



City of Cebu
BARANGAY MAMBALING
OFFICE OF THE BARANGAY CAPTAIN

BARANGAY CLEARANCE

ROSELLER V. SALVADOR
Barangay Captain

To Whom it May Concern;

Barangay Councilors:

This is to certify that KRIS CYNEIL CENTINALES
with the address at 2-C MARIA GOCHAN ST. Mambaling,
Cebu City.

N. EMER H. HAMIS
Chairman on Infrastructure

This certification is issued upon his/her request for:

N. OWEN RATILLO
Member on Disaster and Urban Poor

- | | |
|---|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> VECO Requirement |
| <input checked="" type="checkbox"/> Employment | <input type="checkbox"/> MCWD Requirement |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Police Clearance |
| <input type="checkbox"/> Loan/Lending | <input type="checkbox"/> Identification |
| <input type="checkbox"/> Building - Commercial | <input type="checkbox"/> Travel Req. - Abroad |
| <input type="checkbox"/> Building - Residential | <input type="checkbox"/> Travel Req. - Local |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Bank Requirement |
| <input type="checkbox"/> Others: _____ | |

N. ALICIA V. ANDALES
Member on Environment and
Women's Affairs

DWIL Y. MANAGBANAG
Member on Education and Health

HON. REMIE A. GO
Member on Cultural Affairs and Family
Peace and Order

VICTORIANO P. LABORTE
Member on Social Services and
Livelihood

**L. SHARMAINE BUEN R.
MALOLOY-ON**
Member on Budget and Finance

Given this 28th day of **AUGUST**, 2024 at Barangay Hall,
Mambaling, Cebu City, Cebu, Philippines.

SK Chairman:

NOT VALID WITHOUT
OFFICIAL SEAL

Certified by:

HON. ROSELLER V. SALVADOR
BARANGAY CAPTAIN

N. AUDRAE C. TEVES
Member on Youth Affairs and Sports

OR Number	:	_____
Amount Paid	:	_____
Doc. Stamp	:	_____



004106-A98VG01-0

(Copy for OCRM)

Standard Form No. 102 (Revised January 1988)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in Items 2, 5a, 20 and 25a.)</small>				
Province <u>MARICATTA</u>		Registry No. <u>92-1,102</u>		
City/Municipality <u>CAVAYAN</u>				
C H I L D	1. NAME (First Middle Last) <u>KRIS GIVEIL CLANGA GENTRALDES</u>	For OCRM USE ONLY: Population Reference No. <u>410-92-102</u>		
	2. SEX <u>1</u> Male <u>2</u> Female	3. DATE OF BIRTH (Day month year) <u>15 October 1998</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Cawayan District Hospital Cawayan Maricatta</u>	41 <u>92011102</u>		
	5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	42 <input type="checkbox"/>	
	c. BIRTH ORDER (Give birth and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>2800</u> grams	43 <input type="checkbox"/>	
6. MAIDEN NAME (First Middle Last) <u>ALGUSANA RIVERO CLANGA</u>	44 <input type="checkbox"/> 45 <u>1161098</u>			
7. CITIZENSHIP <u>Filipino</u>	8. RELIGION <u>Roman Catholic</u>	46 <input type="checkbox"/>		
9a. Total number of children born alive <u>1</u>	b. No. of children still living including this birth <u>1</u>	c. No. of children born alive but are now dead <u>0</u>	47 <u>410161</u>	
10. OCCUPATION <u>Teacher</u>	11. Age at the time of this birth <u>23</u> years	48 <input type="checkbox"/>		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Poblacion Cawayan Maricatta</u>	49 <input type="checkbox"/> 50 <u>01 2107</u>			
13. NAME (First Middle Last) <u>REX BOLANA GENTRALDES</u>	51 <input type="checkbox"/>			
14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Roman Catholic</u>	52 <input type="checkbox"/> 53 <input type="checkbox"/>		
16. OCCUPATION <u>None</u>	17. Age at the time of this birth <u>22</u> years	54 <input type="checkbox"/> 55 <input type="checkbox"/>		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Branch 8, NTOC - Cebu City May 26, 1998</u>				56 <u>01 01 01</u>
19a. ATTENDANT <u>3</u> 1 Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Midwife (Traditional Midwife) <u>5</u> Others (Specify)				57 <u>137</u> 58 <u>22</u>
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>8:00 P.M.</u> o'clock on/pen on the date stated above. Signature <u>[Signature]</u> Address <u>Poblacion, Cawayan, Maricatta</u> Name in Print <u>ALAN C. JARDUNON, M.D.</u> Title or Position <u>Medical Officer-V</u> Date <u>October 28, 1998</u>				59 <input type="checkbox"/> 60 <input type="checkbox"/> 61 <u>1850</u>
20. INFORMANT Signature <u>[Signature]</u> Address <u>Poblacion, Cawayan, Maricatta</u> Name in Print <u>ALGUSANA B. GENTRALDES</u> Relationship to the child <u>Mother</u> Date <u>October 28, 1998</u>				62 <u>130</u> 63 <u>22</u>
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>ROSITA P. YRANOS</u> Title or Position <u>Asst. Officer I</u> Date <u>October 28, 1998</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>ENGR. EDUARDO C. GOOP</u> Title or Position <u>Asst. Civil Registrar</u> Date <u>October 28, 1998</u>		
		64 <input type="checkbox"/> 65 <u>076 98</u> 66 <input type="checkbox"/> 67 <u>27-78</u>		

08928-0E-400RPD-00030-B1001

BEST POSSIBLE IMAGE



T001089284000003006112024001

00563954



CSM

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





Cebu Normal University
 Omaha Boulevard, Cebu City
<http://www.cnu.edu.ph>



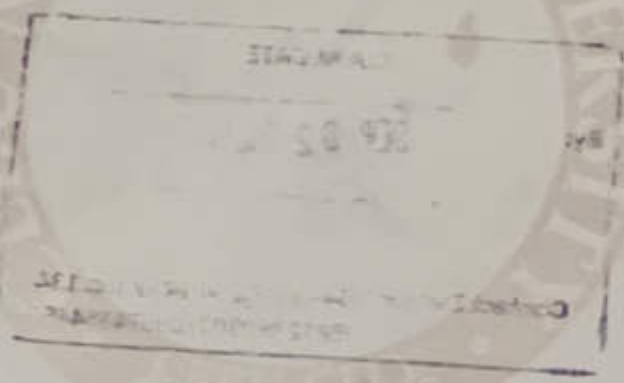
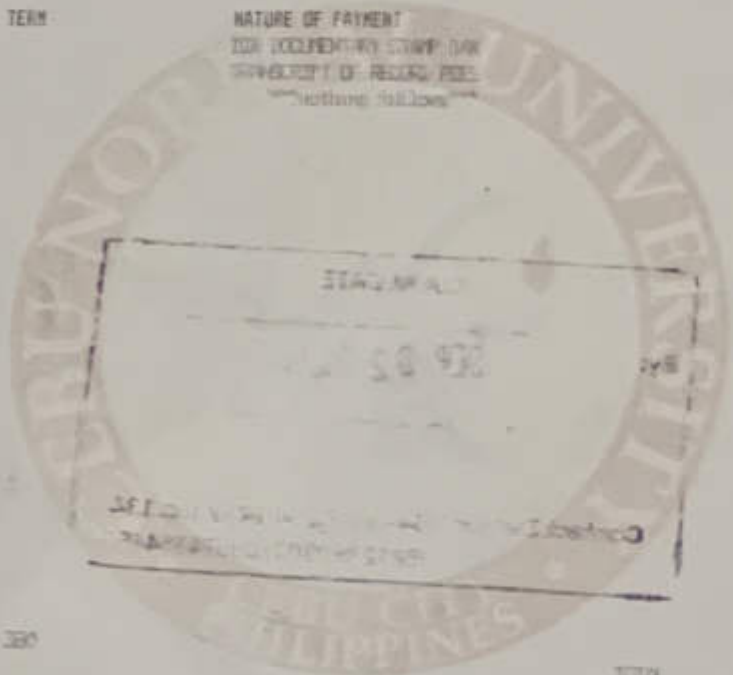
INS. L. 11-11-11
 OF No. 2 200276

No. **0421464**

OFFICIAL RECEIPT

PAYEE: DEPARTMENT OF EDUCATION - DIVISION OFFICE
 BUREAU OF SECONDARY EDUCATION (BSE) - CEBU

SCHOOL TERM	NATURE OF PAYMENT	AMOUNT
-	FOR OCCUPATIONAL TAX	20.00
-	UNIVERSITY OF RECORD FEE	28.00
	<i>(nothing follows)</i>	



OSR: P-380

TOTAL 300.00
 AMT RECEIVED 1,000.00
 CHANGE 620.00

Amount In: Three Hundred Eighty Pesos and 00/100

Words

PCS-PC 11-11-11-11

ORIGINAL

Collecting Officer: PROLOGA



CERTIFICATE OF EMPLOYMENT

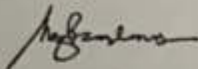
This is to certify that **Kris Cyveil Olanga Centinales** been employed at **ePerformax Contact Centers (Cebu) Corp.** and has served the company under the following capacity.

Date Started	Date Ended	Department	Job Title
June 14, 2022	August 07, 2022	Operations - xxx	Global Communications Teammate
August 08, 2022	November 15, 2023	Operations - xxx	Teammate
November 16, 2023	May 15, 2024	Operations - xxx	LEAP Teammate

This is to further certify that **Kris Cyveil Olanga Centinales** has been cleared from all his accountabilities from the Company.

This certification is issued this **12th of June 2024** upon the request of **Kris Cyveil Olanga Centinales** for future employment purposes. For inquiries, please contact the undersigned.

Prepared by:



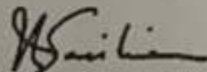
Hazel B. Cardenas

Process and Policy Compliance Specialist

Email Address: e3ppccebu@eperformax.com

Not valid without a seal

Noted by:



Verika Nikole M. Sacilioc

E3 Assistant Director

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



Your location



Ayala Center Cebu Tower

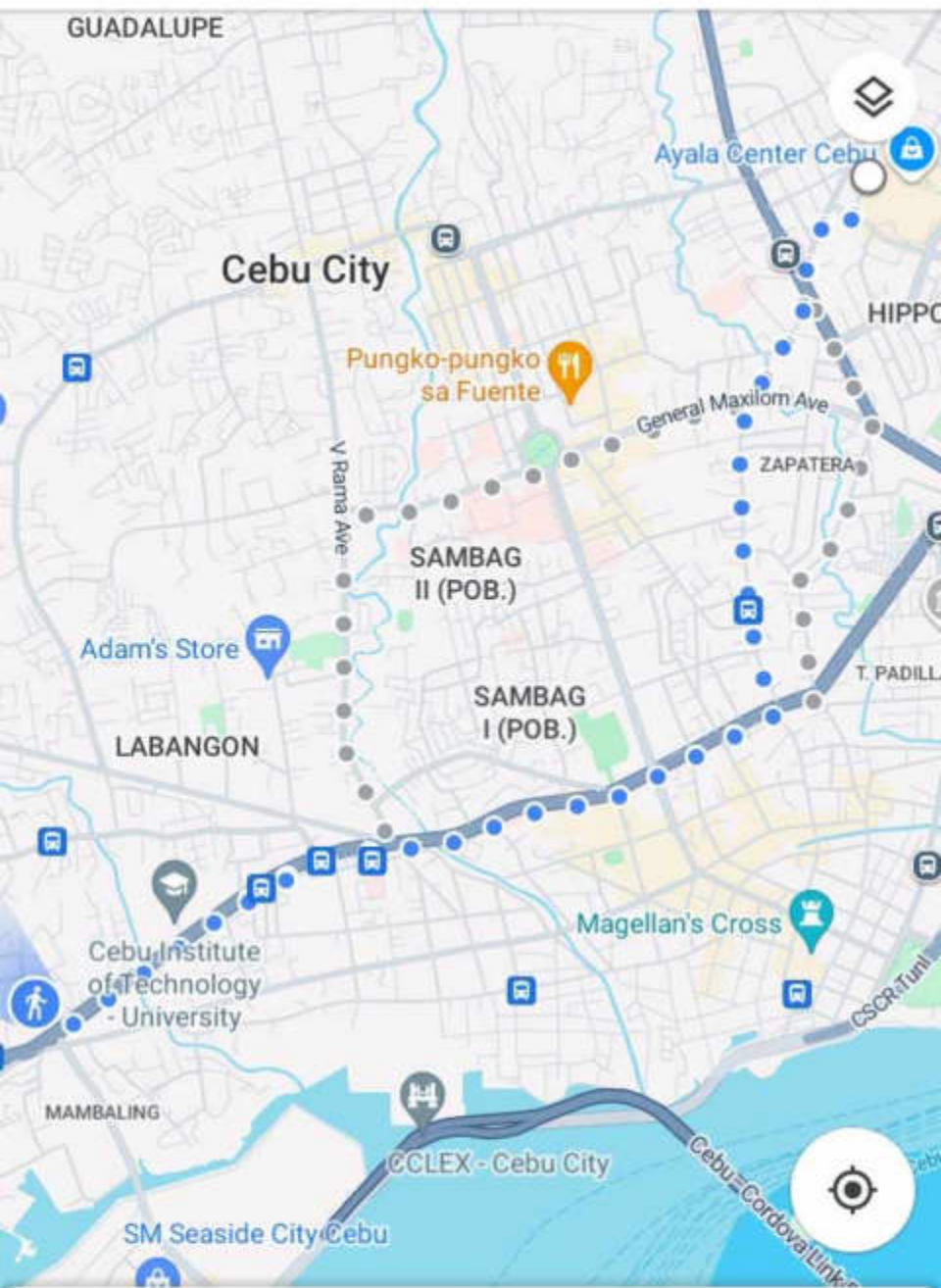


24 min

21 min

46 min

1 hr 15



1 hr 15 min (5.3 km)

via Natalio B. Bacalso Ave

Start

Steps & more

