMEÑA</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>08202003</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>MANDAUE CITY</b>	(PROVINCE/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>PAIGAN</b>	(FIRST NAME) <b>CESARIO</b>	(MIDDLE NAME) <b>CEROJE</b>	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) <b>SOSMEÑA</b>	(FIRST NAME) <b>DINA</b>	(MIDDLE NAME) <b>CULANGO</b>	(SUFFIX)		
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>BASUBAS COMPOUND</b>		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>TIPOLO</b>	(CITY/MUNICIPALITY) <b>MANDAUE CITY</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6014</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>5.1</b>	WEIGHT (IN KILOGRAMS) <b>55</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.)	MOBILE NUMBER <b>9939926117</b>	EMAIL ADDRESS <b>kaynepaigan@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
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1					
2					
3					
4					
5					
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(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
1 <b>PAIGAN</b>	<b>KYZER JOSEPH</b>	<b>SOSMEÑA</b>		<b>Brother</b>	<b>06112014</b>
<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 Flexi-Fund Program? <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 / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
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<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
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- 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.  
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- Always indicate the following **mandatory** information:
  - Country of place of birth, if born outside the Philippines
  - Mobile number, if applied locally\*
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\* 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.
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<b>DOCUMENTARY REQUIREMENTS GUIDE</b>	
<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p><b>A. Primary ID card/document [any one (1) of the following]:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Unified Multi-Purpose ID Card</li> <li><input type="checkbox"/> 2. Social Security Card</li> <li><input type="checkbox"/> 3. Alien Certificate of Registration</li> <li><input type="checkbox"/> 4. Driver's License</li> <li><input type="checkbox"/> 5. Firearm Registration</li> <li><input type="checkbox"/> 6. License to Own and Possess Firearms</li> <li><input type="checkbox"/> 7. National Bureau of Investigation (NBI) Clearance</li> <li><input type="checkbox"/> 8. Passport</li> <li><input type="checkbox"/> 9. Permit to Carry Firearms Outside of Residence</li> <li><input type="checkbox"/> 10. Postal Identity Card</li> <li><input type="checkbox"/> 11. Seafarer's Identification &amp; Record Book (Seaman's Book)</li> <li><input type="checkbox"/> 12. Voter's ID Card</li> </ul> <p><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></p> <p><input type="checkbox"/> _____</p> <p>_____</p>	<p><b>IDENTIFICATION REQUIREMENTS (Present the original)</b></p> <p>A. For card replacement due to amendment of data/authenticating finger</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previously issued SS digitized ID or UMID card of the card applicant</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>B. For card replacement due to lost SS digitized ID or UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Loss</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to non-receipt of UMID Card</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly notarized Affidavit of Non-Receipt of Card</li> <li><input type="checkbox"/> Notice/Email from Identity Management Department (IMD) that the courier lost/was not able to deliver the UMID Card</li> <li><input type="checkbox"/> Proof of payment</li> </ul> <p>C. For card replacement due to damaged UMID Card, UMID Card as ATM Card and other reason/s</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proof of payment</li> </ul>

- Observe proper attire when applying for a UMID card.

<b>DOs</b>	<b>DONTs</b>
<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>a. For Male - undershirt/"sando" and/or earrings</li> <li>b. For Female - dangling or overstated earrings</li> <li>c. Eyeglasses and/or colored contact lenses</li> <li>d. Metal piercing in any part of the face</li> <li>e. Head gear</li> <li>f. 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.





Special 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, 10 and 15a.)

Province Cebu Registry No. 2003 24336

City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
KATHLETA JAYNE SOSMENA PAIGAN

2. SEX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)  
20 AUGUST 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
CEBU PUB. CENTER & MATERNITY HOUSE, INC., CEBU CITY CEBU

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

6. BIRTH ORDER (five births and fetal deaths including this delivery) (First, second, third, etc.) FIRST

d. WEIGHT AT BIRTH 2,500 grams

7. CITIZENSHIP FILIPINO

8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive: 1

b. No. of children still living including this birth: 1

c. No. of children born alive but are now dead: 0

10. OCCUPATION FRONT DESK CLERK

11. Age at the time of this birth: 23 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
SASUBAS COMPOUND, TIPOLO, MANDAU CITY Cebu

13. NAME (First) (Middle) (Last)  
CESSARIO CEMAYE PAIGAN

14. CITIZENSHIP FILIPINO

15. RELIGION ROMAN CATHOLIC

15. OCCUPATION UTILITY

17. Age at the time of this birth: 20 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the bank.)  
APRIL 26, 2003 PORO, CARODES CEBU

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

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 11:26 o'clock am/pm on the date stated above.

Signature GENEVIEVE CONCEPCION, M.D. Address CEBU PUB. CENTER & MAT. HOUSE, INC., CEBU CITY  
Name in Print GENEVIEVE CONCEPCION, M.D. Date AUGUST 20, 2003  
Title or Position PHYSICIAN

20. INFORMANT  
Signature DINA S. PAIGAN Address SASUBAS COMPOUND, TIPOLO, MANDAU CITY, CEBU  
Name in Print DINA S. PAIGAN Date AUGUST 20, 2003  
Relationship to the child MOTHER

21. PREPARED BY  
Signature VIVIAN V. MACRAOCE  
Name in Print CLERK  
Title or Position CLERK  
Date AUGUST 20, 2003

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature CLARE DENNIS S. MAPA  
Name in Print CLARE DENNIS S. MAPA  
Title or Position NATIONAL STATISTICIAN AND CIVIL REGISTRAR GENERAL  
Date 2003

41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94

000340

08971-5F-400CGR-01733-B1001  
BEST POSSIBLE IMAGE  
1002089714000173307242024001



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





**Certificate of Compensation Payment/Tax Withheld**



BIR Form No. **2316**  
September 2021 (ENCS)  
in all applicable offices. Make all appropriate copies with an "X" For the Year (YYYY) **2023**

3 TIN **642 241 065 0000**  
Part I - Employee Information

4 Employee's Name (Last Name, First Name, Middle Name) **PAIGAN, KATHLEYA JAYNE**  
5 RDD Code **080**  
6 Registered Address  
6A Zip Code  
6B Local Home Address  
6C Zip Code  
6D Foreign Address  
6E Zip Code  
7 Date of Birth (MM/DD/YYYY)  
8 Telephone Number  
9 Statutory Minimum Wage rate per day  
10 Statutory Minimum Wage rate per month **576.92**  
11  Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax **15,000.00**

12 Taxpayer  
13 Employer's Name **009 775 231 0000**  
**METRICS CALL SERVICES CORPORATION**  
14 Registered Address  
**KENTREDDER SQUARE A C CORTES AVENUE IBABAO**  
14A Zip Code **6014**  
15 Type of Employer  Main Employer  Secondary Employer

16 TIN  
17 Employer's Name  
18 Registered Address  
18A Zip Code

Part IV A - Summary  
19 Gross Compensation Income from Present Employer (Sum of Items 30 and 52) **148,888.89**  
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) **148,888.89**  
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) **0.00**  
22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**  
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **0.00**  
24 Tax Due **0.00**  
25 Amount of Taxes Withheld  
25A Present Employer **0.00**  
25B Previous Employer **0.00**  
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**  
27 5% Tax Credit (PERA Act of 2008) **0.00**  
28 Total Taxes Withheld (sum of items 26 and 27) **0.00**

2 For the Period From (MM/DD) **05/01** To (MM/DD) **12/31**  
Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

Item	Description	Amount
28	Basic Salary (including the exempt P250,000 & below or the Statutory Minimum Wage of the MWE)	120,000.00
29	Holiday Pay (MWE)	0.00
30	Overtime Pay (MWE)	0.00
31	Night Shift Differential (MWE)	0.00
32	Hazard Pay (MWE)	0.00
33	13th Month Pay and Other Benefits (Maximum of P90,000)	12,888.89
34	De Minimis Benefits	16,000.00
35	SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	0.00
36	Salaries and Other Forms of Compensation	0.00
37	Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37)	148,888.89

B. TAXABLE COMPENSATION INCOME REGULAR

Item	Description	Amount
39	Basic Salary	0.00
40	Representation	
41	Transportation	
42	Cost of Living Allowance (COLA)	
43	Fixed Housing Allowance	
44	Others (Specify)	
44A		
44B		0.00

SUPPLEMENTARY

Item	Description	Amount
45	Commission	
46	Profit Sharing	
47	Fees including Director's Fees	
48	Taxable 13th Month Pay Benefits	
49	Hazard Pay	0.00
50	Overtime Pay	
51	Others (Specify)	
51A		
51B		
52	Total Taxable Compensation Income (Sum of Items 39 to 51B)	0.00

I/we declare, under the penalties of perjury, that the certificate has been made in good faith, verified by 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" (RA 10173) for legitimate and lawful purposes.

51 Present Employer Authorized Agent Signature Over Printed Name **MARGARET SARMIENTO**  
CONFORME:  
52 Employee Signature Over Printed Name **KATHLEYA JAYNE PAIGAN**  
CTC/Valid ID No. of Employee **CC 2021 065 22198** Place of Issue **MANILA CITY**

Date Signed **07 07 20 24**  
Date Signed **03 07 20 24**  
Date of Issue **04 20 20 22**  
Amount Paid, if CTC

53 Present Employer Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative) **MARGARET SARMIENTO**

54 Employee Signature Over Printed Name **KATHLEYA JAYNE PAIGAN**

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

Student: PAIGAN, KATHLEENA JAYNE SOSMERA 23-200870 Term: Second Semester A.Y 2022-2023  
 Program: BSIS-ENG - Second Year Enrollment Remarks: Enrolled  
 Section: SEC403A-C Enrollment Status: Approved  
 Semester Level: Fourth Semester Total units: 25.0

Note: Classes highlighted in red are dissolved and no longer available. Please change your schedule at the enrolment area.

Teacher's Name	Course	Units	Type	Section	Room	Teacher's FB Link	Time	Day	Google Link	Google Link Password	Zoom Link	Zoom Link Password
FILICOMINAS, JACE	REDUCC	30	LEC	IF412A	C-DVMA	---	03:00 Pm-05:00 Pm	M	---	---	---	---
OPORTO, LEAH CHRISTINE	TEAPRO	30	LEC	SEC403A-C	C-415	---	08:00 Am-09:00 Am	MT	---	---	---	---
DAWDS, REYNALDO	PEREDI	30	LEC	SEC403A-C	C-409	---	9:00 Am-12:00 Pm	MT	---	---	---	---
BRIGASA, MC DANIEL	MUNGU	30	LEC	SEC403A-C	C-403	---	08:00 Am-09:00 Am	WTh	---	---	---	---
FONTANAR, LUCYNE CATHIERE	TECWRL	30	LEC	SEC403A-C	C-403	---	10:00 Am-11:00 Am	WTh	---	---	<a href="#">Click Here to Access the Zoom Meeting</a>	SELF
MARCIA, CYRINE	TEACRA	30	LEC	SEC403A-C	C-403	Cyrine Marcia	07:00 Am-08:00 Am	WTh	---	---	---	---
DUCKO, KRISTEL KAYE	THEATR	30	LEC	SEC403A-C	C-403	Princess Gador	9:00 Am-12:00 Pm	WTh	---	---	---	---
EDUARDO, JEFFERSON	CADUT	30	LEC	SEC403A-C	C-409	Jelly Umpad Solisda	07:00 Am-08:00 Am	MT	---	---	---	---
SERIAL, RACHEL	MYHOL	30	LEC	SEC403A-C	C-415	---	12:00 Pm-01:00 Pm	WTh	---	---	---	---
GARCES, MADDETH	FOIASD	30	LEC	SEC403A-C	C-415	---	09:00 Am-10:00 Am	MT	---	---	---	---

Student Ledger

If you have some questions or doubts regarding your accounts, please feel free to message the pages below. Thank you

Accounting: [www.facebook.com/ACT-Accounting-Office](https://www.facebook.com/ACT-Accounting-Office)

For mobile users, kindly switch to landscape mode and scroll right to view the entire content.

Date	CR	Debit	Credit	Balance	Type	Remarks	Term
09/10/2022 08:54:45 AM	137968	0.00	1501.00	-1501.00	PVMT	Cash payment for First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
09/10/2022 08:54:46 AM		0.00	1501.00	-3002.00	S Grant	*Founder's Scholarship Grant First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
09/10/2022 11:16:29 AM		20903.85	0.00	17001.85	ASMT	Assessment for First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
10/20/2022 07:51:25 AM	128227	0.00	3000.00	14001.85	PVMT	Cash payment for First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
10/20/2022 07:51:26 AM		0.00	3000.00	11001.85	S Grant	*Founder's Scholarship Grant First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
12/06/2022 07:54:36 AM	150154	0.00	1503.00	9498.85	PVMT	Cash payment for First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
12/06/2022 07:54:37 AM		0.00	1503.00	7995.85	S Grant	*Founder's Scholarship Grant First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
01/23/2023 11:31:03 AM	143258	0.00	1500.00	6495.85	PVMT	Palawan VOR Bank to Bank payment for First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
01/23/2023 11:31:04 AM		0.00	6496.00	-0.15	S Grant	*Founder's Scholarship Grant First Semester A.Y 2022-2023	First Semester A.Y 2022-2023
02/08/2023 14:24:15 PM		2188.70	0.00	2188.55	ASMT	Assessment for Second Semester A.Y 2022-2023	Second Semester A.Y 2022-2023
02/07/2023 09:37:10 AM	157645	0.00	2000.00	1988.55	PVMT	Cash payment for Second Semester A.Y 2022-2023	Second Semester A.Y 2022-2023
02/07/2023 09:37:11 AM		0.00	2000.00	1788.55	S Grant	*Founder's Scholarship Grant Second Semester A.Y 2022-2023	Second Semester A.Y 2022-2023
02/21/2023 10:10:25 AM	166204	0.00	1753.00	3028.55	PVMT	Cash payment for Second Semester A.Y 2022-2023	Second Semester A.Y 2022-2023
02/20/2023 10:10:26 AM		0.00	1753.00	14375.55	S Grant	*Founder's Scholarship Grant Second Semester A.Y 2022-2023	Second Semester A.Y 2022-2023
04/11/2023 08:08:29 AM	150957	0.00	1876.00	12499.55	PVMT	Cash payment for Second Semester A.Y 2022-2023	Second Semester A.Y 2022-2023
04/11/2023 08:08:30 AM		0.00	1876.00	10623.55	S Grant	*Founder's Scholarship Grant Second Semester A.Y 2022-2023	Second Semester A.Y 2022-2023

