



## TIN Validation

Thank you for providing the necessary information. We have recorded the following details:

- TIN: **652228025**
- First Name: **Melissa**
- Middle Name: **Tagulaylay**
- Last Name: **Saladaga**
- Sex assigned at birth: **FEMALE**
- Birthdate: **2001-05-02**

Your data privacy is important to us, and we will use this information solely for the purpose you've provided it. If you have any concerns or questions, don't hesitate to reach out to us.



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



3939 2199

This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for FBI Clearance and the results is as follows:

NBI ID NO  
D450LDJL29-LO789340

FAMILY NAME  
SALADAGA

MIDDLE NAME  
TAGULAYLAY

ADDRESS  
PUROK PANGGUOM TAPUL TABOGON CEBU

DATE OF BIRTH  
May 02, 2001

CITIZENSHIP  
FILIPINO

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE

VALID UNTIL  
August 02, 2025

FIRST NAME  
MELISSA

HUSBAND'S SURNAME

PLACE OF BIRTH  
CEBU CITY

CIVIL STATUS  
SINGLE



SIGNATURE  
*Melissa Tagulaylay*

GENDER  
FEMALE



Date Printed: Friday, 2 August 2024 12:06 pm

Agency	LO	DATI	verallor
CASID	verallor	BIOD	verallor
O.R. No.	4511CKDE	RECID	
O.R. Date	08/02/2024 11:55:59 am	INTID	
DST PAID		PRTD	laborj



D450LDJL29-LO789340

JUDGE JAIME B. SANTIAGO (RET.)  
Director



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



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DST PAID		PRTD	laborj



D450LDJL29-LO789340

JUDGE JAIME B. SANTIAGO (RET.)  
Director

PERSONAL COPY

# ACADEMIC AWARDEE



Republic of the Philippines  
CEBU TECHNOLOGICAL UNIVERSITY  
DAANBANTAYAN CAMPUS  
TABOGON EXTENSION  
Poblacion, Tabogon, Cebu



BAGONG PILIPINAS

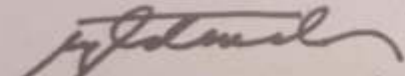
## CERTIFICATE OF RECOGNITION

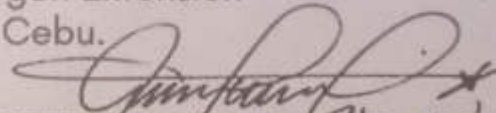
is awarded to

### MELISSA T. SALADAGA

for her excellent performance as **Cum Laude** upon completion of the program  
Bachelor of Technology and Livelihood Education Major in Home Economics  
for the Academic Year 2023-2024.

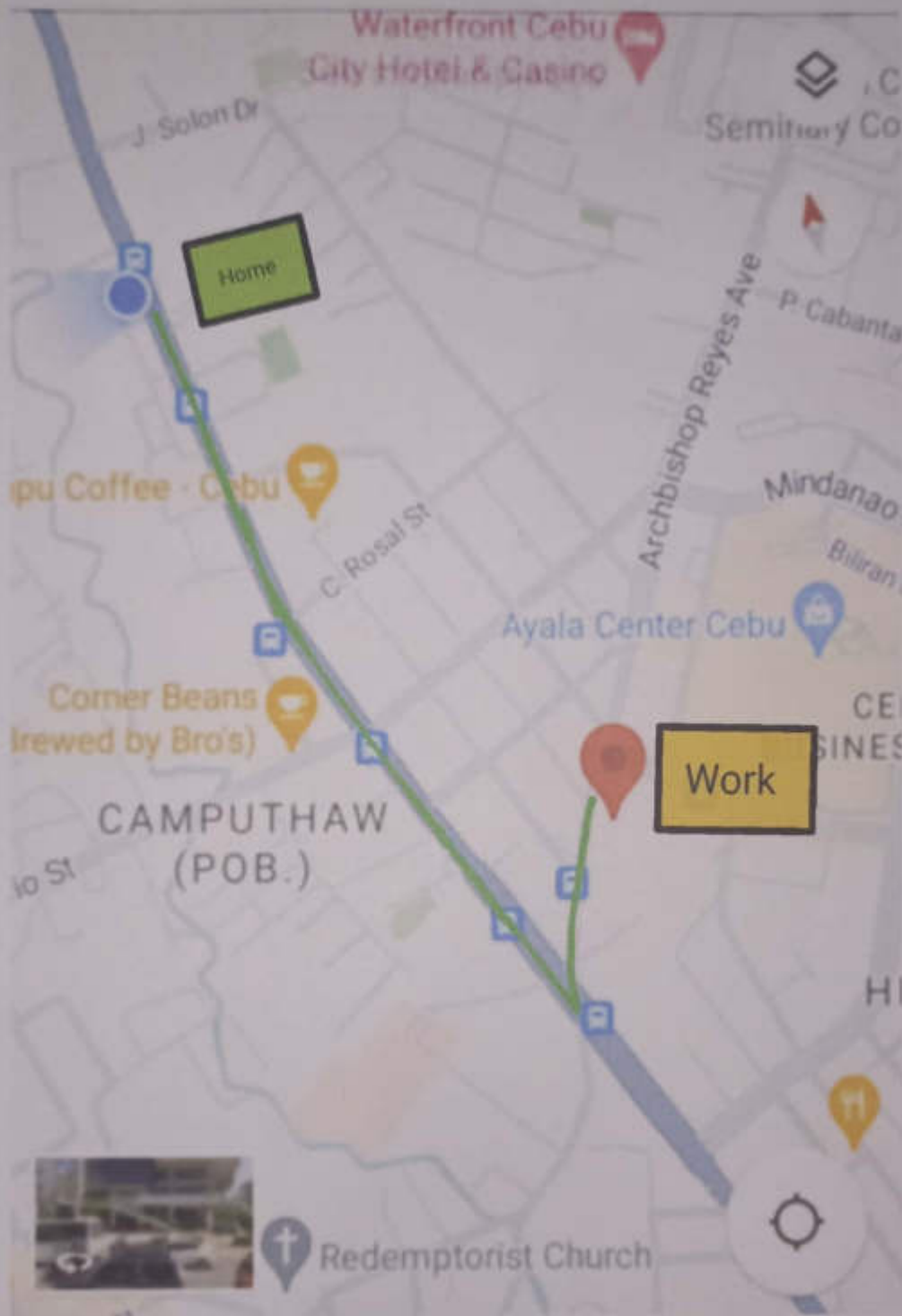
Given this 24th day of July 2024 at Cebu Technological University  
Daanbantayan Campus Tabogon Extension  
Poblacion, Tabogon, Cebu.

  
**RICKY T. DERECHO, Ph. D.**  
Acting Dean, Students Affairs and Services

  
**FELIXBERTO T. LUCABON, JR., MA, Pol. Sci.**  
Dean of Instruction

  
**ROLINA C. PARAN, Ph. D.**  
Campus Director, Tabogon Extension





REPUBLIC OF THE PHILIPPINES  
Department of Health - Administrative Commission

PhilHealth



**12-026234022-3**  
**SALADAGA, MELISSA TAGULAYLAY**  
May 02, 2001 - FEMALE  
PUNOK PANGGOUN, TAPIA, TABOGON, CAGUIGUA - 0009



### CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



**EMMANUEL R. LEDESMA, JR.**  
Acting President and Chief Executive Officer (CEO)



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

MO0611W202406150269 Date/Time Generated: 15 June 2024 12:58:21 PM

SS NUMBER <b>05-4885353-8</b>					
NAME					
(LAST NAME) <b>SALADAGA</b>	(FIRST NAME) <b>MELISSA</b>	(MIDDLE NAME) <b>TAGULAYLAY</b>	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) <b>05022001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>CEBU CITY (CAPITAL)</b>	(PROVINC/STATE) <b>CEBU</b>	(COUNTRY) <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>SALADAGA</b>		(FIRST NAME) <b>MEDARDO</b>	(MIDDLE NAME) <b>SINGSON</b>	(SUFFIX)	
MOTHER'S MAREN NAME (LAST NAME) <b>TAGULAYLAY</b>		(FIRST NAME) <b>INOCENCIA</b>	(MIDDLE NAME) <b>INOT</b>	(SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (PBA, PULJANET NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) <b>TAPUL</b>	(CITY/MUNICIPALITY) <b>TABOGON</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6007</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>162</b>	WEIGHT (IN KILOGRAMS) <b>58</b>	DISTINGUISHING FEATURES	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE, + TEL. NO.)		MOBILE NUMBER <b>(0995) 759-3669</b>	EMAIL ADDRESS <b>saladaga.melissa05@gmail.com</b>		
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 SALADAGA	MELDY	TAGULAYLAY		Sister	11282983
2 SALADAGA	JAYME	LICAY-LICAY		Sister	82852011
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				[ ]	
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P) [ ]	
		Are you applying for membership in the Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF APPLICATION					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		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"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <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>					



Philippine Statistics Authority  
 Official Form No. 102  
 Revised January 1993  
 (To be accomplished in quadruplicate)

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, 3a, 3b and 11a.)

Province Cebu City City/Municipality 13310

1. NAME **MIRISSA TROULAYLAY SALADAGA**

2. SEX XXXX 3. DATE OF BIRTH May 2, 2001

4. PLACE OF BIRTH VSMMC MEDICAL CENTER, CEBU CITY, CEBU

5a. TYPE OF BIRTH 1 Single b. IF MULTIPLE BIRTH, CHILD WAS 1 First

c. BIRTH ORDER 1st d. WEIGHT AT BIRTH 3200 grams

6. MAIDEN NAME INDEPENDENCIA TROULAYLAY

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

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

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 38 years

12. RESIDENCE TAPUL, TABUGON, CEBU (City/Municipality) (Province)

13. NAME MICARDO SINGSON SALADAGA

14. CITIZENSHIP FILIPINO 15. RELIGION ROMAN CATHOLIC

16. OCCUPATION CARPENTER 17. Age at the time of his birth: 33 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS: (If not married, accomplish Affidavit of Acknowledgment of Birth in Form No. 103.)

19a. ATTENDANT  
1 Physician 2 Nurse 3 Midwife  
4 Healer (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 8:33 A.M. o'clock am/pm on the date stated above.  
 Signature: SOL VERONICA BAGAIPO M.D. Address: VSMMC, CEBU CITY  
 Name in Print: MEDICAL OFFICER III Date: May 2, 2001  
 Title or Position: \_\_\_\_\_ Date: \_\_\_\_\_

20. INFORMANT  
 Signature: [Signature] Address: Tapul, Tabugon, Cebu  
 Name in Print: MOTHER Date: May 2, 2001  
 Relationship to the child: \_\_\_\_\_ Date: \_\_\_\_\_

21. PREPARED BY  
 Signature: [Signature]  
 Name in Print: RETIROREY  
 Title or Position: \_\_\_\_\_ Date: May 2, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
 Signature: [Signature]  
 Name in Print: AGNES C. DENAPO  
 Title or Position: CLERK Date: MAY 30 2001

REMARKS/ANNOTATION  
[Handwritten Signature]

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COPY FOR CIVIL REGISTRAR

08937-60-400JDB-01848-BI001  
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[Signature]  
 CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MD NO	121345232585
REGISTRATION TRACKING NO	924182433537

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY <span style="float: right;">Please specify</span>					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	SALADAGA	MELISSA		TAGULAYLAY	<input type="checkbox"/>
FATHER	SALADAGA	MEDARDO		SINGSON	<input type="checkbox"/>
MOTHER (Maiden Name)	TAGULAYLAY	INOCENCIA		INOT	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SALADAGA	MELISSA		TAGULAYLAY	<input type="checkbox"/>
DATE OF BIRTH 05/02/2001		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH CEBU CITY, CEBU			CITIZENSHIP FILIPINO		SSS NUMBER
					GSIS NUMBER
SEX FEMALE	HEIGHT (cm) 162.00	WEIGHT (kg) 59.00	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
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
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
					+63 (0985) 7593669
Subdivision		Barangay			Business (Direct Line)
Municipality/City		Province/State/Country			Business (Trunk Line)
TABOGON		CEBU, PHILIPPINES			Email Address
ZIP Code					saladaga.melissa05@gmail.com
5009					
PRESENT HOME ADDRESS					
Unit/Room No. - Floor		Building Name		Lot No.	Block No.
				Phase No.	
House No.		Street Name		Subdivision	
				Barangay	
				BARANGAY - TAPUL	
Municipality/City		Province/State/Country		ZIP Code	
TABOGON		CEBU, PHILIPPINES		0000	
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, General 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) : 12-026234022-3 PhilSys Number : N/A

Member Type : DIRECT CONTRIBUTOR - NHTS Coverage : N/A  
 SELF EARNING INDIVIDUAL - Validity Period : N/A  
 INDIVIDUAL

**SALADAGA, MELISSA TAGULAYLAY**  
 PUROK PANGGUOM, TAPUL, TABOGON, CEBU - 6009

Foreign Address : N/A Sex : FEMALE  
 Date of Birth : 05/02/2001  
 Place of Birth : CEBU CITY, 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
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\*\*\* NO DECLARED DEPENDENTS \*\*\*

**MARJORIE A. CABRIETO**

REGIONAL VICE PRESIDENT  
 PRO - VII Cebu City

**Pasalala:** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at hirwag 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: PRO VII Cebu City - 8/F Golden Peak Tower, General Ave. cor. Escario St., Cebu City*

*08/01/2024 12:06:07 PM 30499114 30499114 / 08/01/2024 / 30499114 / 08/01/2024*



## BARANGAY CLEARANCE

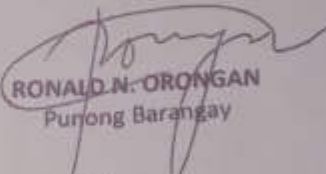
TO WHOM IT MAY CONCERN:

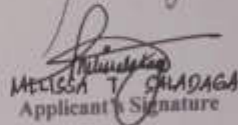
THIS IS TO CERTIFY that **MELISSA T. SALADAGA**, 23 years old, single, Filipino, residing at Purok Panguom, Barangay Tapul, Tabogon, Cebu is personally known to me to be of good moral character and law abiding citizen.

This is to certify further that as far as the Barangay's record is concerned there is no crime indicated by him / her.

This certification is issued to the aforementioned name for employment purposes.

Given this 2<sup>nd</sup> day of **August, 2024** at Barangay Tapul, Tabogon, Cebu, Philippines.

  
RONALD N. ORONGAN  
Punong Barangay

  
MELISSA T. SALADAGA  
Applicant's Signature

Right Thumbmark

Paid Under OR No.: 4499310  
Amount paid: 70.00  
Issued On: 08-02-24  
Issued At: Tapul, Tabogon, Cebu