



Pag-IBIG *Plus*  
LOYALTY CARD



**CHERRYL B. BACURNAY**

MID No **1212-0641-6535**



3\*1502\*2053\*017953



*Ch*

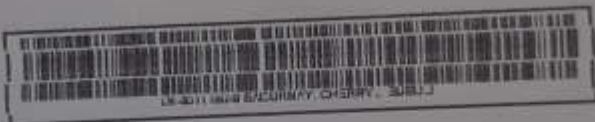


Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
SS NUMBER SLIP

SS Number: 06 4011180 9

BACURNAY, CHERRYL BUBULI

Birthdate: 09/25/1995





## Pag-IBIG FUND

(Home Development Mutual Fund)

Member's Name: BACURAY, CHERYL BUBULI

To our valued member,

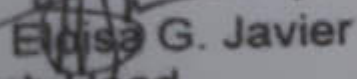
You are now registered with Pag-IBIG Fund.

Registration Tracking No. (RTN) 9172-1387-1159

Membership Identification No. (MID) 1212-0641-6535

The No. is used in all your transactions with the Fund. Thank you for your continued support.

Very truly yours,

  
Sara Elpisa G. Javier  
Branch Head  
Cebu Colon Branch



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](http://www.philhealth.gov.ph)

01 August 2017

Member Name : **BACURNAY , CHERYL BUBULI**  
Member Address : **MOHON I TISA, 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 : **1202-5650-5989**

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,

WILLIAM O. CHAVEZ  
Regional Vice President  
PRO - VII Cebu City

*This is a system generated document, signature is not required*



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

TIN: ~~340~~ 340 579501

LAST NAME: BACURNAY

FIRST NAME: CHERYL

MIDDLE NAME: BUBULI

DATE OF BIRTH: 09-25-1995

RDO: 089

TAXPAYER  
CLASSIFICATION: LOCAL EMPLOYEE

  
GERVINO OTARRA  
REVENUE OFFICER  
BIR Authorized Signature

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




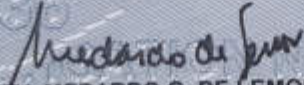


Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39391950

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

REF ID NO: <b>B265ICZL59-R71556104</b>	VALID UNTIL: <b>February 14, 2025</b>																					
FAMILY NAME: <b>BACURNAY</b>	FIRST NAME: <b>CHERRYL</b>																					
WIDOW'S NAME: <b>BUBULJ</b>	HUSBAND'S SURNAME:																					
ADDRESS: <b>ALDEA SUBD BABAG 2 LAPU LAPU CITY CEBU</b>																						
DATE OF BIRTH: <b>September 25, 1995</b>	PLACE OF BIRTH: <b>CEBU CITY</b>	SIGNATURE: 																				
CITIZENSHIP: <b>FILIPINO</b>	CIVIL STATUS: <b>SINGLE</b>		GENDER: <b>FEMALE</b>																			
PURPOSE: <b>MULTI-PURPOSE CLEARANCE</b>	 																					
REMARKS: <b>NO RECORD ON FILE</b>																						
 B265ICZL59-R71556104	<p>Date Printed: Wednesday, February 14, 2024 10:55 AM</p> <table border="0"> <tr> <td>Agency</td><td>R7</td><td>DATID</td><td>villarinn</td></tr> <tr> <td>CASID</td><td>villarinn</td><td>BIOD</td><td>villarinn</td></tr> <tr> <td>O.R. No.</td><td>MP52AJGZZA</td><td>RECID</td><td></td></tr> <tr> <td>O.R. Date</td><td>02/14/2024 10:24:32 AM</td><td>INTID</td><td></td></tr> <tr> <td>DST PAID</td><td></td><td>PRTID</td><td>villarinn</td></tr> </table>		Agency	R7	DATID	villarinn	CASID	villarinn	BIOD	villarinn	O.R. No.	MP52AJGZZA	RECID		O.R. Date	02/14/2024 10:24:32 AM	INTID		DST PAID		PRTID	villarinn
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<p> ATTY. MEDARDO G. DE LEMOS Director</p>																						



Republic of the Philippines

# Cebu Normal University

Osmeña Boulevard, 6000 Cebu City, Philippines

University Charter, Republic Act No. 8688

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

## Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

# CHERRYL B. BACURNAY

STUDENT IDENTIFICATION NUMBER: 13-002058

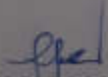
*having satisfactorily completed the prescribed Four-year full-time Program of Instruction using English as medium, upon recommendation of the Faculty of Cebu Normal University, duly confirmed by the Board of Regents, and by Authority of the Republic of the Philippines, is hereby granted the*  
**DEGREE** of


## BACHELOR OF ARTS IN FILIPINO

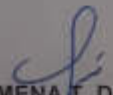
*with all the Rights, Honors, and Privileges thereunto appertaining.*

*In testimony whereof the Seal of the Cebu Normal University and the Signatures of the President, the Dean, and the Registrar are hereunto affixed.  
Given in Cebu City, Philippines this 27th day of March, 2017.*



  
FLORDELYNN B. ESGANA-ESCARDA, LLB., MPA  
University Registrar

  
MILAGROS M. GREIF, Ph.D.  
Officer-In-Charge, College Dean

  
FILOMENA T. DAYAGBIL, Ed.D.  
University President

DATE OF ISSUE: APRIL 20, 2017



Municipal Form No. 102  
(Revised January 1995)

(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 within the appropriate answer by Items 1, 6, 9, and 15a.)

Province Cebu Registry No. 9-24185  
City/Municipality Cebu City

1. NAME (First) (Middle) (Last)  
CHERYL RUSSET BACURRAY

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (Day) (month) (year)  
25 September 1995

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
St. Anthony Mother & Child Hospital Cebu City

5a. TYPE OF BIRTH b. IF MULTIPLE BIRTH, CHILD WAS  
1 Single 2 Twin 1 First 2 Second  
3 Triplet, etc. 3 Others, Specify

c. BIRTH ORDER (Give births and fetal deaths including this delivery) (First, second, third, etc.) d. WEIGHT AT BIRTH  
2nd 2863 grams

6. MOTHER'S NAME (First) (Middle) (Last)  
Lily Yabenda Subuli

7. CITIZENSHIP 8. RELIGION  
Filipino Roman Catholic

9a. Total number of children born alive: 4 b. No. of children still being included this birth: 3 c. No. of children born alive but are now dead: 0

10. OCCUPATION 11. Age at the time of this birth  
Housewife 24 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Figueras St. Cebu City

13. NAME (First) (Middle) (Last)  
Kea Almazon Bacuray

14. CITIZENSHIP 15. RELIGION  
Filipino Roman Catholic

16. OCCUPATION 17. Age at the time of this birth  
Factory Worker 29 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
May 11, 1993 - Toledo City

19a. ATTENDANT  
1 Physician 2 Nurse 3 Midwife  
X 4. Midw (Traditional Midwife) 5 Others (Specify)

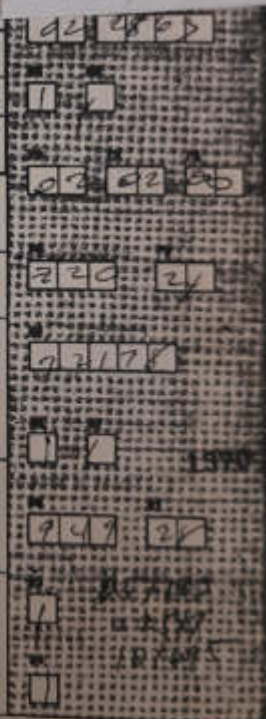
19b. CERTIFICATION OF BIRTH  
(I hereby certify that I attended the birth of the child who was born alive at 9:40 o'clock am/pm on the date stated above)

Signature [Signature] Address SAKSR  
Name in Print [Name] City Cebu City  
Title or Position [Title] Date September 25, 1995

20. INFORMANT  
Signature [Signature] Address Figueras St.  
Name in Print CHERYL RUSSET-BACURRAY Cebu City  
Relationship to the child Mother Date September 25, 1995

21. PREPARED BY 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature] Name in Print CLARE DENNIS S. MAPA  
Title or Position Barangay Title or Position Barangay  
Date September 28, 1995 Date [Date]

OFFICIAL RECEIPT  
OF No. 200211-400-00-001-001  
BACURRAY,  
CHERYL B.  
Trans No. 07346-18-400-00529-BI001  
CHERYL B BACURRAY 09/28/1995  
COPY ISSUANCE - BIRTH CERTIFICATE  
Unit Cost: 150.00 Qty 1 150.00  
TOTAL 150.00  
AMOUNT TENDERED 150.00  
CHANGE 0.00  
CASH  
INCLUDED DOCUMENTARY STAMP TAX OF  
PWP30.00/COPY  
Collecting Officer: Copoy, Glor S.  
Personal Code: 00



07346-18-400SPC-00529-BI001  
BEST POSSIBLE IMAGE



T40007346400005290211202001

co200447063

BREN  
02217-A95TR25-3

Documentary  
Stamp Tax Paid

CDSM  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





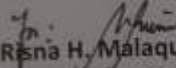
August 2, 2022

### CERTIFICATE OF EMPLOYMENT

This is to certify that **Cherryl Bubuli Bacurnay** was an employee of WIPRO Philippines Inc. and that the employment details that follow are true and correct:

Hire Date:	2/20/2020
Status:	Separated
Separation Date:	6/21/2022
Employment Type:	Regular
Position Held:	Associate
Department:	Operations

This certificate is issued to reflect the employment period and position of the employee at the time of separation and for whatever legal purposes it may serve him/her.

  
**Risna H. Malaque**  
Manager, Human Resources

Business Unit:

Wipro Philippines Inc.  
Cebu IT Tower 1, Lot 7, Block 2 cor. Arch Reyes Mindanao St.  
Cebu Business Park, Cebu City, 6000, Philippines

T: +63 32 230 1000

Sensitivity: Internal & Restricted



February 20, 2020

### CERTIFICATE OF CLEARANCE

This is to certify that **Ms. Bacurnay, Cheryl** was employed by Concentrix CVG Philippines, Inc. (formerly known as Convergys Philippines Inc.) an affiliate of Concentrix Corporation, the global leader in outsourced customer care.

The last position held was **Advisor I, Customer Service**. She was with the company from **September 11, 2017** and was separated **January 23, 2020**.

**Ms. Bacurnay** is all cleared of all accountabilities from the Company.

**Ethel Quisido Jo - Reyes**  
Human Resources Business Partner

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<sup>1</sup> Note: Any difference between the employer's name stated above and other employment documents of the employee which bears the name of Concentrix, such as his/her company ID, is due to the transition of Convergys companies into the Concentrix group. This is a computer generated document. No signature required.

## CERTIFICATE OF EMPLOYMENT

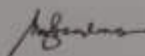
This is to certify that **Cherryl Bubuli Bacurnay** has been employed at **ePerformax Contact Centers (Cebu) Corp.** and has served the company under the following capacity.

Date Started	Date Ended	Department	Job Title
June 16, 2022	July 03, 2022	Operations - xxx	Global Communications Teammate
July 04, 2022	February 15, 2024	Operations - xxx	Teammate

This is to further certify that **Cherryl Bubuli Bacurnay** has been cleared from all her accountabilities from the Company.

This certification is issued this **5<sup>th</sup> of April 2024** upon the request of **Cherryl Bubuli Bacurnay** for future employment purposes. For inquiries, please contact the undersigned.

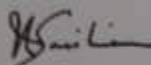
Prepared by:



**Hazel B. Cardenas**  
Process and Policy Compliance Specialist  
Email Address: [h3ppc@cebu@eperformax.com](mailto:h3ppc@cebu@eperformax.com)

*Not valid without a seal*

Noted by:



**Velika Nikole M. Sacilioc**  
E3 Assistant Director

*Note: For verification purposes you may send a message to [employeecheck@eperformax.com](mailto:employeecheck@eperformax.com).  
Kindly support your verification with attached Letter of Authorization AND scanned copy of this document.*

Scope Building - Central Business Park 1 • Macapagal Ave. cor. Peard Dr. • Pasay City, Philippines 1302  
JY Square IT Center 1 - 3rd Floor • Salinas Drive • Lahug, Cebu City, Philippines 6000  
ePERFORMAX Center • Sacred Heart of Jesus Blvd. • Pueblo de Panay TechnoPark • Roxas City, Philippines 5800

53  
CONFORME:  
54  
CTC/Valid ID  
of Employee



BIR Form No.  
**2316**

September 2011 (ENCS)

**Certificate of Compensation  
Payment/Tax Withheld**



For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY) **2 0 2 4**

**Part I - Employee Information**

2 TIN **3 4 0 - 5 7 9 - 5 0 1 - 0 0 0 0 0**

4 Employee's Name (Last Name, First Name, Middle Name)  
**Bacumay, Cherryl Bubuli**

4 RDO Code  
**0 8 1**

6 Registered Address  
**Block 3 Lot 4 Tisa Sunflower, Cebu City, Cebu**

6A ZIP Code

6B Local Home Address

6C ZIP Code

6D Foreign Address

7 Date of Birth (MM/DD/YYYY)  
**0 9 2 5 1 9 9 5**

8 Contact Number

9 Statutory Minimum Wage rate per day **0.00**

10 Statutory Minimum Wage rate per month **0.00**

11  Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax

**Part II - Employer Information (Present)**

12 TIN **0 0 6 - 6 4 8 - 3 4 0 - 0 0 0 0 0**

13 Employer's Name  
**EPERFORMAX CONTACT CENTERS (CEBU) CORP**

14 Registered Address  
**17 SQUARE IT CENTERS 1 & 3 LARUG CEBU CITY**

14A ZIP Code  
**6 0 0 0**

15 Type of Employer  Man Employer  Secretary Employer

**Part III - Employer Information (Previous)**

16 TIN

17 Employer's Name

18 Registered Address

18A ZIP Code

**Part IVA - Summary**

19 Gross Compensation Income from Present Employer (Sum of Items 29 and 30) **20,568.43**

20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 30) **4,898.80**

21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 30) **15,669.63**

22 Add: Taxable Compensation Income from Previous Employer, if applicable **0.00**

23 Gross Taxable Compensation Income (Sum of Items 21 and 22) **15,669.63**

24 Tax Due **0.00**

25 Amount of Taxes Withheld

25A Present Employer **0.00**

25B Previous Employer, if applicable **0.00**

26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) **0.00**

27 6% Tax Credit (PERA Act of 2008) **0.00**

28 Total Taxes Withheld (Item 26 less Item 27) **0.00**

3 For the Period (MM/YYYY) **0 1 0 1** To (MM/YYYY) **0 3 1 4**

**Part V-B Details of Compensation Income & Tax Withheld from Present Employer**

**A NON-TAXABLE/EXEMPT COMPENSATION INCOME**

29 Basic Salary including the amount of overtime & award or 1/30 Salary Month Pay (Item 39) **0.00**

30 Holiday Pay (MWE) **0.00**

31 Overtime Pay (MWE) **0.00**

32 Night Shift Differential (MWE) **0.00**

33 Floating Pay (MWE) **0.00**

34 13th Month Pay and Other Benefits (maximum of 1/12 PDI) **2,363.68**

35 De Minimis Benefits **0.00**

36 SSS, GSIS, PHIC & FIC/BISS Contributions and Group Term Life Insurance (Employer share only) **2,535.14**

37 Salaries and Other Forms of Compensation **0.00**

38 Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) **4,898.80**

**B TAXABLE COMPENSATION INCOME REGULAR**

39 Basic Salary **14,804.16**

40 Representation **0.00**

41 Transportation **0.00**

42 Cost of Living Allowance (COLA) **0.00**

43 Fixed Housing Allowance **0.00**

44 Others (specify)

44A Night Shift and Premiums **666.47**

44B **0.00**

**SUPPLEMENTARY**

45 Commission **0.00**

46 Profit Sharing **0.00**

47 Fees including Director's Fees **0.00**

48 Taxable 13th Month Benefits **0.00**

49 Hazard Pay **0.00**

50 Overtime Pay **0.00**

51 Others (specify)

51A **0.00**

51B **0.00**

52 Total Taxable Compensation Income (Sum of Items 39 to 51B) **15,669.63**

I hereby declare, under the penalties of perjury that the information herein stated is true and correct, and to the best of my own knowledge and belief, it is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I was given my/our consent to the processing of my/our information as contemplated under the Tax Data Privacy Act of 2011 (RA 10173) for legitimate and lawful purposes.

53 **Nezabelle C. Ralleca**  
Present Employer Authorized Agent Signature over Printed Name

Date Signed

54 **Bacumay, Cherryl Bubuli**  
Employee Signature over Printed Name

Date Signed

55 **Nezabelle C. Ralleca**  
Present Employer Authorized Agent Signature over Printed Name (Agent of Accounting/Finance Resource or Authorized Representative)

Date Signed

Amount paid, P=TC

I declare, under the penalties of perjury that the information herein stated is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

I declare, under the penalties of perjury that I am checked under substituted filing of income tax return (BIR Form No. 1790), since I retained purely compensation income from only one employer in the Philippines for the calendar year. And taxes have been correctly withheld by the employer. The due taxes are withheld, and the BIR Form No. 1054-C filed by the employer to the BIR shall constitute as my income tax return, and the BIR Form No. 2316 shall serve the same purpose as BIR Form No. 1700 has been filed previously in the absence of Revenue Regulations (RR) No. 3-2002, as amended.

56 **Nezabelle C. Ralleca**  
Employee Signature over Printed Name

56 **Nezabelle C. Ralleca**  
Employee Signature over Printed Name

\*NOTE: The data privacy policy is in the BIR website (www.bir.gov.ph)