



Municipal 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, 5a, 5b and 10c.)

Province CEBU Registry No. 99 30390
City/Municipality CEBU CITY

CHILD

1. NAME (First) (Middle) (Last)
QUELBER OGANADA MARINAY

2. SEX XX 1 Male 2 Female

3. DATE OF BIRTH (day) (month) (year)
20 NOVEMBER 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
VIGENTE SOTTO MEMORIAL MEDICAL CENTER CEBU CITY

5a. TYPE OF BIRTH XX 1 Single 2 Twin 3 Triplet, etc.

b. IF MULTIPLE BIRTH, CHILD WAS 1. First 2. Second 3. Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) 7th (first, second, third, etc.)

d. WEIGHT AT BIRTH 2800 grams

MOTHER

6. MAIDEN NAME (First) (Middle) (Last)
MARIVIC PAQUIT OGANADA

7. CITIZENSHIP FILIPINO

8. RELIGION R.C.

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: 37 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
B. ARANAS EXT. CEBU CITY

FATHER

13. NAME (First) (Middle) (Last)
QUINRO LUCERO MARINAY

14. CITIZENSHIP FILIPINO

15. RELIGION R.C.

16. OCCUPATION LABORER

17. Age at the time of this birth: 42 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
OCTOBER 28, 1984 TOLEDO CITY, CEBU

19a. ATTENDANT XX 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 7:20 a.m. o'clock am/pm on the date stated above.

Signature [Signature] Address VENUS CEBU CITY
Name in Print CARLOS SANCHEZ, M.D. Date NOVEMBER 20, 1999
Title or Position MEDICAL OFFICER III

20. INFORMANT
Signature [Signature] Address B. ARANAS EXT. CEBU CITY
Name in Print MARIVIC MARINAY Date NOVEMBER 20, 1999
Relationship to the child MOTHER

21. PREPARED BY
Signature [Signature]
Name in Print ELIZABETH JUNTILLA
Title or Position NURSE Date NOVEMBER 20, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print AGNES O. DENAPO
Title or Position CLERK I Date DEC 08 1999

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Registrar's Use

TO BE FILLED BY THE OFFICE OF THE CIVIL REGISTRAR

41 9930390

42 1

43 1

44 20119

45 1118

46 1

47 1

48 07 07 00

49 220 37

50 1

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90 1

07619-CC-400ARM-00275-BI002
BEST POSSIBLE IMAGE



BReN
02217-A99WL0D-1
Documentary
Stamp Tax Paid

CSM
CLAIRE DENNIS S. MAPA, PH
National Statistician and Civil Registrar
Philippine Statistics Authority



Republic of the Philippines
City of Cebu

BARANGAY DULJO-FATIMA
OFFICE OF THE BARANGAY CAPTAIN

Contact No. 262-2012 / 268-6935 / 0921-594-9990

Email: duljofatima.official2017@gmail.com

Facebook: Barangay Duljo-Fatima (FB Official Page)

BARANGAY CLEARANCE / BARANGAY RESIDENCY

TO WHOM IT MAY CONCERN:



This is to certify that **QUELBER O. MAHINAY**, she/he is legal age, born on Nov.20,1999, Single, Filipino Citizen, is a bonafide resident and registered voter w/ precinct no.1353G of Sitio Sta Monica, 122 B.Aranas Ext., Brgy. Duljo-Fatima, Cebu City.

He/ She is known to me with a Good Moral character, law abiding citizen in the community. He/ She have **NO CRIMINAL RECORD** found in our Barangay Records as of this date of issue.

This certification is being issued upon the request of the forementioned to support his / her

EMPLOYMENT REQUIREMENT

This certification is in accordance to the implementation of the provision of the NEW LOCAL GOVERNMENT CODE of 1991 and for whatever legal purpose this may serve.

Signed this 08th day of August 2024, Barangay Duljo-Fatima, Cebu City, Philippines.

Prepared by:
Rgabella
ROXAN G. ABELLA
ADMIN AIDE II

Verified by the authority of the Brgy. Captain:

[Signature]
NOBIE ABELLA CABATINO
Barangay Captain

[Signature]
JENKIN C. CABANIT
Barangay Councilor
Chairman Committee on Finance

THIS CERTIFICATION IS VALID ONLY FOR 30 DAYS FROM THE DATE OF ISSUANCE.

I hereby certify that above information is true and correct.

Signature over Printed Name



HON. NOBIE A. CABATINO
BARANGAY CAPTAIN

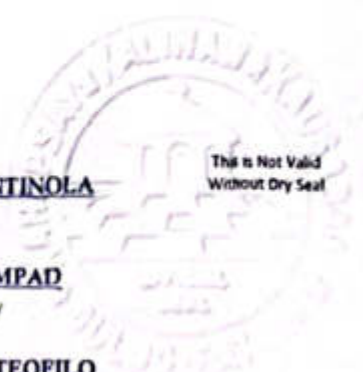
BARANGAY COUNCILORS

- HON. ELMER L. ABELLA
- HON. DAN RAY L. ABELLANOSA
- HON. ROEL P. ABELGAS
- HON. ALBERTO BALUNDO
- HON. REYNANTE F. LANGI
- HON. JENKIN C. CABANIT
- HON. ELGIE M. ALICAYA

HON. JAN HARVEY MONTINOLA
SK Chairperson

MS. CRISMARIE P. OMPAD
Barangay Secretary

MS. CYNTHIA RUBY M. TEOFILO
Barangay Treasurer





MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121276947341
REGISTRATION TRACKING NUMBER	920351883425

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	MAHINAY	QUELBER		OCAÑADA	<input type="checkbox"/>
FATHER	MAHINAY	QUIRINO		LUCERO	<input type="checkbox"/>
MOTHER (Maiden Name)	OCAÑADA	MARIVIC		PAQUIT	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MAHINAY	QUELBER		OCAÑADA	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	771824880	
11/20/1999	Single/Unmarried		SSS NUMBER	3499230572	
PLACE OF BIRTH	CITIZENSHIP		GSIS NUMBER		
CEBU CITY, CEBU	FILIPINO		EMPLOYEE NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	172.00	88.00			
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	+63 (032) 2607610
Lot No.	Block No.	Phase No.	House No.	Street Name	CELLPHONE	+63 (0936) 5253016
			122	B ARANAS EXTENSION	BUSINESS (DIRECT LINE)	
Subdivision		Barangay			BUSINESS (TRUNK LINE)	
		DULJO FATIMA			E-MAIL ADDRESS	rsbleuqyaniam@gmail.com
Municipality/City		Province/State/Country				
CEBU CITY		CEBU, PHILIPPINES				
ZIP Code						
6000						
PRESENT HOME ADDRESS						
Unit/Room No., Floor	Building Name		Lot no.	Block no.	Phase No.	
House No.	Street Name		Subdivision		Barangay	
122	B ARANAS EXTENSION				DULJO FATIMA	
Municipality/City	Province/State/Country				Zip Code	
CEBU CITY	CEBU, PHILIPPINES				6000	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS				



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 · www.philhealth.gov.ph

18 December 2020

Member Name : **MAHINAY , QUELBER OCAÑADA**
Member Address : **122 B ARANAS EXTENSION DULJO (POB.), CEBU CITY, CEBU 6000**

Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-4102-3796**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

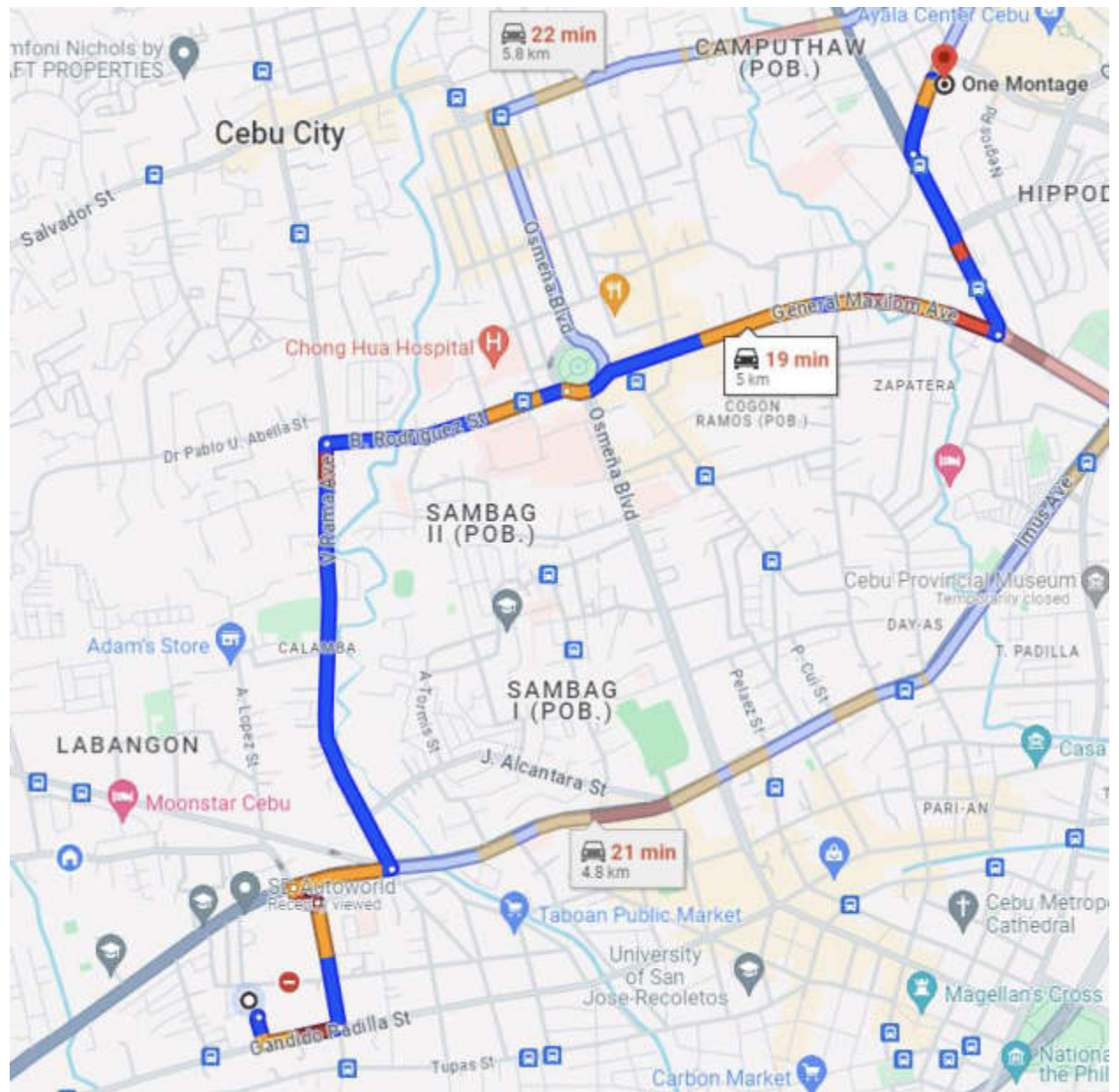
It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

EDWIN M. ORIÑA, MD
REGIONAL VICE PRESIDENT
PRO - VII Cebu City

This is a system generated document, signature is not required



Cebu Institute of Technology University

Natalio B. Bacalso Ave, Cebu City

STATEMENT OF ACCOUNT

School Year : **2023-2024**
Student Number : **16-0732-145**
Last Name : **MAHINAY**
First Name : **QUELBER**
Middle Name : **OCAÑADA**
Level : **Fourth Year**
Section :
Payment Mode : **INSTALLMENT**
Due Date :
Remarks :

Back Account :	0.00
Down Payment :	0.00
Midterm :	4,980.28
Final :	4,980.28
Amount Due	<u>9,960.56</u>

Date Printed : August 08, 2024
Parents/Guardians
Please pay your child's account on or before the due date indicated.
Failure to do so will result in the student's failure to take major examinations.
Please disregard this statement if payment has been made.
Thank you.

Accounting Coordinator



BUREAU OF INTERNAL REVENUE
RDO # 082 CEBU CITY - SOUTH

TIN VERIFICATION QUERY RESULTS

TIN NO. 771-824-880-0000

LAST NAME: MAHINAY

FIRST NAME: QUELDER

MIDDLE NAME: OCANADA

ADDRESS: 122 B-ARANAS EXTENSION DAWO
FATIMA CEBU CITY

BIRTHDAY: NOVEMBER 20, 1997

TAXPAYER CLASSIFICATION: EO98

RDO CODE: 082

UN VERIFIABL

VERIFIED BY: _____

GAPITO S. YANG JR.

RO-LTA



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

Transaction Number: MO0359IW202012163728 Date/Time Generated: 16 December 2020 03:19:02 PM

SS NUMBER 34-9923057-2					
NAME					
(LAST NAME) MAHINAY	(FIRST NAME) QUELBER	(MIDDLE NAME) OCAÑADA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 11201999	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) MAHINAY	(FIRST NAME) QUIRINO	(MIDDLE NAME) LUCERO	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) OCAÑADA	(FIRST NAME) MARIVIC	(MIDDLE NAME) PAQUIT	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) 122		(STREET NAME) B. ARANAS EXTENSION	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) DULJO (POB.)	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 172	WEIGHT (IN KILOGRAMS) 68	DISTINGUISHING FEATURE/S		
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.) 032-2607610	MOBILE NUMBER (0936) 525-3016	EMAIL ADDRESS rebleugyaniham@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)			RELATIONSHIP		DATE OF BIRTH (MMDDYYYY)
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD		(BANK NAME) UNION BANK OF THE PHILIPPINES		(BANK BRANCH) SSS EAST AVENUE	
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

1. Fill out this form in one (1) copy.
2. 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.
3. Place a checkmark on the applicable box.
4. Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
5. 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.
6. 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
7. 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".
8. 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.
9. **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.
10. **For card replacement due to unclaimed UMID cards beyond five (5) years**, a replacement fee and biometric data re-capture is required.
11. 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

12. 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

1. 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.
2. For regular UMID Card, the default mode of issuance is pick-up at the SSS branch office where card application was made.
3. 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.
4. 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.
5. 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.
6. Unsuccessfully delivered UMID Cards (RTS) will be sent to the SSS branch office where biometric data capture was made.



Concentrix CVG Philippines, Inc.

Ground Floor to 4th Floor, Building F, UP Ayala Technohub
Commonwealth Avenue, Diliman
Quezon City 1101
8423-8700 Loc 351093, 351092
cnx.emvrif@concentrix.com

CERTIFICATE OF EMPLOYMENT

This is to certify that Mr. QUELBER OCAÑADA MAHINAY was an employee of Concentrix CVG Philippines, Inc.. He was employed as Advisor I, Customer Service under Operations from February 15, 2021 up to April 30, 2022.

Mr. MAHINAY is cleared from any accountability from the company.

This certification is being issued upon the request of Mr. MAHINAY for whatever legal purpose it may serve

Issued on May 12, 2022.

Michelle Polancos

Authorized Signatory

This document is a system generated printout and does not require a signature

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