



Republic of the Philippines

Province of Cebu

City of Cebu

BARANGAY BINALIW

0917-143-6526

OFFICE OF THE BARANGAY CAPTAIN



BARANGAY CERTIFICATION

This is to certify that the person whose name, picture and signature appeared herein has requested a BARANGAY CERTIFICATION from this office.

COMPLETE NAME: NIKKA ALIMOREN CABONCE

GENDER: Female

ADDRESS: Binaliw 2, Binaliw, Cebu City, Cebu

DATE OF BIRTH: July 26, 2001

PLACE OF BIRTH: Cebu City

CIVIL STATUS: Single

PURPOSE: 1ST TIME JOB SEEKER - NBI CLRC



Date Taken: 07/26/2024



Left Thumb

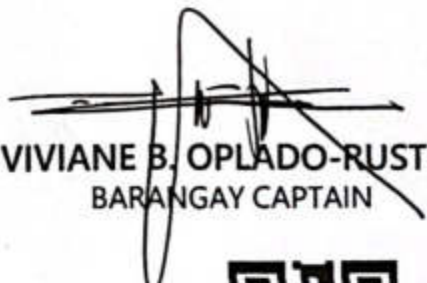


Right Thumb


NIKKA CABONCE
Signature over printed name

Issued this 26th day of July, 2024 at Barangay Binaliw, Cebu City, Cebu, Philippines.


RIX JOHN L. MINGO
Barangay Secretary


VIVIANE B. OPLADO-RUSTE
BARANGAY CAPTAIN

OR Number: N/A
Amount Paid: 0.00
Doc. Stamp: 0.00



Certificate No. 2217010-5114
Control No: 2024-5114

Not valid if there is no official dry seal

This clearance is good until January 26, 2025, revocable for cause



(Copy for OCRG)

| | | | | | | | |
|--|---|---------------------------------------|---|--------------------|--|---|--|
| 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, 5b and 19a.) | | | | | | | |
| Province <u>Cebu</u> City/Municipality <u>Bogo</u> | | | Registry No. <u>301-1686</u> | | | | |
| CHILD | 1. NAME (First) (Middle) (Last) <u>MIKKA</u> <u>ALINCHEN</u> <u>CABONCE</u> | | Type OCRG USE ONLY Registered Pre-1993 TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR 40 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 95 96 97 98 99 00 | | | | |
| | 2. SEX <u>1</u> Male <u>X</u> 2 Female | | | | | 3. DATE OF BIRTH (day) (month) (year) <u>26</u> <u>July</u> <u>2001</u> | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>SVXDI</u> <u>Bogo</u> <u>Cebu</u> | | | | | | |
| | 5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc. | | | | | b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify | |
| | c. BIRTH ORDER (five births and fetal deaths including this delivery) <u>1st</u> (first, second third, etc.) | | | | | d. WEIGHT AT BIRTH <u>2,300</u> grams | |
| | 6. MAIDEN NAME (First) (Middle) (Last) <u>Nery</u> <u>Ponsoca</u> <u>Alimoran</u> | | | | | | |
| MOTHER | 7. CITIZENSHIP <u>Fil.</u> | | 8. RELIGION <u>R.C.</u> | | | | |
| | 9a. Total number of children born alive: <u>1</u> | | b. No. of children still living including this birth: <u>1</u> | | | | |
| | 10. OCCUPATION <u>Housewife</u> | | 11. Age at the time of this birth: <u>21</u> years | | | | |
| | 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Lambuan</u> <u>San Remigio</u> <u>Cebu</u> | | | | | | |
| FATHER | 13. NAME (First) (Middle) (Last) <u>Norio</u> <u>Rojas</u> <u>Cabonoe</u> | | 14. CITIZENSHIP <u>Fil.</u> | | | | |
| | 15. RELIGION <u>R.C.</u> | | 16. OCCUPATION <u>None</u> | | | | |
| | 17. Age at the time of this birth: <u>21</u> years | | | | | | |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Feb. 10, 2001 Davao City</u> | | | | | | | |
| 19a. ATTENDANT <u>X</u> 1. Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Midwife) <u>5</u> Others (Specify) | | | | | | | |
| 19b. CERTIFICATION OF BIRTH I hereby certify that attended the birth of the child who was born alive at <u>5:20 PM</u> o'clock am/pm on the date stated above. | | | | | | | |
| Signature <u>[Signature]</u> Address <u>SVXDI, Bogo, Cebu</u> | | | Name in Print <u>MA. LUISA A. LOBERANES, M.D.</u> Date <u>7-26-2001</u> | | | | |
| Title or Position <u>Medical Officer III</u> | | | 20. INFORMANT Signature <u>[Signature]</u> Address <u>Lambuan, San Remigio, Cebu</u> | | | | |
| Name in Print <u>NERY CABONCE</u> Date <u>7-26-2001</u> | | | Relationship to the child <u>Mother</u> | | | | |
| 21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>LARY ALCARAZ</u> Title or Position <u>Reg. Attendant</u> Date <u>7-26-2001</u> | | | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>RODOLFO L. PESCANTE</u> Title or Position <u>MUNICIPAL CIVIL REGISTRAR</u> Date <u>Aug 10, 2001</u> | | | | |

03050-0B-400MPD-00026-BI005

BEST POSSIBLE IMAGE



T400030504000002605082008005

Documentary Stamp Tax Paid

BRen 02211-B01PS02-7

[Signature]
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office



Republic of the Philippines

Cebu Technological University

MAIN CAMPUS

111 Durosoy Ave., Corner B. Jolina St., Cebu City, Philippines 6000

SUC Level IV University, CHED Recognized, AACSB Accredited and ISO Quality System Certified.



CTU is ISO 9001: 2015 certified by TVET Outsourced Philippines, Inc.



TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME
BE IT KNOWN THAT

NIKKA A. CABONCE

Having satisfactorily completed the prescribed program of instruction on recommendation of the faculty of Cebu Technological University, duly conformed by the Board of Regents, and by authority of the Republic of the Philippines, has this day been granted the degree of

Bachelor of Science in Psychology

"Cum Laude"

with all the rights, honors, and privileges thereto appertaining. In testimony whereof the seal of the Cebu Technological University and the signatures of the University Registrar, the Campus Director and the University President are herewith affixed. Given in Cebu City, Philippines this 17th day of July, 2024.



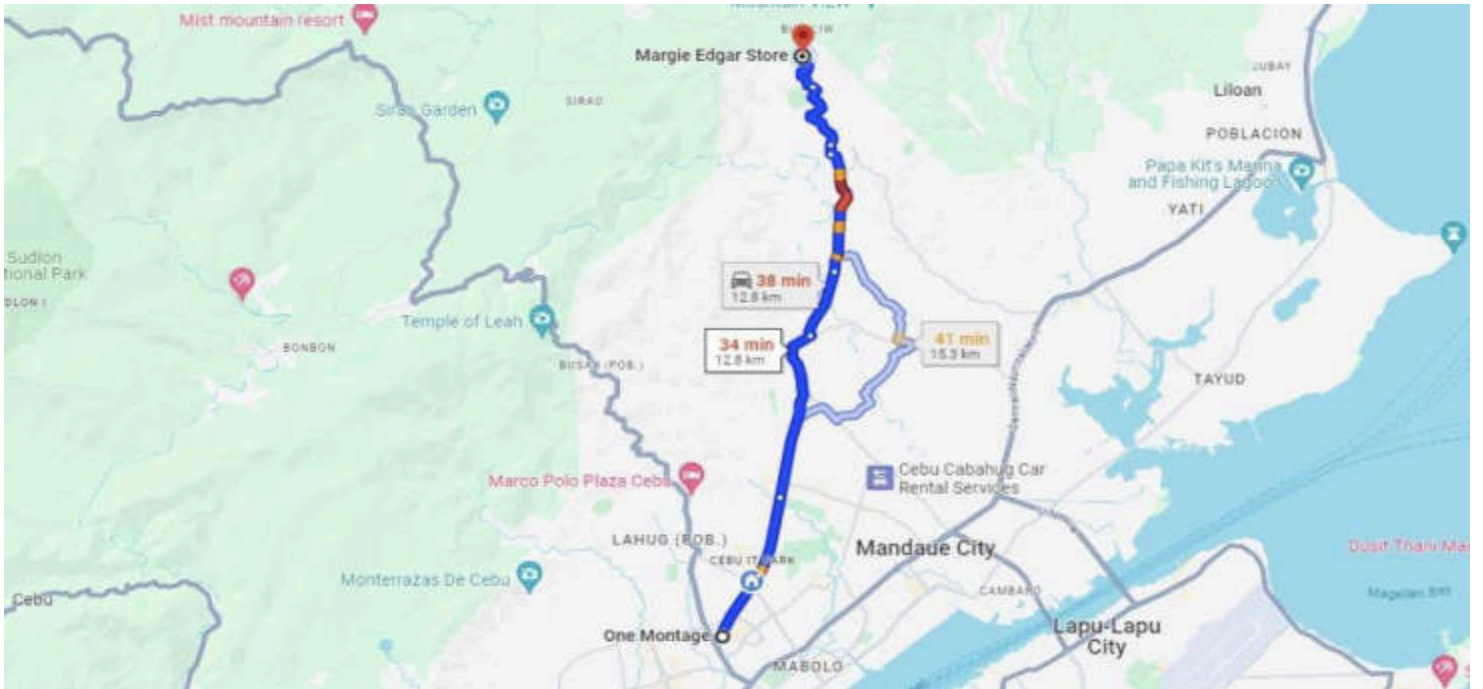
FELICIDAD C. HIRAMIS
Registrar IV

JOSEPH C. SEPPIO, Ph.D.
SUC President IV

RAMETH G. GONDIAGON, J.D., Dev. Ed.D.
OIC - Campus Director



House/ Route Sketch





Republic of the Philippines
Department of Justice
National Bureau of Investigation



42279720

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. C152GN0A10-R71644667 | VALID UNTIL July 26, 2025 |
| FAMILY NAME CABONCE | FIRST NAME NIKKA |
| MIDDLE NAME ALIMOREN | HUSBAND'S SURNAME |
| ADDRESS SITIO BINALIW II BRGY BINALIW CEBU CITY | |
| DATE OF BIRTH July 26, 2001 | PLACE OF BIRTH BOGO CEBU |
| CITIZENSHIP FILIPINO | CIVIL STATUS SINGLE |
| PURPOSE MULTI-PURPOSE CLEARANCE | GENDER FEMALE |
| REMARKS NO RECORD ON FILE | |



SIGNATURE

NC



Date Printed: Friday, July 26, 2024 01:18 PM



C152GN0A10-R71644667

JUDGE JAIME B. SANTIAGO (RET.)
Director

Agency R7 DATID dupag
CASID dupag BIOID dupag
O.R. No. MP903W42C RECID
O.R. Date 07/26/2024 1:17:07 PM INTD
DST PAID PRTID villarin



Republic of the Philippines
Department of Justice
National Bureau of Investigation



42279720

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. C152GN0A10-R71644667 | VALID UNTIL July 26, 2025 |
| FAMILY NAME CABONCE | FIRST NAME NIKKA |
| MIDDLE NAME ALIMOREN | HUSBAND'S SURNAME |
| ADDRESS SITIO BINALIW II BRGY BINALIW CEBU CITY | |
| DATE OF BIRTH July 26, 2001 | PLACE OF BIRTH BOGO CEBU |
| CITIZENSHIP FILIPINO | CIVIL STATUS SINGLE |
| PURPOSE MULTI-PURPOSE CLEARANCE | GENDER FEMALE |
| REMARKS NO RECORD ON FILE | |



SIGNATURE

NC



Date Printed: Friday, July 26, 2024 01:18 PM



C152GN0A10-R71644667

JUDGE JAIME B. SANTIAGO (RET.)
Director

Agency R7 DATID dupag
CASID dupag BIOID dupag
O.R. No. MP903W42C RECID
O.R. Date 07/26/2024 1:17:07 PM INTD
DST PAID PRTID villarin

PERSONAL COPY



MEMBER'S DATA FORM (MDF)

| FOR Pag-IBIG Fund USE ONLY | |
|----------------------------|--------------|
| Pag-IBIG MID NO. | 121346376070 |
| REGISTRATION TRACKING NO. | 924194717708 |

| 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 | CABONCE | NIKKA | | ALIMOREN | <input type="checkbox"/> |
| FATHER | CABONCE | NORIE | | ROJAS | <input type="checkbox"/> |
| MOTHER (Maiden Name) | CABONCE | NERY | | PONSECA | <input type="checkbox"/> |
| SPOUSE (If Married) | | | | | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | CABONCE | NIKKA | | ALIMOREN | <input type="checkbox"/> |
| DATE OF BIRTH 07/25/2001 | | MARITAL STATUS Single/Unmarried | | TAXPAYER IDENTIFICATION NUMBER (TIN) | |
| PLACE OF BIRTH BOGO, CEBU | | | CITIZENSHIP FILIPINO | | SSS NUMBER 0649181720 |
| SEX FEMALE | HEIGHT(cm) 149.00 | WEIGHT(kg) 38.00 | PROMINENT DISTINGUISHING FACIAL FEATURES | | |
| COMMON REFERENCE NUMBER (CRN) | | | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT | | EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i> <i>For DepEd Employee, Division Code-Station Code</i> |

| 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 BINALIW II | Cell Phone +63 (0927) 5303388 |
| Subdivision | | Barangay BINALIW | | | Business (Direct Line) |
| Municipality/City CEBU CITY | | Province/State/Country CEBU, PHILIPPINES | | | Business (Trunk Line) |
| ZIP Code 6000 | | | | | Email Address nikkacabonca26@gmail.com |
| PRESENT HOME ADDRESS | | | | | |
| Unit/Room No., Floor | | Building Name | | Lot No. | Block No., Phase No. |
| House No. | | Street Name BINALIW II | | Subdivision, Barangay BINALIW | |
| Municipality/City CEBU CITY | | Province/State/Country CEBU, PHILIPPINES | | | |
| PREFERRED MAILING ADDRESS | | PERMANENT HOME ADDRESS | | | |

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo 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



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 12-026231667-5 PhilSys Number : N/A
Member Type : DIRECT CONTRIBUTOR - SELF NHTS Coverage : N/A
EARNING INDIVIDUAL - Validity Period : N/A
INDIVIDUAL

CABONCE, NIKKA ALIMOREN
BINALIW, CEBU CITY, CEBU - 6000

Foreign Address : N/A Sex : FEMALE
Date of Birth : 07/26/2001
Place of Birth : CITY OF BOGO, CEBU
Contact No. (Foreign) : N/A Civil Status : SINGLE
(Local) : Tax Identification Number :

ENTITY INFORMATION

Philhealth Number (PEN/POGN) : N/A
Name of Entity/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 |
|-----|---------|------------|-------------|-----|----------|---------------|
|-----|---------|------------|-------------|-----|----------|---------------|

*** NO DECLARED DEPENDENTS ***

MARJORIE A. CABRIETO

REGIONAL VICE PRESIDENT
PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang 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: Mandaue - Wireless Plaza, Lopez Jaena corner Logarfa Streets, Subangdaku, 6014, Mandaue City
07/22/2024 09:23:39 AM 30501214 30501214 / 07/22/2024



Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

06-4918172-0

CABONCE, NIKKA ALIMOREN

07/26/2001



06-4918172-0 CABONCE, NIKKA ALIMOREN