



BUREAU OF INTERNAL REVENUE
REVENUE DISTRICT NO. 081
CEBU CITY NORTH
CLIENT SUPPORT SECTION
TIN VERIFICATION SLIP

TIN: 350 146 381 0000 ✓

LAST NAME: Plenos ✓

FIRST NAME: EI ✓

MIDDLE NAME: Velasquez ✓

DATE OF BIRTH: March 19 - 1995

RDO: 043

TAXPAYER CLASSIFICATION: Local Employee

RUTH HILDA E. OMANDAM, CPA, REB, REA
Revenue Officer III

[Signature]
BIR Authorized Signature

NOTE: PLEASE READ/ PALIHUG BASAHA
Please present BIRTH CERTIFICATE or ID or any Document showing NAME and BIRTHDATE



MEMBER'S DATA FORM (MDF)

| FOR Pag-IBIG Fund USE ONLY | |
|------------------------------|--------------|
| Pag-IBIG MID NUMBER | 121235052829 |
| REGISTRATION TRACKING NUMBER | 918261386800 |

| OCCUPATIONAL STATUS | | EMPLOYED | | | |
|---|-------------|--|--|--|--------------------------|
| MEMBERSHIP CATEGORY | | EMPLOYED - PRIVATE | | | |
| | LAST NAME | FIRST NAME | NAME EXTENSION | MIDDLE NAME | NO MIDDLE NAME |
| MEMBER | PLEÑOS | EL | | VELASQUEZ | <input type="checkbox"/> |
| FATHER | PLEÑOS | ROMEO | | FORMENTERA | <input type="checkbox"/> |
| MOTHER (Ma den Name) | VELASQUEZ | MARIA | | EPE | <input type="checkbox"/> |
| SPOUSE (if Married) | | | | | <input type="checkbox"/> |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | PLEÑOS | EL | | VELASQUEZ | <input type="checkbox"/> |
| DATE OF BIRTH | | MARITAL STATUS | | TAXPAYER IDENTIFICATION NUMBER (TIN) | |
| 03/19/1995 | | SINGLE | | SSS NUMBER | |
| PLACE OF BIRTH | | CITIZENSHIP | | OGS NUMBER | |
| CEBU CITY, CEBU | | FILIPINO | | EMPLOYEE NUMBER | |
| SEX | HEIGHT(cm.) | WEIGHT(kg.) | PROMINENT DISTINGUISHING FACIAL FEATURES | | |
| MALE | 165.10 | 58.00 | | | |
| COMMON REFERENCE NUMBER (CRN) | | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT | | 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 | |
| No. | Block No. | Phase No. | House No. | Street Name | CELLPHONE |
| | | | | | +63 (0920) 0623088 |
| Division | Barangay | | BUSINESS (DIRECT LINE) | | |
| | YATI | | BUSINESS (TRUNK LINE) | | |
| Municipality/City | Province/State/Country | | E-MAIL ADDRESS | | |
| CEBU | CEBU, PHILIPPINES | | plenosei@gmail.com | | |
| PRESENT HOME ADDRESS | | | | | |
| Unit/Room No., Floor | | Building Name | Lot no. | Block no. | Phase No. |
| House No. | Street Name | | Subdivision | | Barangay |
| | | | | | YATI |
| Municipality/City | Province/State/Country | | Zip Code | | |
| LILUAN | CEBU, PHILIPPINES | | 6002 | | |
| PREFERRED MAILING ADDRESS | | PERMANENT HOME ADDRESS | | | |



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
PERSONAL RECORD**

34-7875752-6

Basic Information

Name of Applicant: PLEÑOS, EL VELASQUEZ
Date of Birth: 03/19/1995 (mm/dd/yyyy)
Gender: MALE
Marital Status: SINGLE
Nationality: FILIPINO
Religion:
Place of Birth: CEBU CITY (CAPITAL) CEBU PHILIPPINES
Home Address: LARAY NANGKA CONSOLACION CEBU 6001
Telephone No:
Mobile No: (0956) 847-1322
Email Address: plenoesel@gmail.com
Name of Father: PLEÑOS, ROMEO FORMENTERA
Name of Mother: VELASQUEZ, MARIA EPE

Beneficiary(ies)

Other Beneficiary/ies: DAÑO, SHEENA JANE QUIJOTE (Guardian/Caretaker) 01/21/1997

Purpose of Application

Purpose: FOR EMPLOYMENT

Applicant's Certification


Signature Over Printed Name

09-19-18
Date



LEFT THUMB MARK



RIGHT THUMB MARK

TO BE FILLED OUT BY SSS

EVALUATED BY:

IRISH L. MAGRADAR
SMCR - SSS Lapu-Lapu

Signature Over Printed Name

SEP 19 2018

Date

5:09

Time

Consolacion

Branch



(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, 5b and 19a.) | | | | | |
| Province <u>CEBU</u> | | Registry No. <u>95-6401</u> | | | |
| City/Municipality <u>CEBU CITY</u> | | | | | |
| CHILD | 1. NAME (First) (Middle) (Last) <u>EL VELASQUEZ PLEÑOS</u> | | For OCRG USE ONLY Population Reference No. | | |
| | 2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | | 3. DATE OF BIRTH (day) (month) (year) <u>19 MARCH 1995</u> | | |
| | 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) <u>CEBU PHER. CENTER & MATERNITY HOUSE, INC., CEBU CITY, CEBU</u> | | TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR | | |
| | 5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. | | b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Other: Specify | | |
| MOTHER | c. BIRTH ORDER (live births and total deaths including this delivery) (first, second, third, etc.) <u>8th</u> | | d. WEIGHT AT BIRTH <u>3,800 grams</u> | | |
| | 6. MAIDEN NAME (First) (Middle) (Last) <u>MARIA ESTE VELASQUEZ</u> | | 7. CITIZENSHIP <u>FILIPINO</u> | | |
| | 8a. Total number of children born alive: <u>8</u> | | b. No. of children still living including this birth: <u>8</u> | | c. No. of children born alive but are now dead: <u>0</u> |
| | 10. OCCUPATION <u>NONE</u> | | 11. Age at the time of this birth: <u>37 years</u> | | |
| FATHER | 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>CASISTINGAN MANDAU CITY CEBU</u> | | 13. NAME (First) (Middle) (Last) <u>DOMILO SOMBURA PLEÑOS</u> | | |
| | 14. CITIZENSHIP <u>FILIPINO</u> | | 15. RELIGION <u>ROMAN CATHOLIC</u> | | |
| | 16. OCCUPATION <u>LABORER</u> | | 17. Age at the time of this birth: <u>39 years</u> | | |
| | 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>NOVEMBER 25, 1976 MANDAU CITY</u> | | 19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) | | |
| 19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>2:50</u> o'clock am/pm on the date stated above. | | Signature _____ Address <u>CEBU PHER. CENTER & MAT. HOUSE, INC., CEBU CITY</u> Name in Print <u>NEUDORA GUANO, M.D.</u> Title or Position <u>PHYSICIAN</u> Date <u>MARCH 19, 1995</u> | | | |
| 20. INFORMANT Signature _____ Address <u>CASISTINGAN, MANDAU CITY CEBU</u> Name in Print <u>MARIA PLEÑOS</u> Relationship to the child <u>MOTHER</u> Date <u>MARCH 19, 1995</u> | | 21. PREPARED BY Signature _____ Address _____ Name in Print <u>JOCELYN B. ITONG</u> Title or Position <u>CLERK</u> Date <u>MARCH 19, 1995</u> | | | |
| | | 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Address _____ Name in Print <u>WILSON M. NUNEZ</u> Title or Position <u>CLERK III</u> Date <u>DATE REC'D. APR 18 1995</u> | | | |

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BEST POSSIBLE IMAGE



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02217-A95EK0A-1

Documentary
Stamp Tax Paid

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



Medgrupe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale. A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarealpha.ph

SERVICE ORDER



BILL TO :

[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu
 09177097074 / 09171575430

| | |
|--------------|------------|
| Priority No. | 0066 |
| SO No. | 470907 |
| S.O Date | 08/13/2024 |
| Terms | 30 Days |
| Amount Due | P800.00 |

PATIENT INFORMATION

PATIENT ID : 104149
PATIENT NAME : PLEÑOS, EL, VELAZQUEZ
PATIENT ADDRESS : Yati, Liloan, Cebu
MOBILE NO. : 09285918072
EMAIL ADDRESS :
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY

GENDER : Male
BIRTHDATE : 03/19/1995
AGE : 29
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

| CODE | PARTICULARS/PROCEDURE | QTY | UNIT PRICE | AMOUNT | SUMMARY OF CHARGES |
|------|--|------|------------|--------|---|
| P127 | IPLOY PEME CHEST PA, CBC, SE DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.) | 1.00 | 800.00 | 800.00 | TOTAL SALES : 800.00 VATABLE SALES : 0.00 V-A-T : 0.00 SC/PWD DISCOUNT : 0.00 AMOUNT DUE : 800.00 |

PREPARED BY:

Floren A. Manigos

ACKNOWLEDGED BY:

Signature Over Printed Name

VALIDATED

VERIFIED BY:

BY:

Signature Over Printed Name

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 changes associated with the products and services.