



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



  
Signature

**12-026186287-0**

**BINONGO, JULIANA GRACE CABE**

JULY 26, 2005 - FEMALE  
LANAO MAASIN, SOUTHERN LEYTE - 6600



1 2 0 2 6 1 8 6 2 8 7 0

For BIR Use Only BCS/Item:



Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. 2316

September 2021 (ENCS)

Certificate of Compensation Payment/Tax Withheld



2316 9/21/ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X". For Compensation Payment With or Without Tax Withheld

1 For the Year (YYYY) **2 0 2 3**

3 TIN **6 3 9 - 9 0 7 - 2 6 3**

4 Employee's Name (Last Name, First Name, Middle Name) **BINONGO, JULIANA GRACE CABE**

5 RDO Code

6 Registered Address **SAMBAG I CEBU CEBU**

6A ZIP Code **6 0 0 0**

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY) **0 7 2 6 2 0 0 5**

8 Contact Number **0 9 9 2 8 9 3 1 2 4 8**

8 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

2 For the Period From (MM/DD) **1 2 1 1** To (MM/DD) **1 2 3 1**

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

A. NON-TAXABLE/EXEMPT COMPENSATION INCOME

23 Basic Salary (including the exempt P200,000 & below) or the Statutory Minimum Wage of the MWE	
24 Holiday Pay (MWE)	
25 Overtime Pay (MWE)	
26 Night Shift Differential (MWE)	
27 Hazard Pay (MWE)	
28 13th Month Pay and Other Benefits (maximum of P90,000)	
29 De Minimis Benefits	<b>693.39</b>
30 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	<b>912.50</b>
37 Salaries and Other Forms of Compensation	
38 Total Non-Taxable/Exempt Compensation Income (Sum of items 29 to 37)	<b>1,605.89</b>

Part II - Employer Information (Present)

12 TIN **2 4 4 - 9 6 3 - 8 7 6 - 0 0 0 1**

13 Employer's Name **QUALFON PHILIPPINES, INC.**

14 Registered Address **Skyrise 3, Qualfon Bldg., IT Park, Apas, Cebu City**

14A ZIP Code **6 0 0 0**

15 Type of Employer  Main Employer  Secondary Employer

B. TAXABLE COMPENSATION INCOME REGULAR

39 Basic Salary	<b>9,705.54</b>
40 Representation	
41 Transportation	
42 Cost of Living Allowance (COLA)	
43 Fixed Housing Allowance	
44 Others (specify)	
44A	
44B	

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

SUPPLEMENTARY

45 Commission	
46 Profit Sharing	
47 Fees Including Director's Fees	
48 Taxable 13th Month Benefits	
49 Hazard Pay	
50 Overtime Pay	
51 Others (specify)	
51A	<b>1,548.32</b>
51B	

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of items 36 and 52)	<b>12,859.75</b>
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From item 38)	<b>1,605.89</b>
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From item 52)	<b>11,253.86</b>
22 Add: Taxable Compensation Income from Previous Employer, if applicable	
23 Gross Taxable Compensation Income (Sum of items 21 and 22)	<b>11,253.86</b>
24 Tax Due	
25 Amount of Taxes Withheld	
25A Present Employer	
25B Previous Employer, if applicable	
26 Total Amount of Taxes Withheld as adjusted (Sum of items 25A and 25B)	
27 5% Tax Credit (PERA Act of 2008)	
28 Total Taxes Withheld (Sum of items 26 and 27)	

52 Total Taxable Compensation Income (Sum of items 39 to 51B)	<b>11,253.86</b>
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We declare, under the penalties of perjury that this certificate has been made in good faith and in accordance with the provisions of the National Internal Revenue Code, as amended, and the regulations issued thereunder, and that the information furnished hereon is true and correct, pursuant to the provisions of the "Data Privacy Act of 2012" (RA No. 10173) for legitimate and lawful purposes.

53 **METHYL D. TAER**  
Present Employer/Authorized Agent Signature over Printed Name

CONFORME:

54 **BINONGO, JULIANA GRACE C.**  
Employee Signature over Printed Name

CTC/Valid ID No. of Employee  Place of Issue

Date Signed **0 2 0 5 2 0 2 4**

Date Signed

Date Issued

Amount paid, if CTC

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 **METHYL D. TAER**  
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. 9-2002, as amended.

56 **BINONGO, JULIANA GRACE**  
Employee Signature over Printed Name

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



# MEMBER'S DATA FORM (MDF)

HQP-PFF-039  
(V10, 04/2023)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121332275248
REGISTRATION TRACKING NO.	923328636081

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE <span style="float: right;">Please specify</span>	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION
MEMBER	BINONGO	JULIANA GRACE	CABE
FATHER			
MOTHER (Maiden Name)	CABE	BENELYN	GARCIA
SPOUSE (if Married)			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BINONGO	JULIANA GRACE	CABE
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
07/26/2005	Single/Unmarried		
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER
MAASIN, SOUTHERN LEYTE	FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	0.00	0.00	
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER
			For AFP/PNP Employee, Serial/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
Subdivision	Barangay		+63 (0992) 8932485
Municipality/City	Province/State/Country		Business (Direct Line)
CEBU CITY	CEBU, PHILIPPINES		Business (Trunk Line)
ZIP Code			Email Address
6000			julianagracebinongo@gmail.com
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	
House No.	Street Name	Subdivision	Barangay
			SAMBAG I
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
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)**

MO0411IW202311241572 Date/Time Generated: 24 November 2023 11:52:33 PM

SS NUMBER <b>06-4703725-8</b>					
<b>NAME</b>					
(LAST NAME) <b>BINONGO</b>	(FIRST NAME) <b>JULIANA GRACE</b>	(MIDDLE NAME) <b>CABE</b>	(SUFFIX)		
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>07262005</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CITY OF MAASIN (CAPITAL)</b>	(PROVINCE/STATE) <b>SOUTHERN LEYTE</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME)		(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) <b>CABE</b>		(FIRST NAME) <b>BENELYN</b>	(MIDDLE NAME) <b>GARCIA</b>	(SUFFIX)	
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)			(STREET NAME)	(SUBDIVISION)	
(BARANGAY/DISTRICT/LOCALITY) <b>SAMBAG I (POB.)</b>	(CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6000</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>149</b>	WEIGHT (IN KILOGRAMS) <b>46</b>	DISTINGUISHING FEATURE/S	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE + TEL NO.)		MOBILE NUMBER <b>(0992) 893-2485</b>	EMAIL ADDRESS <b>julianagracebinongo@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					
2					
<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		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started				<input type="text"/> <input type="text"/>	
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P) _____	
		Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<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**

1. Fill out this form in one (1) copy.
2. 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.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. 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.
6. 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
7. 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".
8. 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.
9. **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.
10. **For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
11. 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>

12. 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**

1. 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.
2. For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
3. 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.
4. 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.
5. 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.
6. Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
 8/F, Golden Peak Tower, Cororodo Ave., cor. Escario St., Cebu City 6000  
 (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871  
[www.philhealth.gov.ph](http://www.philhealth.gov.ph)

# MDR

## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120261862870**  
 Member Category : INFORMAL ECONOMY NHTS Coverage :  
 Sub-Category : SELF-EARNING INDIVIDUAL Effectivity Period :

### **BINONGO, JULIANA GRACE CABE**

LANAO, MAASIN, SOUTHERN LEYTE 6600

Foreign Address : N/A Sex : Female  
 Date of Birth : 07/26/2005  
 Place of Birth : MAASIN, SOUTHERN LEYTE  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : Tax Identification Number :

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : N/A  
 Name of Employer/Organized Group : N/A  
 Business Address : N/A  
 Telephone Number : N/A  
 Tax Identification Number : N/A

### DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

**MARJORIE A. CABRIETO**  
 REGIONAL VICE PRESIDENT  
 PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag 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.

12/11/2023 11:13:34 am 30501214 / 30501214 / 12/11/2023



Republika ng Pilipinas  
Republic of the Philippines

Kagawaran ng Edukasyon  
Department of Education

REHIYON VIII  
REGION VIII

SANGAY NG MGA PAARALAN NG LUNGOD NG MAASIN  
SCHOOL DIVISION OF MAASIN CITY



# SAINT JOSEPH COLLEGE, MAASIN, LEYTE

TUNGA-TUNGA, MAASIN CITY, SOUTHERN LEYTE

Pinatunayan nito na si  
Tals certifies that

## Juliana Grace C. Binomgo

Learner Reference Number (LRN): 122177110395

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School  
As satisfactorily completed the requirements for graduation in Senior High School

ACADEMIC TRACK  
STEM STRAND

na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, pinagkalooban siya nitong  
prescribed for Secondary Schools of the Department of Education and is therefore awarded the

### KATIBAYAN DIPLOMA

Nilagdaan sa Syudad ng Maasin, Timog Leyte, Pilipinas nitong Ika - 2 ng Hunyo 2023.  
Signed in Maasin City, Southern Leyte, Philippines on the 2<sup>nd</sup> day of June 2023.



*Signature of Edith L. Costillas*  
EDITH L. COSTILLAS, Ed.D.  
Senior High School Principal

*Signature of Most. Rev. Precioso B. Cantillas*  
MOST. REV. PRECIOSO B. CANTILLAS, SDB, DD  
School President



**Leamer's Permanent Academic Record for Junior High School (SF10-JHS)**

(Formerly Form 137)

**LEARNER'S INFORMATION**

LAST NAME: Bindogo FIRST NAME: Juliana Grace NAME EXTN. (Jr., II): \_\_\_\_\_ MIDDLE NAME: Cabe  
 Learner Reference Number (LRN): 122177110295 Birthdate (mm/dd/yyyy): 7/26/2005 Sex: Female

**ELIGIBILITY FOR JHS ENROLMENT**

Elementary School Completer General Average: 79% Citation: (If Any) \_\_\_\_\_  
 Name of Elementary School: Tomas Oppus Pilot School School ID: 122177 Address of School: Mantaban, Marikina City, So. Leyte  
 Other Credential Presented  
 PEPT Passer Rating: \_\_\_\_\_  ALS A & E Passer Rating: \_\_\_\_\_  Others (Pls. Specify): \_\_\_\_\_  
 Date of Examination/Assessment (mm/dd/yyyy): \_\_\_\_\_ Name and Address of Testing Center: \_\_\_\_\_

**SCHOLASTIC RECORD**

School: Marikina NHS School ID: 213401 District: I Division: Marikina City Region: 8  
 Classified as Grade: 7 Section: Section 1 School Year: 2018-2019 Name of Adviser/Teacher: Ferdinand M. Coda Signature: [Signature]

LEARNING AREAS	Quarterly Rating				FINAL RATING	REMARKS
	1	2	3	4		
Filipino	90	85	86	88	87	Passed
English	81	83	82	76	79	Passed
Mathematics	79	85	89	70	81	Passed
Science	88	93	95	70	87	Passed
Araling Panlipunan (AP)	80	80	85	76	80	Passed
Edukasyon sa Pagpapakatao (EsP)	87	89	94	70	85	Passed
Technology and Livelihood Education (TLE)	88	90	87	70	82	Passed
MAPEH	92	90	99	71	85	Passed
Music	81	84	85	72	81	Passed
Arts	95	90	90	70	85	Passed
Physical Education	98	92	90	70	86	Passed
Health	95	92	90	76	86	Passed
General Average:					84%	Passed

Remedial Classes	Conducted from (mm/dd/yyyy)	to (mm/dd/yyyy)	Learning Areas	Final Rating	Remedial Class Mark	Recomputed Final Grade	Remarks

School: Marikina NHS School ID: 209469 District: III Division: Marikina City Region: 8  
 Classified as Grade: 8 Section: Section 1 School Year: 2018-2019 Name of Adviser/Teacher: Rosemarie L. Natividad Signature: [Signature]

LEARNING AREAS	QUARTER				FINAL RATING	REMARKS
	1	2	3	4		
Filipino	85	82	96	85	86	Promoted
English	86	89	88	92	88	Promoted
Mathematics	86	85	85	84	85	Promoted
Science	89	80	81	85	83	Promoted
Araling Panlipunan (AP)	82	87	86	86	85	Promoted
Edukasyon sa Pagpapakatao (EsP)	87	91	85	93	89	Promoted
Technology and Livelihood Education (TLE)	80	88	90	96	89	Promoted
MAPEH	83	89	91	99	89	Promoted
Music	81	88	90	93	88	Promoted
Arts	82	96	96	95	89	Promoted
Physical Education	86	85	97	95	91	Promoted
Health	81	94	88	94	89	Promoted
General Average:					87%	Promoted

Remedial Classes	Conducted from (mm/dd/yyyy)	to (mm/dd/yyyy)	Learning Areas	Final Rating	Remedial Class Mark	Recomputed Final Grade	Remarks

**CERTIFICATION**

I CERTIFY that this is a true record of Juliana Grace Bindogo with LRN 122177110295 and that he/she is eligible for admission to Grade 9.  
 Name of School: Marikina NHS School ID: 122177 Last School Year Attended: 2018-2019  
7/19/19 TEOPILA B. EPIS  
 Date Name of Principal/School Head over Printed Name (Affix School Seal here)

School: MARSH CITY NHS School ID: 313401 District: 1 Division: MARSH CITY Region: VIII  
 Classified as Grade: 9 Section: 2019-2020 School Year: 2019-2020 Name of Adviser/Teacher: A. DALOGDOLAN Signature: [Signature]

LEARNING AREAS	QUARTER				FINAL RATING	REMARKS
	1	2	3	4		
Filipino	85	81	86	87	85	Passed
English	89	91	82	90	90	Passed
Mathematics	80	81	84	79	81	Passed
Science	86	84	87	89	87	Passed
Araling Panlipunan (AP)	85	87	88	89	89	Passed
Edukasyon sa Pagpapakatao (Esp)	84	87	90	90	88	Passed
Technology and Livelihood Education (TLE)	86	89	87	89	88	Passed
MAPEH	79	87	87	90	86	Passed
Music	88	85	84	90	87	Passed
Arts	77	88	86	90	84	Passed
Physical Education	77	84	89	90	85	Passed
Health	75	95	90	91	88	Passed
General Average					86 1/2	

Remedial Classes	Conducted from (mm/dd/yyyy)		to (mm/dd/yyyy)		Remarks
Subject	Final Rating	Remedial Class Mark	Recomputed Final		

School: MARSH CITY NHS School ID: 313401 District: 1 Division: MARSH CITY Region: VIII  
 Classified as Grade: 10 Section: 2019-2020 School Year: 2019-2020 Name of Adviser/Teacher: MJ RUFAN Signature: [Signature]

LEARNING AREAS	QUARTER				FINAL RATING	REMARKS
	1	2	3	4		
Filipino	87	87	86	86	87	Passed
English	85	84	81	85	83	Passed
Mathematics	85	87	89	91	88	Passed
Science	91	92	90	91	91	Passed
Araling Panlipunan (AP)	93	93	89	90	91	Passed
Edukasyon sa Pagpapakatao (Esp)	91	92	92	94	92	Passed
Technology and Livelihood Education (TLE)	94	93	89	88	90	Passed
MAPEH	88	85	79	85	84	Passed
Music	85	83	79	85		Passed
Arts	88	85	80	85		Passed
Physical Education	88	84	79	82		Passed
Health	89	89	78	86		Passed
General Average					85 1/2	

Remedial Classes	Conducted from (mm/dd/yyyy)		to (mm/dd/yyyy)		Remarks
Learning Areas	Final Rating	Remedial Class Mark	Recomputed Final		

School: \_\_\_\_\_ School ID: \_\_\_\_\_ District: \_\_\_\_\_ Division: \_\_\_\_\_ Region: \_\_\_\_\_  
 Classified as Grade: \_\_\_\_\_ Section: \_\_\_\_\_ School Year: \_\_\_\_\_ Name of Adviser/Teacher: \_\_\_\_\_ Signature: \_\_\_\_\_

LEARNING AREAS	Quarterly Rating				FINAL RATING	REMARKS
	1	2	3	4		
Filipino						
English						
Mathematics						
Science						
Araling Panlipunan (AP)						
Edukasyon sa Pagpapakatao (Esp)						
Technology and Livelihood Education (TLE)						
MAPEH						
Music						
Arts						
Physical Education						
Health						
General Average						

Remedial Classes	Conducted from (mm/dd/yyyy)		to (mm/dd/yyyy)		Remarks
Learning Areas	Final Rating	Remedial Class Mark	Recomputed Final		

For Transfer Out / IHS Comptroller Only

**CERTIFICATION**

I CERTIFY that this is a true record of JULIANA GARCIA BUNYAGO with LSN 12477110395 and that he/she is eligible for admission to Grade 11  
 Name of School: MCNHS School ID: 313401 Last School Year Attended: 2020-2021  
1-30-2022 Date TEOFILO B. EPIS Name of Principal/School Head over Printed Name (Affix School Seal here)

(May add Certification box if needed)



SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME: BINONGO FIRST NAME: JULIANA GRACE MIDDLE NAME: CABE  
LRN: 122177119398 Date of Birth (MM/DD/YYYY): 07/26/2005 Sex: FEMALE Date of SHS Admission (MM/DD/YYYY): 08/12/2021

ELIGIBILITY FOR SHS ENROLLMENT

High School Completer\* Gen. Avg: \_\_\_\_\_  Junior High School Completer Gen. Avg: 85  
Date of Graduation/Completion (MM/DD/YYYY): \_\_\_\_\_ Name of School: MARIKINA CITY NATIONAL HIGH SCHOOL School Address: COMBADO, MARIKINA CITY, SOUTHERN LEYTE  
 PEPT Passer\*\* Rating: \_\_\_\_\_  ALS ABE Passer\*\*\* Rating: \_\_\_\_\_  Others (P/s. Specify): \_\_\_\_\_  
Date of Examination/Assessment (MM/DD/YYYY): \_\_\_\_\_ Name and Address of Community Learning Center: \_\_\_\_\_  
\*High School Completer are students who graduated from secondary school under the old curriculum \*\*ALS ABE - Alternative Learning System Accreditation and Equivalency Test for JHS  
\*\*\*PEPT - Philippine Educational Placement Test for JHS

SCHOLASTIC RECORD

SCHOOL: SAINT JOSEPH COLLEGE SCHOOL ID: 40717 GRADE LEVEL: 11 SY: 2021-2022 SEM: 1ST  
TRACK/STRAND: ACADEMIC - STEM SECTION: C

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1ST	2ND		
Other Subjects	Theology	95	95	90	PASSED
Core	Oral Communication	87	87	87	PASSED
Core	General Mathematics	85	87	86	PASSED
Core	Earth Science	88	84	86	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kultura ng Pilipino	84	87	86	PASSED
Core	21st Century Literature from the Philippines and the World	88	90	91	PASSED
Core	Personal Development/Persaerling Kasaysayan	88	91	90	PASSED
Core	Physical Education and Health	95	95	95	PASSED
Applied	Entrepreneurship Technology	83	85	90	PASSED
Specialized	Pre-calculus	80	83	92	PASSED
General Avg. for the Semester:				90	PASSED

REMARKS: \_\_\_\_\_  
Prepared by: ROSE VIA MADRICA C. BERTO, LPT Signature of Adviser over Printed Name  
Certified True and Correct: JOHANN L. CORTILLAS, Ed.D., Principal Signature of Authorized Person over Printed Name, Designation  
Date Checked (MM/DD/YYYY): 7/4/22

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): \_\_\_\_\_ to (MM/DD/YYYY): \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SCHOOL ID: \_\_\_\_\_

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: \_\_\_\_\_ Signature: \_\_\_\_\_

SCHOOL: SAINT JOSEPH COLLEGE SCHOOL ID: 40717 GRADE LEVEL: 11 SY: 2021-2022 SEM: 2ND  
TRACK/STRAND: ACADEMIC - STEM SECTION: C

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3RD	4TH		
Other Subjects	Theology	85	88	86	PASSED
Core	Reading and Writing	80	92	91	PASSED
Core	Pagpapaliwanag sa mga Tradisyong Lokal ng Pilipinas	88	85	87	PASSED
Core	Statistics and Probability	90	95	93	PASSED
Core	Contemporary Philippine Arts from the Regions	92	82	82	PASSED
Core	Physical Education and Health	93	98	95	PASSED
Applied	Practical Research 1	92	94	93	PASSED
Applied	Entrepreneurship	89	92	91	PASSED
Specialized	Basic Calculus	89	88	88	PASSED
Specialized	General Biology 1	60	92	88	PASSED
General Avg. for the Semester:				82	PASSED

REMARKS: \_\_\_\_\_  
Prepared by: ROSE VIA MADRICA C. BERTO, LPT Signature of Adviser over Printed Name  
Certified True and Correct: JOHANN L. CORTILLAS, Ed.D., Principal Signature of Authorized Person over Printed Name, Designation  
Date Checked (MM/DD/YYYY): 7/4/22

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): \_\_\_\_\_ to (MM/DD/YYYY): \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SCHOOL ID: \_\_\_\_\_

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: \_\_\_\_\_ Signature: \_\_\_\_\_

SCHOOL: **SAINT JOSEPH COLLEGE** SCHOOL ID: **404717** GRADE LEVEL: **12** SY: SEM: **1ST**  
 TRACK/STRAND: **ACADEMIC - STEM** SECTION:

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM-FINAL GRADE	ACTION TAKEN
		1ST	2ND		
Other_Subjects	Theology				
Core	Introduction in the Philosophy of the Human Person/Pambungod sa Pilosopiya ng Tao				
Core	Understanding Culture, Society and Politics				
Core	Physical Education and Health				
Applied	English for Academic and Professional Purposes				
Applied	Practical Research 2				
Applied	Filipino sa Piling Larang				
Specialized	General Physics 1				
Specialized	General Chemistry 1				
Specialized	General Biology 2				

REMARKS: \_\_\_\_\_

Prepared by: Certified True and Correct Date Checked (MM/DD/YYYY): \_\_\_\_\_

Signature of Adviser over Printed Name \_\_\_\_\_ Signature of Authorized Person over Printed Name, Designation \_\_\_\_\_

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): \_\_\_\_\_ to (MM/DD/YYYY): \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SCHOOL ID: \_\_\_\_\_

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM-FINAL GRADE	REMEDIAL CLASS MARK	RECOMPLETED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: \_\_\_\_\_ Signature: \_\_\_\_\_

SCHOOL: **SAINT JOSEPH COLLEGE** SCHOOL ID: **404717** GRADE LEVEL: **12** SY: SEM: **2ND**  
 TRACK/STRAND: **ACADEMIC - STEM** SECTION:

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM-FINAL GRADE	ACTION TAKEN
		3RD	4TH		
Other_Subjects	Theology				
Core	Media and Information Literacy				
Core	Disaster Readiness and Risk Reduction				
Core	Physical Education and Health				
Applied	Inquiries, Investigations and Immersion				
Specialized	General Physics 2				
Specialized	General Chemistry 2				
Specialized	Work Immersion/ Research/ Career Advocacy/ Culminating Activity				

REMARKS: \_\_\_\_\_

Prepared by: Certified True and Correct Date Checked (MM/DD/YYYY): \_\_\_\_\_

Signature of Adviser over Printed Name \_\_\_\_\_ Signature of Authorized Person over Printed Name, Designation \_\_\_\_\_

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): \_\_\_\_\_ to (MM/DD/YYYY): \_\_\_\_\_ SCHOOL: \_\_\_\_\_ SCHOOL ID: \_\_\_\_\_

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM-FINAL GRADE	REMEDIAL CLASS MARK	RECOMPLETED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: \_\_\_\_\_ Signature: \_\_\_\_\_

Track/Strand Accomplished: \_\_\_\_\_ SHS General Average: \_\_\_\_\_

Awards/Honors Received: \_\_\_\_\_ Date of SHS Graduation (MM/DD/YYYY): \_\_\_\_\_

Certified by: JOHANNIE L. COSTILLAS, Ed.D. Date: 11/28/2022

**NOTE:**  
 This permanent record or a photocopy of this permanent record that bears the seal of the school and the original signature in ink of the School Head shall be considered valid for all legal purposes. Any erasure or alteration made on this copy should be validated by the School Head.  
 If the student transfers to another school, the originating school should produce one (1) certified true copy of this permanent record for safekeeping. The receiving school shall continue filling up the original form.  
 Upon graduation, the school from which the student graduated should keep the original form and produce one (1) certified true copy for the Division Office.

REMARKS: (Please indicate the purpose for which this permanent record will be used)

Date Issued (MM/DD/YYYY): 11/28/2022

Place School Seal Here:

**REMARKS:**

**ISSUED FOR EVALUATION PURPOSE ONLY.**

**CERTIFIED TRUE XEROX COPY**

HERSON C. ASIS

DESIGNATION: SHS CLERK

DATE: 11/28/2022





births before 3 August 1988/on or after 3 August 1988

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

We, WARLY DORON BINGGO and HENRIEY GARCIA CATE parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct in the best of our/my knowledge and belief.

\_\_\_\_\_  
(Signature of Father) \_\_\_\_\_  
(Signature of Mother)

Community Tax No. 01316635 \_\_\_\_\_ Community Tax No. 01316654  
Date Issued JULY 29, 2005 \_\_\_\_\_ Date Issued JULY 29, 2005  
Place Issued MAASIN CITY \_\_\_\_\_ Place Issued MAASIN CITY

SUBSCRIBED AND SWORN to before me this 2nd day of August, 2005 at MAASIN CITY, Philippines.

\_\_\_\_\_  
(Signature of Administrative Officer)  
**LUZMINDA Y. ASIERA**  
CITY AND REGISTRAR-DESIGNATE  
(Name in Print)

\_\_\_\_\_  
(Title/Designation)  
MAASIN CITY  
(Address)

Not applicable for births before 27 February 1931

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, \_\_\_\_\_, of legal age, single/married and with residence and postal address at \_\_\_\_\_ after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of \_\_\_\_\_
2. That I/he/she was born on \_\_\_\_\_ at \_\_\_\_\_
3. That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
4. That I/he/she is a citizen of \_\_\_\_\_
5. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
6. That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_
7. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_
8.  (For the applicant only) That I am married to \_\_\_\_\_  (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

\_\_\_\_\_  
(Signature of Affiant)

Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, Philippines.

\_\_\_\_\_  
(Signature of Administering Officer) \_\_\_\_\_  
(Name in Print) \_\_\_\_\_ (Title/Designation) \_\_\_\_\_  
(Address) \_\_\_\_\_

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BEST POSSIBLE IMAGE



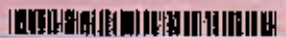
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Documentary  
Stamp Tax Paid

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





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**

**SS NUMBER SLIP**

06-4703725-8

**BINONGO, JULIANA GRACE CABE**

07/26/2005





**BUREAU OF INTERNAL REVENUE**  
**RDO # 082 CEBU CITY - SOUTH**

**TIN VERIFICATION QUERY RESULTS**

**TIN NO.** 639-907-263

**LAST NAME:** BINONGO

**FIRST NAME:** JULIANA GRACE

**MIDDLE NAME :** CABE

**ADDRESS :** MAASIN CITY , SOUTHERN LEYTE (PERMANENT)  
PARDO , CEBU , CEBU CITY

**BIRTHDAY:** JULY 26 , 2005

PROFESSIONAL  LOCAL EMPLOYEE

**TAXPAYER CLASSIFICATION:**  SINGLE PROP.  E.O. 98  ONETT

**RDO CODE:** 090

**VERIFIED BY:** GRASITO A. DEL ROSARIO JR.  
Revenue Officer

7/29/24