



Republic of the Philippines

CEBU NORMAL UNIVERSITY

Main Campus

Osmena Boulevard, Cebu City, 6000, Philippines

Literary Charter: Republic Act No. 8646

Institutional Code: 7034

Accredited State University; Accrediting Agency of Chartered Colleges & Universities of the Philippines, Inc. (AACCCUP)



Dualifications Statement

TO ALL PERSONS TO WHOM THIS DUALIFICATION STATEMENT MAY COME

Be it known that

KIAN A. CARABUENA

of the College of Teacher Education with Student Identification Number: 36-000837

having satisfactorily completed the prescribed four-year full-time Program of *Master of Education, BEST Level 6* per Republic Act No. 10965, using English as medium, upon recommendation of the Academic Council of Cebu Normal University, duly confirmed by the Board of Regents, and by the authority of the Republic of the Philippines,

is hereby granted the degree of
BACHELOR OF SECONDARY EDUCATION
MAJOR IN ENGLISH
CUM LAUDE

with all the Rights, Honors, and Privileges thereunto appertaining.
The testimony whereof the Seal of the Cebu Normal University and the Signatures of the President, the Dean, and the Registrar are herewith affixed.
Given in Cebu City, Philippines this 23rd day of May, 2024.



VENUSM. COMTES, Ed.D.
College Dean

JASON P. SANTIQUIL, DPT
University Registrar

DANIEL A. ARIASO, SR., PhD, CES
University President

REFERENCE NO.: 000134 DATE OF ISSUE: 28 MAY 2024

302-5000-58-4130



FREE EYE CHECK-UP

Beside Cashier/Counter
 RIGHT EYE: 2 / 90
 LEFT EYE: 2 / 40

Eyeclinics & Diagnostic Center, Inc.
 Central, A. Soriano Jr. Ave., NRA, Makyo, Cebu City
 0273/266-3245
 cepha.ph

SERVICE ORDER

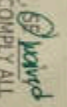
[000160] PLOY STAFFING SOLUTIONS
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Central), Cebu
 09177097074 / 09171575430

Priority No.	0013
SO No.	471412
S.O Date	08/19/2024
Terms	30 Days
Amount Due	P800.00

PATIENT INFORMATION

PATIENT ID : 104384
 PATIENT NAME : CARABUENA, KIAN, AMORES
 PATIENT ADDRESS : Babag, Lapu-Lapu City (Opon), Cebu
 MOBILE NO. : 0995 022 5598
 EMAIL ADDRESS : KIANCARABUENA777@GMAIL.COM
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : PLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Male
 BIRTHDATE : 11/04/2001
 AGE : 22
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT	SUMMARY OF CHARGES
P127	PLOY PENE	1.00	800.00	800.00	TOTAL SALES : 800.00
	*PE R. CHEST PAP, CBC, UA, 				VARIABLE SALES : 0.00
	DRUG TEST (NOTE: PLEASE COMPLETE ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)				V-A-T : 0.00
					SC/PWD DISCOUNT : 0.00
					AMOUNT DUE : 800.00

PREPARED BY:

Ayssa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED
 BY: 
 Signature Over Printed Name

Page 1 of 1 I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the charges associated with the products and services.
 Date Created: 08/19/2024 08:53 AM
 ***** THIS DOCUMENT IS NOT VALID FOR INPUT TAX CLAIM *****

SUCCESSFUL REGISTRATION PAGE

You have successfully registered with the Fund via the HDMF Online Registration system.

Your Registration Tracking Number (RTN) is **924218810630**.

After two (2) working days, you can verify your permanent Pag-IBIG ID number by visiting the Virtual Pag-IBIG through the URL

<https://www.pagibigfundservices.com/virtualpagibig/MIDInquiry.aspx>.

Thank you for your continued support with the Fund.

HOME

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Pag-IBIG MEMBERSHIP ID (MID) NUMBER INQUIRY

Please fill out this form :

Your Pag-IBIG Membership ID No. is

121348213412

Close



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

MO0678IW202408040518 Date/Time Generated: 04 August 2024 01:22:55 PM

SS NUMBER 06-4939716-1					
NAME					
(LAST NAME) CARABUENA	(FIRST NAME) KIAN	(MIDDLE NAME) AMORES	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 11042001	PLACE OF BIRTH (CITY/MUNICIPALITY) LAPU-LAPU CITY (OPON)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) CARABUENA	(FIRST NAME) ARNEL	(MIDDLE NAME) NAVARRO	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) AMORES	(FIRST NAME) FEBILIN	(MIDDLE NAME) ODIONG	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) RADAR PUROK SHOOTING STAR		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) BABAG	(CITY/MUNICIPALITY) LAPU-LAPU CITY (OPON)	(PROVINCE) CEBU	POSTAL CODE 6015	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 1.75	WEIGHT (IN KILOGRAMS) 56	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0995) 022-5598	EMAIL ADDRESS kiancarabuena777@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
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)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
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			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<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"> 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; sharing of these data with SSS service providers to carry out the purposes stated above; and disposal of this application in the manner consistent with the Data Privacy Act. <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).

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

- Observe proper attire when applying for a UMID card.

DOs	DONTs
<ul style="list-style-type: none"> • Collared shirt/blouse is encouraged • Face and neck should be free from bandage or accessories 	<ul style="list-style-type: none"> • Wearing of the following: <ul style="list-style-type: none"> a. For Male - undershirt/"sando" and/or earrings b. For Female - dangling or overstated earrings c. Eyeglasses and/or colored contact lenses d. Metal piercing in any part of the face e. Head gear f. Sunglasses

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.



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



Signature

12-203400420-8

CARABUENA, KIAN AMORES

November 04, 2001 - MALE

RADAR PUROK SHOOTING STAR 6 ABAG II, BABAG,
LAPU-LAPU CITY (OPON), CEBU - 6015



