



Republic of the Philippines
Department of Justice
National Bureau of Investigation



39994813

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.
M430KMQE79-IS1626097

VALID UNTIL
May 28, 2025

FAMILY NAME
MULATO

FIRST NAME
MARY ROSE

HUSBAND'S SURNAME

MIDDLE NAME
BAJA

ADDRESS
PUROK CENTRAL BRGY POBLACION OCCIDENTAL CONSOLACION CEBU

DATE OF BIRTH
November 17, 1997

PLACE OF BIRTH
LOON BOHO

CIVIL STATUS
SINGLE

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO DEROGATORY RECORD

GENDER
FEMALE



SIGNATURE
Mary Rose Mulato



Date Printed: Wednesday, June 5, 2024 04:29 PM

Agency	IS	DATID	villanuevagg
CASID	villanuevagg	BLOID	villanuevagg
O.R No.	W5NKD63Q	RECID	rosarosokkb
O.R Date	05/28/2024 2:37:36 PM	INTID	
DST PAID		PRTID	villanuevagg



M430KMQE79-IS1626097

Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Application for Registration

1902
July 2008 (REVISED)

With certificate
of contract
number.

Verify Compensation Income, or Resident Alien Employees, against all appropriate boxes with an "X".
Note: TIN to be issued, if applicable (To be filled in by BIR)

1. Local Employee 2. Date of Registration (To be filled in by BIR) 3. RDO Code (To be filled in by BIR)

Resident Alien Employee

Taxpayer/Employee Information
4. Sex Male Female
5. Calculator FLIP/IND

6. Spouse's Name: MARIATO, MARY ROSE, BASH
7. City of Birth: 11171997

8. Residential Address: Purok 2, BAHIL
9. Telephone No.: 09100556

10. Mailing Address: LOAN, 2001
11. Zip Code: 0321
12. Bureau/Office Code: 0687

13. Residential Address: _____

14. Type: Form Type: 1591 Form 1706 - (For Individual Earning Compensation Income/Resident Alien Employee)
15. AIC: 011

16. Marital Status: Single Widowed Married Legally separated
17. Employment Status of Spouse: Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

18. Additional Exemptions/Premium Deductions for husband and wife whose aggregate family income does not exceed P250,000 per annum.
 Husband claims additional exemption and any premium deduction. Wife claims additional exemption and any premium deduction (Notch Widower of Husband)

19. Spouse Taxpayer Identification Number: 0000
20. Spouse Name: _____
21. Spouse Employer's Taxpayer Identification Number: _____
22. Spouse Employer's Name: _____

23. Additional Exemptions (refers to a legitimate, illegitimate, or legally adopted child totally dependent upon & living with the taxpayer, not more than 21 years of age, is unmarried, and not gainfully employed; or regardless of age, is incapable of self-support due to mental or physical defect)

Last Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)	Mark if Severely Physically Handicapped
19B		19C	19D	19E
20B		20C	20D	20E
21B		21C	21D	21E
22B		22C	22D	22E

24. For Employees With Two or More Employers (Multiple Employments) Within the Calendar Year
25. Type of multiple employments:
 Successive employments (with previous employer(s) within the calendar year)
 Concurrent employments (with two or more employers at the same time within the calendar year)
 Successive, after previous employer(s); if concurrent, after secondary employer(s)

26. Previous and Concurrent Employments During the Calendar Year

TIN	Name of Employers

27. Declaration: I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, and is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

28. Signature: MARY RICK BUILOS
TAXPAYER (EMPLOYEE) / AUTHORIZED AGENT
(Signature required only)
Employee in registration

29. Type of Regional Office: HEAD OFFICE BRANCH OFFICE
30. Employer Identification Number: 215 024 976
31. RDO Code (To be filled in by BIR): 031

32. Employer's Name (Last Name, First Name, Middle Name, if individual; Registered Name, if Non-individual):
UNISILVER GROUP INTERNATIONAL CORPORATION

33. Employer's Business Address: **955 TOMAS MAPUA ST., DRGY 314 ZONE 031 STA. CRUZ, MANILA**

34. City Code: _____
35. Municipality Code (To be filled in by the BIR): _____
36. Municipality Name: _____
37. Municipality Code (To be filled in by the BIR): _____
38. Municipality Name: _____
39. Municipality Code (To be filled in by the BIR): _____
40. Municipality Name: _____

41. Declaration: I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, and is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.



BOHOL ISLAND STATE UNIVERSITY

Calape Campus
Munisipalidad ng Calape
Municipality of Calape



Na libat ng Makatatagpuan sa Bawalaning ito, (Magingang Muli)
To All Persons To Whom These Presents May Come, Greetings.

Dapat Malatuk sa it
It is known that

MARY ROSE B. MULATO

ay pinaghalalanhan niyang Titulong
is hereby conferred the Degree of

Bachelor of Science in Fisheries

na siyang pinaghalan ng Tugon ng mga Subjects ng Bohol Island State University,
as approved by the Board of Regents of Bohol Island State University


Main Campus, Tagbilaran City ayon sa BIR Resolution No. 14, S. 2018, (ka-07 ng Marso, 2018)
Main Campus, Tagbilaran City as per BOR Resolution No. 14, S. 2018, dated March 07, 2018


katapos ang libat ng karapatan, katungkalan at mga pribilehiyo ganoon bis ang mga tungkalin at pananagatang kan'y unahin.
with all the rights, honors and privileges as well as the obligations and responsibilities thereunto appertaining


Nilang katungkalan ay taglar ang aming mga lagha at ang latak ng Unibersidad sa Munisipalidad ng
In testimony whereof, we have hereunto subscribed our names and affixed the seal of the University in the Municipality of

Calape, Bohol, Pilipinas, ngayong ika-21 ng Marso, 2018.

Calape, Bohol, Philippines, this 21st day of March, 2018.

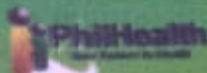

MARIA LOUENA G. LAURDEN
Registrar I


DIOSCORO A. AVERGONZADO, Ph.D.
OIC - President


ERNESTO C. RULIDA, Ph.D. TS
Campus Director



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-253297708-6


MULATO, MARY ROSE BAJAJ

NOVEMBER 17, 1997 - FEMALE
BAHI LOON, BOHOL - 6327

Mary Rose Bajaj Mulato
Signature



1 2 2 5 3 2 9 7 7 0 8 6



MEMBER'S DATA FORM (MDF)

REG. (MC) NO. MEMBER
1312608152420
 REGISTRATION TRADING MEMBER
9129-4774-4171

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is by online, the form should be printed back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with ASTERISK (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if without employment or possess a pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., Sr. II and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "MEMBER" portion, the provision on the Labor or Disposition, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
9. For any subsequent change of information, please secure and submit your Member's Change of Information Form (MCOF), HSP-PFF-026 and submit to any PwD/PSA Branch nearest you.

"OCCUPATIONAL STATUS" <input type="checkbox"/> EMPLOYED		<input type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED			
"MEMBERSHIP CATEGORY"					
MANDATORY		VOLUNTARY			
<input checked="" type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> OVERSEAS GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT <input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE <input type="checkbox"/> NON-WORKING SPOUSE <input type="checkbox"/> MEMBER OF RELIGIOUS GROUP <input type="checkbox"/> PENSIONER/INVESTOR/LESSOR			
<input type="checkbox"/> SELF-EMPLOYED (SE) <input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER <input type="checkbox"/> JOB ORDER PERSONNEL <input type="checkbox"/> OTHER EARNING (GROUP) (OEGK)		<input type="checkbox"/> MEMBER OF COOPERATIVE/TRADE UNION <input type="checkbox"/> OVERSEAS FILIPINO ACADEMIC <input type="checkbox"/> OTHERS. Please specify			
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO. MIDDLE NAME (Check if applicable)
MEMBER	ANILAY	MARY ROSE		MAIA	<input type="checkbox"/>
FATHER	ANILAYO	ROY		GARCERANOS	<input type="checkbox"/>
MOTHER (Mother Name) OR PASCALA-DALAGA	DASA	JOSEFINA		TADENA	<input type="checkbox"/>
SPOUSE (if married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE					
DATE OF BIRTH 1 1 1 9 9 7		<input checked="" type="checkbox"/> MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH (City/Municipality/Province/County) (Please indicate country if born outside the Philippines) BAHIGUAY, LOCAL GOV. BANGALAY		CITIZENSHIP FILIPINO		SSS/OGSS NUMBER	
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES (E.g. Moles, Scars, etc.)		
COMMON REFERENCE NUMBER (CRN) (If Available)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT (Payment of MS is not thru payroll deduction) <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually			
ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS Unit/Block No., Floor, Building Name DICKER 5 BAHIGUAY			Lot No., Block No., Phase No., House No. LOCAL - BANGALAY	Street Name 0323	Priority country code if abroad COUNTRY + AREA CODE TELEPHONE NUMBER
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Mobile Phone 09 - 74363295048
PRESENT HOME ADDRESS Unit/Block No., Floor, Building Name DICKER 5 BAHIGUAY			Lot No., Block No., Phase No., House No. LOCAL - BANGALAY	Street Name 0323	Business (Direct Line)
Subdivision	Barangay	Municipality/City	Province/State/Country (if abroad)	ZIP Code	Business (Toll-Free Line) Local
PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input checked="" type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			List Address		

9XF4+X2G Saint John Of Ke... X

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Municipal Hall

Saint John Of
Kenty School
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