



BUREAU OF INTERNAL REVENUE  
RDO #082 CEBU CITY - SOUTH

TIN VERIFICATION QUERY RESULTS

TIN NO. 023-478-700

LAST NAME: Pilarca

FIRST NAME: Kevin

MIDDLE NAME: Cabungag

ADDRESS: V.H. Garces St., Laray, San Roque  
Talisay City, Cebu

BIRTHDAY: Jan 16, 2001

PROFESSIONAL

LOCAL EMPLOYEE

TAXPAYER CLASSIFICATION:

SINGLE PROP.

E.O. 98

ONETT

RDO CODE: RDO 83 - TALISAY

VERIFIED BY: \_\_\_\_\_

3/12/24  
CHARISSE C. BAGONDOL, CPA  
REVENUE OFFICER



Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate)  
(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 19a.)

Province **NEGROS OCCIDENTAL** Registry No. **2001-277**  
City/Municipality **TOBOSO**

**1. NAME** (First) **KEVIN** (Middle) **JIMENO** (Last) **CABUNGCAG**

**2. SEX**  1 Male  2 Female **3. DATE OF BIRTH** (day) (month) (year) **16 January 2001**

**4. PLACE OF BIRTH** (Name of hospital/Clinic/Institution) (City/Municipality) (Province)  
House No. Street, Barangay) **BRACAN TOBOSO NEGROS OCC**

**5a. TYPE OF BIRTH**  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) (First, second, third, etc.) **Second** **d. WEIGHT AT BIRTH**  
**2722** grams

**6. MAIDEN NAME** (First) **ELIZABETH** (Middle) **JIMENO** (Last) **CABUNGCAG**

**7. CITIZENSHIP** **FILIPINO** **8. RELIGION** **B.C.**

**9a. Total number of children born alive:** **2** **b. No. of children still living including this birth:** **2** **c. No. of children born alive but are now dead:** **0**

**10. OCCUPATION** **NO ANSWER** **11. Age at the time of this birth:** **22** years

**12. RESIDENCE** (House No., Street, Barangay) (City/Municipality) (Province)  
**BRACAN Toboso Negros Occ**

**13. NAME** (First) **DANILO** (Middle) **PILARCA** (Last) **PILARCA**

**14. CITIZENSHIP** **FILIPINO** **15. RELIGION** **B.C.**

**16. OCCUPATION** **DRIVER** **17. Age at the time of this birth:** **38** years

**18. DATE AND PLACE OF MARRIAGE OF PARENTS** (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
**NOT MARRIED**

**19a. ATTENDANT**  
 1 Physician  2 Nurse  3 Midwife  
 4 Hilat (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 **8:00:55AM** o'clock **am/pm** on the date stated above.

Signature \_\_\_\_\_ Address \_\_\_\_\_  
Name in Print **ROBERTO ARBO** Date \_\_\_\_\_  
Title or Position **C. Hilat**

**20. INFORMANT**  
Signature \_\_\_\_\_ Address **BRACAN, TOBOSO**  
Name in Print **DANILO PILARCA** **Negros Occ**  
Relationship to the child **Father** Date **22 Feb. 2001**

**21. PREPARED BY**  
Signature \_\_\_\_\_  
Name in Print **LAYDA O DELIBALDO**  
Title or Position **ASST. REG** Date **22 Feb. 2001**

**22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR**  
Signature \_\_\_\_\_  
Name in Print **LAYDA O DELIBALDO**  
Title or Position **ASST. REG** Date **22 March 2001**

REMARKS/ANNOTATION  
LATE REGISTRATION

Legitimated through subsequent marriage of parents dated 22 Feb. 2001 at Toboso Negros Occ.

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

48

49 50

54

61

62 64

66 68

70 72 74

76 78

81

86 87

88 89

93

94

REGISTRATION OF BIRTHS AND DEATHS (RBD) - FORM NO. 1 (REVISED JANUARY 1993)

MR. EDUARDO ORCILLA  
Chief, Document Management Division

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS DANILO P. PILARCA AND ELIZABETH J. CABUNGCAG ON FEBRUARY 22, 2001 AT TOBOSO, NEGROS OCCIDENTAL UNDER REGISTRY NUMBER 2001-7. THE CHILD SHALL BE KNOWN AS: KEVIN CABUNGCAG PILARCA

05564-G5-400JSA-00432-BI001

BReN  
04529-B01AG01-9

Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

Documentary  
Stamp Tax Paid



43203272015001



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

MO0836W202205130868 Date/Time Generated: 13 May 2022 10:01:11 PM

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                        |                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| SS NUMBER<br><b>06-4397309-9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                                                          |
| <b>NAME</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                        |                                                                                                                          |
| (LAST NAME)<br><b>PILARCA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (FIRST NAME) (MIDDLE NAME) (SUFFIX)<br><b>KEVIN CABUNGCAG</b>                                                                                                                                          |                                                                                                                          |
| <b>FACTS OF BIRTH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                        |                                                                                                                          |
| DATE OF BIRTH (MMDDYYYY)<br><b>01162001</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | PLACE OF BIRTH (CITY/MUNICIPALITY) (PROVINCE/STATE) (COUNTRY) (SEX)<br><b>CITY OF TALISAY CEBU PHILIPPINES MALE</b>                                                                                    |                                                                                                                          |
| FATHER'S NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)<br><b>PILARCA DANILO PANTONILLA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                                                                                          |
| MOTHER'S MAIDEN NAME (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX)<br><b>CABUNGCAG ELIZABETH JIMENO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                        |                                                                                                                          |
| <b>DEMOGRAPHIC DATA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                        |                                                                                                                          |
| HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)<br><b>V.H. GARCES STREET</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                                                                                          |
| (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (POSTAL CODE) (COUNTRY CODE)<br><b>SAN ROQUE CITY OF TALISAY CEBU 0063</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                        |                                                                                                                          |
| CIVIL STATUS<br><b>SINGLE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HEIGHT (IN CENTIMETERS) (WEIGHT (IN KILOGRAMS)) (DISTINGUISHING FEATURE/S) (NATIONALITY) (RELIGION)<br><b>163 60 FILIPINO CHRISTIAN</b>                                                                |                                                                                                                          |
| <b>OTHER CARD APPLICANT DATA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                        |                                                                                                                          |
| TELEPHONE NUMBER (AREA CODE + TEL. NO.) (MOBILE NUMBER) (EMAIL ADDRESS) (TIN)<br><b>02-70956501 (0956) 501-2864 kpilarca2001@gmail.com</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                        |                                                                                                                          |
| <b>DEPENDENT(S)/BENEFICIARY/IES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                        |                                                                                                                          |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                        |                                                                                                                          |
| <b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                        |                                                                                                                          |
| <b>SELF-EMPLOYED (SE)</b><br>Profession/Business<br>Year Prof./Business Started<br>Monthly Earnings                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>OVERSEAS FILIPINO WORKER (OFW)</b><br>Foreign Address<br>Monthly Earnings<br>Are you applying for membership in the Flexi-Fund Program?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>NON-WORKING SPOUSE (NWS)</b><br>SS No./Common Reference No. of Working Spouse<br>Monthly Income of Working Spouse (P) |
| <b>PURPOSE OF APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                        |                                                                                                                          |
| PURPOSE<br><b>FOR EMPLOYMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PROFESSION/BUSINESS                                                                                                                                                                                    | ESTIMATED MONTHLY SALARY                                                                                                 |
| <b>UMID CARD APPLICATION WITH ATM OPTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                        |                                                                                                                          |
| <input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                        | (BANK BRANCH)                                                                                                            |
| <b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                        |                                                                                                                          |
| 1. I certify that the information provided are true and correct.<br>2. I hereby consent to:<br>- 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;<br>- sharing of these data with SSS service providers to carry out the purposes stated above; and<br>- disposal of this application in the manner consistent with the Data Privacy Act.<br>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.<br>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. |                                                                                                                                                                                                        |                                                                                                                          |

**INSTRUCTIONS**

- Fill out this form in one (1) copy.
- 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.
- Place a checkmark on the applicable box.
- Always indicate "N/A" or "Not Applicable", if the required data is not applicable.
- 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
- 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".
- Always indicate the following mandatory information:



## MEMBER'S DATA FORM (MDF)

|                              |              |
|------------------------------|--------------|
| FOR Pag-IBIG Fund USE ONLY   |              |
| Pag-IBIG MID NUMBER          | 121298750269 |
| REGISTRATION TRACKING NUMBER | 922135896436 |

| OCCUPATIONAL STATUS                                 |                                              | UNEMPLOYED/NOT YET EMPLOYED |                                          |                                                |                                         |
|-----------------------------------------------------|----------------------------------------------|-----------------------------|------------------------------------------|------------------------------------------------|-----------------------------------------|
| MEMBERSHIP CATEGORY                                 |                                              |                             |                                          |                                                |                                         |
| PERSONAL DETAILS                                    |                                              |                             |                                          |                                                |                                         |
| NAME                                                | LAST NAME                                    | FIRST NAME                  | NAME EXTENSION                           | MIDDLE NAME                                    | NO MIDDLE NAME                          |
| MEMBER                                              | PILARCA                                      | KEVIN                       |                                          | CABUNGCAG                                      | <input type="checkbox"/>                |
| FATHER                                              | PILARCA                                      | DANILO                      |                                          | PANTOÑAL                                       | <input type="checkbox"/>                |
| MOTHER (Maiden Name)                                | CABUNGCAG                                    | ELIZABETH                   |                                          | JIMENO                                         | <input type="checkbox"/>                |
| SPOUSE (if Married)                                 |                                              |                             |                                          |                                                | <input type="checkbox"/>                |
| MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE | PILARCA                                      | KEVIN                       |                                          | CABUNGCAG                                      | <input type="checkbox"/>                |
| DATE OF BIRTH                                       | MARITAL STATUS                               |                             | TAXPAYER IDENTIFICATION NUMBER (TIN)     |                                                |                                         |
| 01/19/2001                                          | Single/Unmarried                             |                             |                                          |                                                |                                         |
| PLACE OF BIRTH                                      | CITIZENSHIP                                  |                             | SSS NUMBER                               |                                                |                                         |
| TOBOSO, NEGROS OCCIDENTAL                           | FILIPINO                                     |                             | 0643973099                               |                                                |                                         |
| SEX                                                 | HEIGHT(cm.)                                  | WEIGHT(kg.)                 | PROMINENT DISTINGUISHING FACIAL FEATURES |                                                | EMPLOYEE NUMBER                         |
| MALE                                                | 155.00                                       | 60.00                       |                                          |                                                | For AFP/PNP Employee: Serial/ID/Tag No. |
| COMMON REFERENCE NUMBER (CRN)                       | FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT |                             |                                          | 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                             |
|                             |           |                        |                      | V H GARCES STREET      | +63 (0955) 5012864                     |
| Subdivision                 |           | Barangay               |                      | Business (Direct Line) |                                        |
|                             |           | SAN ROQUE              |                      |                        |                                        |
| Municipality/City           |           | Province/State/Country |                      | Business (Trunk Line)  |                                        |
| TALISAY CITY                |           | CEBU, PHILIPPINES      |                      |                        |                                        |
| ZIP Code                    |           | Email Address          |                      |                        |                                        |
| 6045                        |           | kpiarca2001@gmail.com  |                      |                        |                                        |
| PRESENT HOME ADDRESS        |           |                        |                      |                        |                                        |
| Unit/Room No., Floor        |           | Building Name          |                      | Phase No.              |                                        |
|                             |           |                        |                      |                        |                                        |
| House No.                   |           | Street Name            |                      | Subdivision            |                                        |
|                             |           | V H GARCES STREET      |                      | SAN ROQUE              |                                        |
| Municipality/City           |           | Province/State/Country |                      | ZIP Code               |                                        |
| TALISAY CITY                |           | CEBU, PHILIPPINES      |                      | 6045                   |                                        |
| PREFERRED MAILING ADDRESS   |           |                        | PRESENT HOME ADDRESS |                        |                                        |



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

# MDR

## MEMBER DATA RECORD

### MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **122532372443**  
 Member Category : SPONSORED POS-FINANCIALLY  
 Sub-Category : INCAPABLE  
 NHTS Coverage :  
 Effectivity Period : 10/19/2021 - 12/31/2021

### PILARCA, KEVIN CABUNGCAG

V H GARCES, SAN ROQUE, TALISAY,  
CEBU 6045

Foreign Address : N/A  
 Sex : Male  
 Date of Birth : 01/16/2001  
 Place of Birth : TOBOSO, NEGROS OCCIDENTAL  
 Contact No. (Foreign) : N/A  
 (Local) :  
 Civil Status : SINGLE  
 Tax Identification Number :

### EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) :  
 Name of Employer/Organized Group :  
 Business Address :  
 Telephone Number :  
 Tax Identification Number :

### DEPENDENT INFORMATION

| PIN | Surname | Given Name | Middle Name | Sex | Relation | Date of Birth |
|-----|---------|------------|-------------|-----|----------|---------------|
|-----|---------|------------|-------------|-----|----------|---------------|

\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

**MARJORIE A. CABRIETO**  
 REGIONAL VICE PRESIDENT  
 PRO - VII Cebu City

**Paalala :** Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. 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.

5/19/2022 10:26:05 AM 20371303 30044707 / 20371303 / 10/20/2021 5/19/2022



Republika ng Pilipinas  
 Republic of the Philippines  
 Bagayuran ng Edukasyon  
 Department of Education  
**RENTON 7, OTTAVIO VIBAYAS**  
 Region VII, Central Visayas  
**SARAY MO LUNGGOD MO CEBU**  
 Division of Cebu City



## PARDO NATIONAL HIGH SCHOOL

Pinatunayan nito na si  
*This certifies that*

# Kevin Cabungcag Pilarca

Learner Reference Number (LRN) : 119907070498

ay kaniya-alyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School  
 has satisfactorily completed the requirements for graduation in Senior High School

**ACADEMIC TRACK**  
**Science, Technology, Engineering & Mathematics Strand (STEM)**

na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong  
*prescribed for Secondary Schools of the Department of Education and is therefore awarded this*

**KATIBAYAN**  
**DIPLOMA**

Nilagdaan sa **Laugod ng Cebu**, Pilipinas nitong ika-3 ng Abril 2020.  
*Signed in Cebu City, Philippines on the 3rd day of April 2020.*



**NORMANDO L. PAMILAÑO, MA, Ed.**  
 PunongEduro  
 Principal

**RHEA MAR A. ANOSTUD, Ed.D., CESO VI**  
 Pansangay sa Tagapamamahala ng mga Paaralan  
 Schools Division Superintendent

## CERTIFICATE OF EMPLOYMENT

February 08, 2024

This is to certify that **Kevin Pilarca** was a regular employee of Foundever Philippines Corporation from **October 06, 2023** to **January 10, 2024** as a/an **Employee**.

This certification is issued for **whatever legal purpose it may serve** pending completion of employee clearance and release of all claims and accountabilities.

  
**Cherrlyne S. Daez**  
HR Shared Services Manager

STLCOE2024-016449

This electronically generated document shall be valid for all intents and purposes under the Rules on Electronic Evidence. It shall have the same force and effect as that of an original document. Any electronic or digital signature appearing on this document shall be admissible in evidence as the functional equivalent of the signature of a person on a written document.



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



PhilHealth  
*Your Partner in Health*



**12-253237244-3**

**PILARCA, KEVIN CABUNGCAG**

JANUARY 16, 2001 - MALE

V H GARCES SAN ROQUE TALISAY, CEBU - 6045

*Pilarca*

Signature



1 2 2 5 3 2 3 7 2 4 4 3



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



39417083

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.



SIGNATURE  
*Pilarca*

|                                                                  |                                                   |
|------------------------------------------------------------------|---------------------------------------------------|
| NBI ID NO<br><b>P462AKPN10-R71563495</b>                         | VALID UNTIL<br><b>March 12, 2025</b>              |
| FAMILY NAME<br><b>PILARCA</b>                                    | FIRST NAME<br><b>KEVIN</b>                        |
| MIDDLE NAME<br><b>CABUNGCAG</b>                                  | HUSBAND'S SURNAME                                 |
| ADDRESS<br><b>PUROK NANGKA LARAY SAN ROQUE TALISAY CITY CEBU</b> |                                                   |
| DATE OF BIRTH<br><b>January 16, 2001</b>                         | PLACE OF BIRTH<br><b>TOBOSO NEGROS OCCIDENTAL</b> |
| CITIZENSHIP<br><b>FILIPINO</b>                                   | CIVIL STATUS<br><b>SINGLE</b>                     |

**PERSONAL COPY**

|                                           |
|-------------------------------------------|
| PURPOSE<br><b>MULTI-PURPOSE CLEARANCE</b> |
|-------------------------------------------|

|                                     |
|-------------------------------------|
| REMARKS<br><b>NO RECORD ON FILE</b> |
|-------------------------------------|



Date Printed: Tuesday, March 12, 2024 12:00 PM



P462AKPN10-R71563495

*Medardo de Lemos*  
ATTY. MEDARDO G. DE LEMOS  
Director

|           |                       |       |           |
|-----------|-----------------------|-------|-----------|
| Agency    | R7                    | DATID | villarinn |
| CASID     | villarinn             | BIOID | villarinn |
| O.R. No.  | MP1LXF07IP            | RECID |           |
| O.R. Date | 03/12/2024 11:59:16 A | INTID |           |
| DST PAID  |                       | PRTID | villarinn |



BIR Form No.

**2316**

September 2021 (ENCS)

# Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 9/21ENCS

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| <p><b>1</b> For the Year (YYYY) <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="3"/></p> <p><b>2</b> For the Period From (MM/DD) <input type="text" value="1"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> To (MM/DD) <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="1"/></p> <p><b>3</b> TIN <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="3"/> - <input type="text" value="4"/> <input type="text" value="7"/> <input type="text" value="8"/> - <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <input type="text" value="Pilarca, Kevin, Cabuncag"/> <b>5</b> RDO Code <input type="text"/></p> <p><b>6</b> Registered Address <input type="text" value="V.H. Garces Street, Bonanza li, Laray, San Roque Cebu City"/> <b>6A</b> Zip Code <input type="text"/></p> <p><b>6B</b> Local Home Address <input type="text"/> <b>6C</b> Zip Code <input type="text"/></p> <p><b>6D</b> Foreign Address <input type="text"/></p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <b>8</b> Contact Number <input type="text"/></p> <p><b>9</b> Statutory Minimum Wage rate per day <input type="text" value="0.00"/></p> <p><b>10</b> Statutory Minimum Wage rate per month <input type="text" value="0.00"/></p> <p><b>11</b> <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax</p> <p><b>12</b> TIN <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/> - <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="3"/> - <input type="text" value="8"/> <input type="text" value="4"/> <input type="text" value="0"/> - <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p><b>13</b> Employer's Name <input type="text" value="Foundever Business Services Corporation"/></p> <p><b>14</b> Registered Address <input type="text" value="6th FLOOR CYBERGATE GALLERIA CEBU COMMERCE ST. COR BENEDICTO ST. BRGY. TEJERO CEBU CITY"/> <b>14A</b> Zip Code <input type="text"/></p> <p><b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>16</b> TIN <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p><b>17</b> Employer's Name <input type="text"/></p> <p><b>18</b> Registered Address <input type="text"/> <b>18A</b> Zip Code <input type="text"/></p> <p><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 38 and 52) <input type="text" value="58,497.75"/></p> <p><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 38) <input type="text" value="12,890.33"/></p> <p><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 52) <input type="text" value="45,607.42"/></p> <p><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable <input type="text" value="0.00"/></p> <p><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22) <input type="text" value="45,607.42"/></p> <p><b>24</b> Tax Due <input type="text" value="0.00"/></p> <p><b>25</b> Amount of Taxes Withheld<br/><b>25A</b> Present Employer <input type="text" value="0.00"/><br/><b>25B</b> Previous Employer, if applicable <input type="text" value="0.00"/></p> <p><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) <input type="text" value="0.00"/></p> <p><b>27</b> 5% Tax Credit (PERA Act of 2008) <input type="text" value="0.00"/></p> <p><b>28</b> Total Taxes Withheld (Sum of Items 26 and 27) <input type="text" value="0.00"/></p> | <p><b>Part IV-B Details of Compensation Income &amp; Tax Withheld from Present Employer</b></p> <p><b>A. NON-TAXABLE/EXEMPT COMPENSATION INCOME</b> Amount</p> <p><b>29</b> Basic Salary (including the exempt P250,000 &amp; below or the Statutory Minimum Wage (MWE)) <input type="text" value="0.00"/></p> <p><b>30</b> Holiday Pay (MWE) <input type="text" value="0.00"/></p> <p><b>31</b> Overtime Pay (MWE) <input type="text" value="0.00"/></p> <p><b>32</b> Night Shift Differential (MWE) <input type="text" value="0.00"/></p> <p><b>33</b> Hazard Pay (MWE) <input type="text" value="0.00"/></p> <p><b>34</b> 13th Month Pay and Other Benefits (maximum of P90,000) <input type="text" value="3,583.33"/></p> <p><b>35</b> De Minimis Benefits <input type="text" value="5,000.00"/></p> <p><b>36</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only) <input type="text" value="3,807.00"/></p> <p><b>37</b> Salaries &amp; Other Forms of Compensation <input type="text" value="500.00"/></p> <p><b>38</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 29 to 37) <input type="text" value="12,890.33"/></p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p><b>39</b> Basic Salary <input type="text" value="39,193.00"/></p> <p><b>40</b> Representation <input type="text" value="0.00"/></p> <p><b>41</b> Transportation <input type="text" value="0.00"/></p> <p><b>42</b> Cost of Living Allowance (COLA) <input type="text" value="0.00"/></p> <p><b>43</b> Fixed Housing Allowance <input type="text" value="0.00"/></p> <p><b>44</b> Others (Specify)</p> <p><b>44A</b> <input type="text"/> <input type="text" value="0.00"/></p> <p><b>44B</b> <input type="text"/> <input type="text" value="0.00"/></p> <p><b>SUPPLEMENTARY</b></p> <p><b>45</b> Commission <input type="text" value="0.00"/></p> <p><b>46</b> Profit Sharing <input type="text" value="0.00"/></p> <p><b>47</b> Fees Including Director's Fees <input type="text" value="0.00"/></p> <p><b>48</b> Taxable 13th Month Benefits <input type="text" value="0.00"/></p> <p><b>49</b> Hazard Pay <input type="text" value="0.00"/></p> <p><b>50</b> Overtime Pay <input type="text" value="6,414.42"/></p> <p><b>51</b> Others (Specify)</p> <p><b>51A</b> <input type="text"/> <input type="text" value="0.00"/></p> <p><b>51B</b> <input type="text"/> <input type="text" value="0.00"/></p> <p><b>52</b> Total Taxable Compensation Income (Sum of Items 39 to 51B) <input type="text" value="45,607.42"/></p> |
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I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, 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/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

|                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>53</b> <u>MARIBEL DE ASIS</u><br/>Present Employer/ Authorized Agent Signature Over Printed Name</p> <p><b>54</b> <u>Pilarca, Kevin, Cabuncag</u><br/>Employee Signature Over Printed Name</p> <p>CTC/Valid ID No. <input type="text"/> Place of Issue <input type="text"/></p> | <p>Date Signed <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="4"/></p> <p>Date Signed <input type="text"/></p> <p>Date Issued <input type="text"/></p> <p style="text-align: right;"><b>Amount Paid, if CTC</b> <input type="text"/></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**To be accomplished under substituted filing**

|                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.</p> <p><b>55</b> _____<br/>Present Employer/Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)</p> | <p>I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.</p> <p><b>56</b> _____<br/>Employee Signature Over Printed Name</p> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)