



T. Padilla, Cebu City, 6...



One Montage



12 min



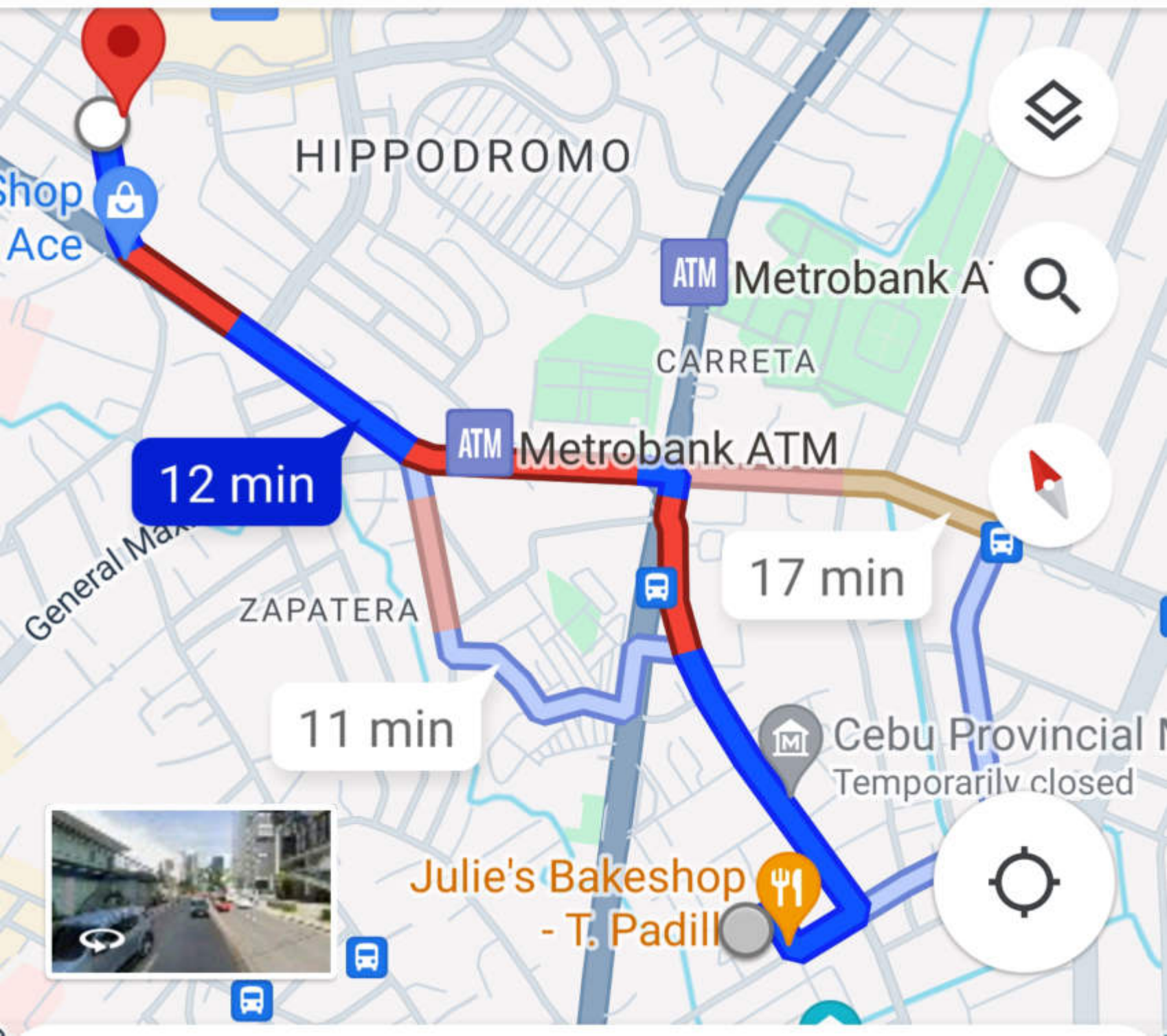
9 min



20 min



31 min





St. Cecilia's College Cebu - Inc.

LASSO Supervised School

Highway, Poblacion, Minglanilla, Cebu

Tel no.032-2551166

CERTIFICATION

This is to certify that Ms. Gem Rose C. Patac has graduated from the course *Bachelor of Science in Hospitality Management* from the College Department, of St. Cecilia's College- Cebu, Inc. on July 3, 2024.

This certification is issued upon her request for Employment requirement purposes only.

Given this 1st day of August, 2024 at St. Cecilia's College-Cebu, Inc.

Prepared by:


LEIDE KATHERINE A. ABELLA
School Registrar

Not valid without
School seal

(Copy for OCRG)



Municipal 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, 6b and 19a.)

Province Cebu Registry No. 771-581
City/Municipality Lilo-an

1. NAME (First) GEM ROGE (Middle) JAPARIDA (Last) PATAK

2. SEX X 1 Male X 2 Female 3. DATE OF BIRTH (day) April 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
Lee Calero, Lilo-an, Cebu

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) 4th d. WEIGHT AT BIRTH 2812 grams

6. MAIDEN NAME (First) GENMA (Middle) RABUTAN (Last) CAPARIDA

7. CITIZENSHIP Phil. 8. RELIGION Catholic

9a. Total number of children born & alive: 7 b. No. of children still living including this birth: 7 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 26 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Lee Calero, Lilo-an, Cebu

13. NAME (First) GENERALDO (Middle) SAPOD (Last) PATAK

14. CITIZENSHIP Phil. 15. RELIGION Catholic

16. OCCUPATION Seaman 17. Age at the time of this birth: 41 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
June 26, 1994 MTC Judge Blanesagan Aleguerra Cebu

19a. ATTENDANT X 1 Physician X 2 Nurse X 3 Midwife X 4 Hilot (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 5:10 p.m. o'clock am/pm on the date stated above.

Signature NOVA A. LAUROH Address Calero, Lilo-an, Cebu
Name in Print NOVA A. LAUROH
Title or Position RHN Date April 30, 2001

20. INFORMANT
Signature GENMA RABUTAN Address Lee Calero, Lilo-an, Cebu
Name in Print GENMA RABUTAN
Relationship to the child Mother Date April 30, 2001

21. PREPARED BY
Signature NOVA A. LAUROH
Name in Print NOVA A. LAUROH
Title or Position RHN
Date April 30, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature VERONICA S. LOMAKIT
Name in Print VERONICA S. LOMAKIT
Title or Position LCR
Date April 30, 2001

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 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 99 100

07340-88-400SPC-01866-BI002

BEST POSSIBLE IMAGE



T400073404000186602052020002
C0400426295

BReN
02227-B01HG01-7

Documentary
Stamp Tax Paid

CSM

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





MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : **120516007619** PhilSys Number : :

Member Category : DIRECT CONTRIBUTOR - EMPLOYED PRIVATE NHTS Coverage : N/A

Validity Period : N/A

PATAC, GEM ROSE CAPARIDA
 TUNGKOP, MINGLANILLA, CEBU - 6046

Foreign Address : N/A Sex : FEMALE

Date of Birth : 4/16/2001

Place of Birth : TOLEDO CITY, CEBU

Contact No. (Foreign) : N/A Civil Status : SINGLE

(Local) : / Tax Identification Number :

EMPLOYER/ENTITY INFORMATION

Philhealth Number (PEN/POGN) : 230276000477

Name of Employer/Organized Group : TPPH-FHCS INC (AEGIS PEOPLE SUPPORT INC)

Business Address : 5TH FLOOR PEOPLE SUPPORT CENTER AYALA AVE COR SEN GIL PUYAT AVE SAN LORENZO, MAKATI CITY FOURTH DIST.

Telephone Number : 028858000 Employment Status: EMPLOYED

Tax Identification Number : 205394448 Date : 12/30/1999

DEPENDENT INFORMATION

| PIN | Surname | Given Name | Middle Name | Sex | Relation | Date of Birth |
|-----|---------|------------|-------------|-----|----------|---------------|
|-----|---------|------------|-------------|-----|----------|---------------|

*** NO DECLARED DEPENDENT/S ***

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 benepisyong, magbigay ng kopya sa ~~capital~~ **capital**. 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: CEBU CITY - CEBU



REPUBLIKA NG PILIPINAS
REPUBLIC OF THE PHILIPPINES
KAGAWARAN NG EDUKASYON
DEPARTMENT OF EDUCATION
REHIYON VII
REGION VII
SANGAY NG CEBU
DIVISION OF CEBU



St. Cecilia's College ~ Cebu, Inc.

Pinatutunayan nito na si

This certifies that

PATAC, GEM ROSE C.

Learner Reference Number (LRN): 117997060021

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

Technical Vocational Livelihood TRACK

Home Economics STRAND

Bread and Pastry Production NCII, Front Office Services NCII, Housekeeping Services NCII, and Dressage Services NCII

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

Katibayan *Diploma*

Nilagdaan sa St. Cecilia's College, Minglanilla Cebu, Pilipinas nitong ika 6 ng April 2019.

Signed at St. Cecilia's College, Minglanilla Cebu, Philippines on the 6th day of April 2019.

EPIFANIA M. REYES, MA.Ed

Punongguro

Principal

ALFREDO S. MORENO JR., Ed.D

School Director

School Director



July 21, 2023

CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:

This is to certify that **Gem Rose Patac** was an employee of Teleperformance Philippines from **February 22, 2022 to July 19, 2023**. He/She held the position of **Customer Service Representative**.

This Certification is being issued upon the request of **Gem Rose Patac** for reference Purposes.


Rachel Maslito - Circabios
Vice President, Human Resources

For Employment Verification, please send an e-mail to philippines@teleperformance.com

DATA CLASS 3 – HIGHLY CONFIDENTIAL

This document is owned by Teleperformance. This document is for authorized personnel only. Distribution to external parties without management approval and duly signed confidentiality agreements is prohibited.

CERTIFICATE OF EMPLOYMENT

February 17, 2022

This is to certify that **Ms. Gem Rose C. Patac** has been employed at **TOPSERVE SERVICE SOLUTIONS INC.** from **May 27, 2019** up to **January 15, 2022** assigned as **Service Crew** and deployed at **GREENWICH- TABUNOK.**

This certification is being issued upon her request for whatever legal purpose it may serve her best.

Done this 17th day of February 2022, Mandaue City.



REAGAN L. MONTEZON
JFC CEBU BRANCH OIC



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 PERSONAL RECORD**
 FOR ISSUANCE OF SS NUMBER

SS NUMBER

0642876935

COV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

| | | | | | | | |
|---|---|--|--|----------------------------------|--|---|--|
| NAME (LAST NAME) PATAC | | (FIRST NAME) GEM ROSE | | (MIDDLE NAME) CAPARIDA | (SUFFIX) | DATE OF BIRTH (MMDDYYYY) 04162001 | |
| SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others | | | | TAX IDENTIFICATION NUMBER (IF ANY) 630655662 | | |
| NATIONALITY FILIPINO | RELIGION ROMAN CATHOLIC | PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) LILOAN, CEBU | | | | | |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) | | (HOUSE/LOT & BLK. NO.) | (STREET NAME) | (SUBDIVISION) | | | |
| (BARANGAY/DISTRICT/LOCALITY) KRY ASS, TUNGKOP, MINGLANILLA, CEBU | | (CITY/MUNICIPALITY) | (PROVINCE) | (COUNTRY) | ZIP CODE 6046 | | |
| MOBILE/CELLPHONE NUMBER 09630694491 | E-MAIL ADDRESS Patacgemrose1@gmail.com | | TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) | | | | |
| FATHER (LAST NAME) BAYUD | (FIRST NAME) ESMERALDO | (MIDDLE NAME) PATAC | (SUFFIX) | | | | |
| MOTHER'S MAIDEN NAME (LAST NAME) CAPARIDA | (FIRST NAME) GEMMA | (MIDDLE NAME) RAMBUTAN | (SUFFIX) | | | | |

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

| | | | | | |
|---|--------------|---------------|----------|--------------------------|--------------------------|
| SPOUSE (LAST NAME) | (FIRST NAME) | (MIDDLE NAME) | (SUFFIX) | DATE OF BIRTH (MMDDYYYY) | |
| CHILD/REN (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. | | | | | |

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

| | | |
|---|--|--|
| SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P | OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO | NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE |
|---|--|--|

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

GEM ROSE C. PATAC
 PRINTED NAME

SIGNATURE

11/07/2023
 DATE

RIGHT THUMB

RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

| | | | |
|---|--|---|---|
| BUSINESS CODE (FOR SE) | WORKING SPOUSE'S MSC (FOR NWS) P | RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) | RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) |
| MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P | APPROVED MSC (FOR SE/OFW/NWS) P | SIGNATURE OVER PRINTED NAME DATE & TIME | SIGNATURE OVER PRINTED NAME DATE & TIME |
| START OF PAYMENT (FOR SE/NWS) | FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved | REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) | SIGNATURE OVER PRINTED NAME DATE & TIME |



MEMBER'S DATA FORM (MDF)

| |
|---|
| FOR Pag-IBIG Fund USE ONLY |
| Pag-IBIG ID No. 121249686129 |
| No. of Pag-IBIG Loans/Accounts 919135207169 |

| | | | | | |
|--|----------------------------|---|---|---|-------------------------|
| OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED | | | | | |
| MEMBERSHIP CATEGORY _____ <i>Please specify</i> | | | | | |
| PERSONAL DETAILS | | | | | |
| NAME | LAST NAME | FIRST NAME | NAME EXTENSION | MIDDLE NAME | F.O. MIDDLE NAME |
| MEMBER | PATAO | CELA ROSE | | CAPARIDA | --- |
| FATHER | PATAO | ESMERALDO | | BAYLON | --- |
| MOTHER (Maiden Name) | CAPARIDA | OLYMPIA | | WAGTUAN | --- |
| SPOUSE (if Married) _____ | | | | | |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | | | | | |
| PATAO | | CELA ROSE | | CAPARIDA | |
| DATE OF BIRTH 04/15/2001 | | MARITAL STATUS Single/Unmarried | | TAXPAYER IDENTIFICATION NUMBER (TIN) | |
| PLACE OF BIRTH LILOAN, CEBU | | | CITIZENSHIP FILIPINO | | |
| SEX FEMALE | HEIGHT (cm) 0 00 | WEIGHT (kg) 0 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 KRY-ASS | Cell Phone +63 (0)451 5052110 |
| Subdivision | | | Barangay TUNGKOP | | Business (Direct Line) |
| Municipality/City MINGLANILLA | | | Province/State/Country CEBU PHILIPPINES | | Business (Toll Free) |
| Zip Code 6045 | | | E-mail Address pataocele1@gmail.com | | |
| PRESENT HOME ADDRESS | | | | | |
| Unit/Room No. Floor | | Building Name | | Lot No. | Block No. |
| House No. | | Street Name KRY-ASS | | Subdivision | |
| Municipality/City MINGLANILLA | | | Province/State/Country CEBU PHILIPPINES | | Zip Code 6045 |
| PREFERRED MAILING ADDRESS | | | PERMANENT HOME ADDRESS | | |

TCD201900129383



Gem Rose Caparida
SIGNATURE



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

TIN:

630-655-662-00000

Name:

PATAC, GEM ROSE CAPARIDA

Address:

TUNGKOP 6046 MINGLANILLA CEBU PHILIPPINES

Birth Date:

16-APR-2001

TIN Issuance Date:

25-JUL-2023



CN: 083-2301361