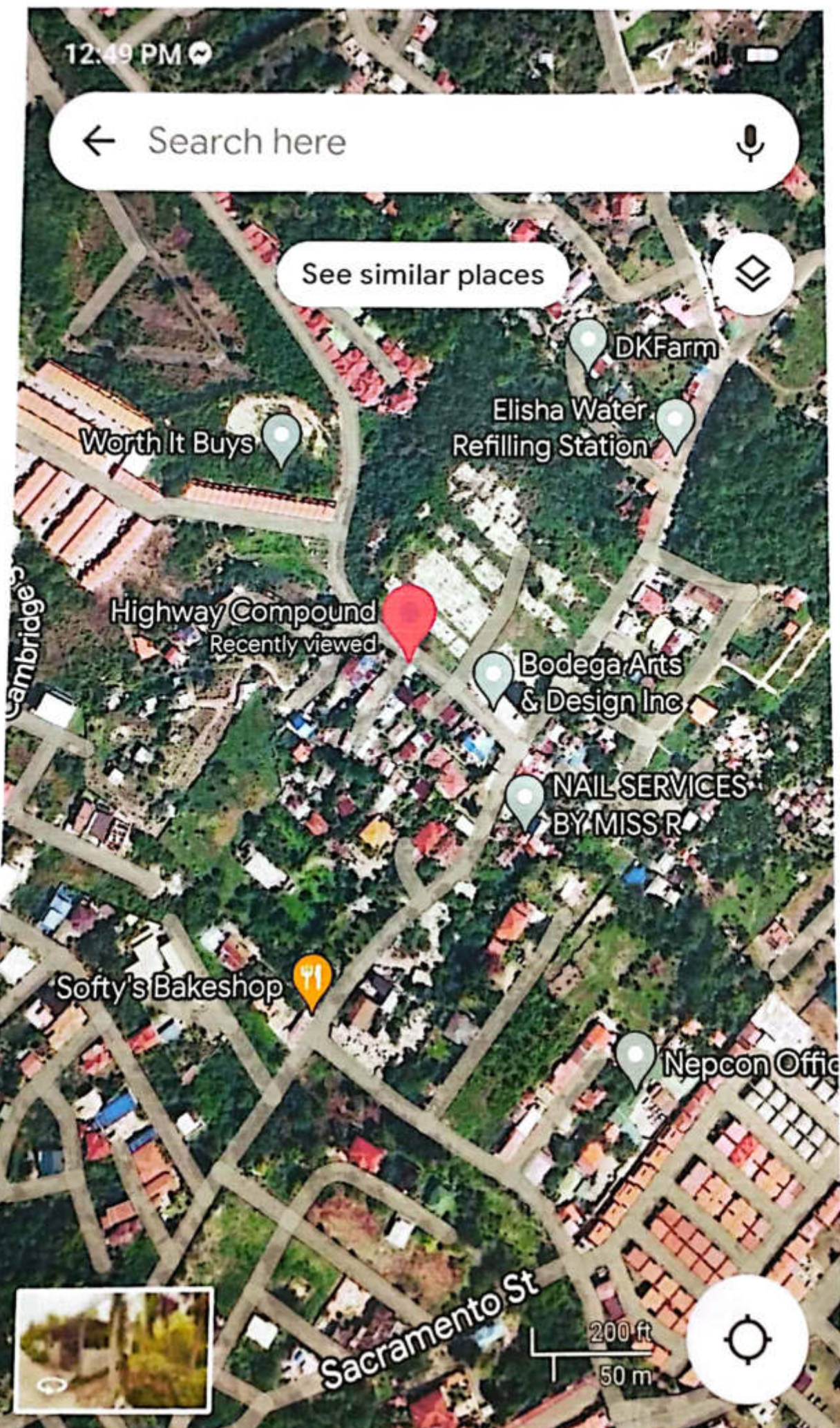


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UIC

UNIVERSITY OF CEBU
LAPU-LAPU AND MANDAUE
to all persons to whom these presents may come

Greetings

Be it known that the Board of Trustees, by authority of the Republic of the Philippines, and on recommendation of the faculty, has conferred upon

Juliane S. Macasinag

who has fulfilled all the requirements therefore, the degree of

BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJ. IN MKTG. MGT.

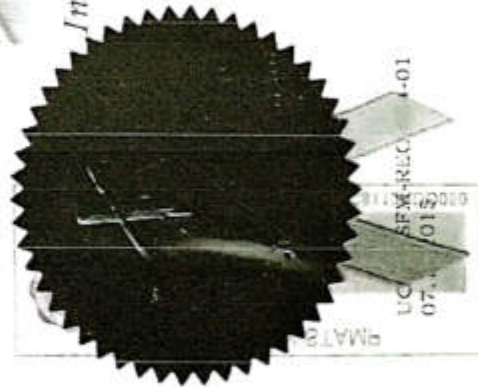
with all the rights, honors, and privileges as well as the obligations and responsibilities thereinto appertaining:

In testimony whereof, we have hereto subscribed our names and affixed the seal of the school in Mandaue City, Cebu, Philippines, this 20th day of June 2024.

DR. LUCRITO A. ATILLO
OIC-College Dean

ATTY. AUGUSTO W. GO
President

PALCOA ACCREDITED
exempted from issuance of special order





Republic of the Philippines
Municipality of Consolacion
Province of Cebu
BARANGAY LAMAC

Phone: (032) 407-8147

e-mail address: barangaylamac@gmail.com



Office of the Punong Barangay

BARANGAY CLEARANCE

BARANGAY OFFICIALS



HON. NESTOR MAGLASANG
Punong Barangay

HON. ROY C. ERMAC
Barangay Kagawad
Chairman Committee on Peace and Order

HON. RICKSON BIEN P. ERMAC
Barangay Kagawad
Chairman Committee on Health
Chairman Committee on Finance

HON. RONALD Q. DAYDAY
Barangay Kagawad
Chairman Committee Infrastructure and Public Works
Chairman Committee on Land Use

HON. MARTIN M. COLUBIO
Barangay Kagawad
Chairman Committee on Ways and Means
Vice-Chairman on Peace and Order

HON. MARITES D. SYGACO
Barangay Kagawad
Chairman Committee on Womens, Children, Senior Citizen and PWD

HON. MARIO A. DICO
Barangay Kagawad
Chairman Committee on Education

HON. LEAZETH C. OMAÑA
Barangay Kagawad
Chairman Committee on Agriculture and Environmental Protection

HON. SHAINNA FAYE D. SALIBONGCOGON
SK Chairman
Chairman Committee on Sports & Youth Development

MS. NHOVA JEAN D. SENINING
Barangay Secretary

MRS. GINA D. ORTIZ
Barangay Treasurer

TO WHOM IT MAY CONCERN:

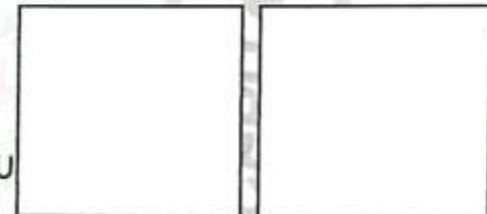
This is to certify that the applicant whose name, picture, signature and thumb marks appearing hereto has not been brought before the Lupon/Pangkat of this Barangay for any complaint against her, nor has committed any infraction of laws/ordinances as of this date, she is a law-abiding citizen.

NAME : JULIANE S. MACASINAG
HOME ADDRESS : STO. NIÑO, 1, LAMAC, CONSOLACION
PLACE OF BIRTH : ALEGRIA PIO V. CORPUZ, MASBATE
DATE OF BIRTH : July 8, 2001
REMARKS : NO DEROGATORY RECORD
PURPOSE : FOR EMPLOYMENT



Applicant's Signature

VALID FOR : Six (6) Months
Res. Cert. No. : 20482285
Issued at : LAMAC, CONSOLACION, CEBU



Left Right
Thumb Marks

HON. NESTOR MAGLASANG
Punong Barangay

Paid Under
O.R. No. :
Amount Paid :
Doc. Stamp :
Date Paid : 8/13/2024

Not valid if there are erasures, without computerized photo or without official dry seal. Falsification is punishable by law under Act. 171 PRC.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo 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) : 12-026236130-1 PhilSys Number : N/A

Member Type : INFORMAL ECONOMY - NHTS Coverage : N/A
 SELF-EARNING Validity Period : N/A
 INDIVIDUAL

MACASINAG, JULIANE SALAZAR

LAMAC, CONSOLACION, CEBU - 6001

Foreign Address : N/A Sex : FEMALE
 Date of Birth : 07/08/2001
 Place of Birth : PIO V. CORPUZ (LIMBUHAN), MASBATE

Contact No. (Foreign) : N/A Civil Status : SINGLE
 (Local) : 09385994661 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
-----	---------	------------	-------------	-----	----------	---------------

*** NO DECLARED DEPENDENTS ***

MARJORIE A. CABRIETO

REGIONAL VICE PRESIDENT
PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maibigay. Ingatan ang orihinal na kopya at huwag 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: Mandaue - Wireless Plaza, Lopez Jaena corner Logarta Streets, Subangdaku, 6014, Mandaue City

08/13/2024 12:14:09 PM 30519515 30519515 2024-08-13



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121348834345
REGISTRATION TRACKING NO.	924225456215

OCCUPATIONAL STATUS EMPLOYED					
MEMBERSHIP CATEGORY EMPLOYED - PRIVATE Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	MACASINAG	JULIANE		SALAZAR	<input type="checkbox"/>
FATHER	MACASINAG	BRYAN		GO	<input type="checkbox"/>
MOTHER (Maiden Name)	SALAZAR	VANEZZA		RADAM	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	MACASINAG	JULIANE		SALAZAR	<input type="checkbox"/>
DATE OF BIRTH 07/08/2001	MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)		
PLACE OF BIRTH PIO V. CORPUZ, MASBATE		CITIZENSHIP FILIPINO		SSS NUMBER	
SEX FEMALE	HEIGHT(cm) 155.00	WEIGHT(kg) 61.00	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i>
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		<i>For DepEd Employee, Division Code-Station Code</i>	

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 PUROK 1	Cell Phone +63 (0938) 5994661	
Subdivision		Barangay LAMAC			Business (Direct Line)	
Municipality/City CONSOLACION		Province/State/Country CEBU, PHILIPPINES			Business (Trunk Line)	
ZIP Code 6001					Email Address juliane.mcsng@gmail.com	
PRESENT HOME ADDRESS						
Unit/Room No., Floor		Building Name		Lot No.	Block No.	Phase No.
House No.		Street Name PUROK 1		Subdivision		Barangay LAMAC
Municipality/City CONSOLACION		Province/State/Country CEBU, PHILIPPINES			ZIP Code 6001	
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS			



Republic of the Philippines
Department of Justice
National Bureau of Investigation



41509961

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

NBI ID NO
M225GJHE10-ML16181946

FAMILY NAME
MACASINAG

MIDDLE NAME
SALAZAR

ADDRESS
PUROK 1 STO. NINO UPPER LAMAC CONSOLACION CEBU

DATE OF BIRTH
July 08, 2001

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
August 14, 2025

FIRST NAME
JULIANE

HUSBAND'S SURNAME

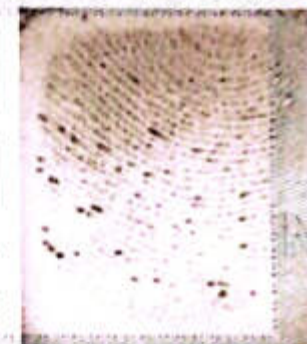
PLACE OF BIRTH
ALEGRIA PIO V CORPUZ MASBATE

CML STATUS
SINGLE



SIGNATURE

GENDER
FEMALE




Date Printed: 08/14/2024 08:12 AM

Agency	ML16	DATID	otazanj
CASID	otazanj	BIOID	otazanj
O.R. No.	MP4596ZPIM	RECID	
O.R. Date	08/14/2024 8:11:18 AM	INTID	
DST PAID		PRTID	lantapemb



M225GJHE10-ML16181946


JUDGE JAIME B. SANTIAGO (RET.)
Director



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

MO0689IW202408123510 Date/Time Generated: 12 August 2024 03:02:24 PM

SS NUMBER 06-4947703-6					
NAME					
(LAST NAME) MACASINAG	(FIRST NAME) JULIANE	(MIDDLE NAME) SALAZAR	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 07082001	PLACE OF BIRTH (CITY/MUNICIPALITY) PIO V. CORPUZ (LIMBUHAN)	(PROVINCE/STATE) MASBATE	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME	(LAST NAME) MACASINAG	(FIRST NAME) BRYAN	(MIDDLE NAME) GO	(SUFFIX)	
MOTHER'S MAIDEN NAME	(LAST NAME) SALAZAR	(FIRST NAME) VANEZZA	(MIDDLE NAME) RADAM	(SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	:SUBDIVISION		
(BARANGAY/DISTRICT/LOCALITY) LAMAC	(CITY/MUNICIPALITY) CONSOLACION	(PROVINCE) CEBU	POSTAL CODE 6001	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 151	WEIGHT (IN KILOGRAMS) 61	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0938) 599-4661	EMAIL ADDRESS juliane.mcsng@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 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 / 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					
1. I certify that the information provided are true and correct. 2. I hereby consent to: • 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 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.					