



BIR Form No.
2316
January 2018 (ENCS)

**Certificate of Compensation
Payment/Tax Withheld**
For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

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

1 For the Year (YYYY) **2022** 2 For the Period From (MM/DD) **02 15** To (MM/DD) **12 31**

Part I - Employee Information **Part IV-B Details of Compensation Income and Tax Withheld from Present Employer**

3 TIN **620 883 262 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **DICDICAN, JENY MAE** 5 RDO Code **081**

6 Registered Address **1035 Sino Culo Lahug Cebu City** 6A Zip Code **4,010,0**

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **01 08 2002** 8 Telephone Number

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

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

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

Part II - Employer Information (Present)

12 Taxpayer **008 507 247 0000**

13 Employer's Name **BRIDGECULTURE INC**

14 Registered Address **SPACE 20 GAGFA IT CENTER CABAUG** 14A Zip Code **6000**

15 Type of Employer Main Employer Secondary Employer

Part III - Employer Information (Previous)

16 TIN

17 Employer's Name

18 Registered Address 18A Zip Code

Part IVA - Summary

19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	261,660.74	43 Commission	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	16,446.74	44 Profit Sharing	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	245,214.00	45 Fees Including Director's Fees	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	46 Taxable 13th Month Pay Benefits	0.00
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	245,214.00	47 Hazard Pay	
24 Tax Due	0.00	48 Overtime Pay	
25 Amount of Taxes Withheld		49 Others (Specify)	
25A Present Employer	0.00	49A	
25B Previous Employer	0.00	49B	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	0.00	50 Total Taxable Compensation Income (Sum of Items 37 and 49B)	245,214.00

I/We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by 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.

51 **SHINOBU AMATSUJI** Present Employer/ Authorized Agent Signature Over Printed Name Date Signed

CONFORME: **JENY MAE DICDICAN** Employee Signature Over Printed Name Date Signed

CTC/Valid ID No. **12-251067400-4** Place of Issue **CEBU CITY** Date of Issue Amount Paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604C which has been filed with the Bureau of Internal Revenue.

53 **SHINOBU AMATSUJI** Present Employer/ Authorized Agent Signature Over Printed Name (Head of Accounting/ Human Resource or Authorized Representative)

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 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.

54 **JENY MAE DICDICAN** Employee Signature Over Printed Name

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



Republic of the Philippines
Department of Justice
National Bureau of Investigation



41997315

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
D232AJHE20-L071400293

FAMILY NAME
DICDICAN

MIDDLE NAME

ADDRESS
1035 SITIO CULO BRGY LAHUG CEBU CITY

DATE OF BIRTH
January 08, 2002

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
August 19, 2025

FIRST NAME
JENY MAE

HUSBAND'S SURNAME

PLACE OF BIRTH
CEBU CITY

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE



Date Printed: Monday, August 19, 2024 02:46 PM

Agency	L07	DATID	pepitof
CASID	pepitof	BIOID	pepitof
D.R. No.	40YX1ZYX	RECID	
O.R. Date	08/19/2024 2:40:30 PM	INTID	
DST PAID		PRTID	pepitof



D232AJHE20-L071400293

JUDGE EMIL E. SANTIAGO (RET.)
Director

NATIONAL BUREAU OF INVESTIGATION



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

MO0751IW202202096990 Date/Time Generated: 09 February 2022 10:51:34 AM

SS NUMBER 35-1615638-0					
NAME					
(LAST NAME) DICDICAN	(FIRST NAME) JENY MAE	(MIDDLE NAME)	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 01082002	PLACE OF BIRTH (CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) DICDICAN		(FIRST NAME) JOYCE	(MIDDLE NAME) CASTRO	(SUFFIX)	
MOTHER'S MAIDEN NAME (LAST NAME) DICDICAN		(FIRST NAME) JOYCE	(MIDDLE NAME) CASTRO	(SUFFIX)	
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) 1035		(STREET NAME) SITIO CULO	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) LAHUG (POB.)	(CITY/MUNICIPALITY) CEBU CITY (CAPITAL)	(PROVINCE) CEBU	POSTAL CODE 6000	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 152	WEIGHT (IN KILOGRAMS) 50	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0956) 155-0791	EMAIL ADDRESS dicdicanjenymae@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	MABOLOC	JHANDY ANNE	DICDICAN	Sister	04042013
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits; sharing of these data with SSS service providers to carry out the purposes stated above; and disposal of this application in the manner consistent with the Data Privacy Act. <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>					



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121294242981
REGISTRATION TRACKING NUMBER	922046400808

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	DICDICAN	JENY MAE			<input checked="" type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	DICDICAN	JOYCE		CASTRO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DICDICAN	JENY MAE			<input checked="" type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)	
01/08/2002		Single/Unmarried			
PLACE OF BIRTH			CITIZENSHIP		SSS NUMBER
CEBU CITY, CEBU			FILIPINO		GSIS NUMBER
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		
			EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i> <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	Cell Phone
			1035	SITIO CULO	+63 (0956) 1550791
Subdivision			Barangay		Business (Direct Line)
			LAHUG		Business (Trunk Line)
Municipality/City			Province/State/Country		Email Address
CEBU CITY			CEBU, PHILIPPINES		dicdicanjenymae@gmail.com
ZIP Code					
6000					
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.,	Block no.,
				Phase No.	
House No	Street Name		Subdivision	Barangay	
1035	SITIO CULO			LAHUG	
Municipality/City			Province/State/Country		ZIP Code
CEBU CITY			CEBU, PHILIPPINES		8000
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Corondo 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) : **122510674004** PhilSys Number :
 Member Category : **DIRECT CONTRIBUTOR - EMPLOYED**
PRIVATE NHTS Coverage : **N/A**
 Validity Period : **N/A**

DICDICAN, JENY MAE

1035 SITIO CULO LAHUG (POB.), CEBU CITY, CEBU - 6000

Foreign Address : **N/A** Sex : **FEMALE**
 Date of Birth : **1/8/2002**
 Place of Birth : **CEBU CITY, CEBU**
 Contact No. (Foreign) : **N/A** Civil Status : **SINGLE**
 (Local) : **/09561550791** Tax Identification Number :

EMPLOYER/ENTITY INFORMATION

Philhealth Number (PEN/POGN) : **012000029868**
 Name of Employer/Organized Group : **BRIDGECULTURE INC**
 Business Address : **UNIT 20 5F GAGFA TOWER F CABAUG ST KASAMBAGAN, CEBU CITY CEBU**
 Telephone Number : **032 2602812** Employment Status : **EMPLOYED**
 Tax Identification Number : **008507247** Date : **2/21/2022**

DEPENDENT INFORMATION

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

*** NO DECLARED DEPENDENT/S ***

EDWIN M. ORIÑA, MD
 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.*



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province Cebu Registry No. 20021676

City/Municipality Cebu City

1. NAME (First) (Middle) (Last)
Jenny Mae Dicedian

2. SEX 1 Male 2 Female 3. DATE OF BIRTH (day) (month) (year)
8 Jan 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province)
La Paz Maternity Clinic Cebu City Cebu

5a. TYPE OF BIRTH X 1 Single 2 Twin 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.) 1st d. WEIGHT AT BIRTH 2500 grams

6. MAIDEN NAME (First) (Middle) (Last)
Joyce Castro Dicedian

7. CITIZENSHIP Fil 8. RELIGION R.C

9a. Total number of children born alive: 1 b. No. of children still living including this birth: 1 c. No. of children born alive but are now dead: 0

10. OCCUPATION None 11. Age at the time of this birth: 22 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Lower Nivel Hills, Lahug Cebu City Cebu

13. NAME (First) (Middle) (Last)
Unknown

14. CITIZENSHIP N.A 15. RELIGION N.A

16. OCCUPATION N.A 17. Age at the time of this birth: N.A years

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

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

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 4:30 PM o'clock am/pm on the date stated above.

Signature J. Matilde Address Lahug Mat. Clinic
Name in Print J. Matilde City Cebu City
Title or Position PM Date Jan 8, 2002

20. INFORMANT
Signature J. Dicedian Address Lower Nivel Hills
Name in Print Joyce C. Dicedian City Lahug Cebu City
Relationship to the child Mother Date Jan 8, 2002

21. PREPARED BY
Signature J. Manigos
Name in Print J. Manigos
Title or Position ASD
Date Jan 8, 2002

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature LORELLA N. DE VERA
Name in Print LORELLA N. DE VERA
Title or Position REGISTRATION DEPARTMENT
Date JAN 14 2002

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

61 0021676
62 00000000
63 00000000
64 00000000
65 00000000
66 00000000
67 00000000
68 00000000
69 00000000
70 00000000
71 00000000
72 00000000
73 00000000
74 00000000
75 00000000
76 00000000
77 00000000
78 00000000
79 00000000
80 00000000
81 00000000
82 00000000
83 00000000
84 00000000
85 00000000
86 00000000
87 00000000
88 00000000
89 00000000
90 00000000
91 00000000
92 00000000
93 00000000
94 00000000
95 00000000
96 00000000
97 00000000
98 00000000
99 00000000
00 00000000

08987-14-400RPA-01154-B1001
BEST POSSIBLE IMAGE
089874000115408092024001



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



12-251067400-4

DICDICAN, JENY MAE

JANUARY 06, 2002 - FEMALE
1035 SITIO CULO LAHUJO (POB.) CEBU CITY, CEBU -
6000

Jeny



1 2 2 5 1 0 6 7 4 0 0 4

CERTIFICATION

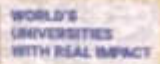
The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

EMMANUEL R. LEDESMA, JR.
Acting President and Chief Executive Officer (CEO)



Republic of the Philippines
Cebu Technological University
 MAIN CAMPUS

M.J Cuenco Ave. Corner R. Palma St., Cebu City, Philippines 6000
 SUC Level IV University, CHED Recognized, AACUP Accredited and ISO Quality System Certified.



CTU is ISO 9001: 2015 certified by TUV Rheinland Philippines, Inc.

DIPLOMA

TO ALL PERSONS TO WHOM THESE PRESENTS MAY COME
 BE IT KNOWN THAT

JENY MAE DICDICAN

having satisfactorily completed the prescribed program of instruction on recommendation of the faculty of Cebu Technological University, duly confirmed by the Board of Regents, and by Authority of the Republic of the Philippines, has this day been granted the degree of

Bachelor of Science in Mathematics
"Cum Laude"

*with all the rights, honors, and privileges thereunto appertaining. In testimony whereof the seal of the Cebu Technological University and the signatures of the University Registrar, the Campus Director and the University President are hereunto affixed.
 Given in Cebu City, Philippines this 17th day of July, 2024.*



FELICIDAD C. HIRAMIS
 Registrar IV

JOSEPH C. PEPITO, Ph.D.
 SUC President IV

RAMEL C. GENOBIAGON, J.D., Dev.Ed.D.
 OIC - Campus Director





REPUBLIC OF THE PHILIPPINES
CITY OF CEBU

OFFICE OF THE BARANGAY CAPTAIN

Hon. Hazel Ann Muña - Empleo
Barangay Captain

Landline No.: 234-6813 Hotline No.: 0933-139-5898
PLBK-6380-2024

CTRL: 2024-AUG-C604



CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that **JENY MAE DICDICAN**, 22 years old, Single, Filipino, is a resident of Sitio Culo, Nivel Hills, BARANGAY LAHUG, CEBU CITY. He/She is known to me to be a person of good moral character in the community and has not violated any Barangay or City Ordinance and has no pending civil nor criminal case filed with the barangay under Republic Act No. 7160, otherwise known as the Local Government Code of 1991.

This certification is issued in connection with his/her requirement for **EMPLOYMENT**.

Done this 30th day of August, 2024.

A handwritten signature in black ink, appearing to be "Jeny Mae Dicdican", written over a horizontal line.

Signature of Resident

Comm. Tax :
Issued On :
Issued At : Cebu City

NOT VALID WITHOUT OFFICIAL SEAL

A handwritten signature in black ink, appearing to be "Hazel Ann Muña", written above the printed name.

HAZEL ANN MUÑA-EMPLEO



CERTIFICATE OF EMPLOYMENT

To Whom It May Concern:

We at BRIDGE CULTURE INC. hereby certify that **JENY MAE DICDICAN** was employed as a Full-time ESL tutor in BRIDGECULTURE INC. from **February 21, 2022** to **May 24, 2024**. She has resigned with no derogatory records, and as to her own will and decision.

This certification is being issued upon request of the above employee for whatever purpose it may serve him/her best.

Issued in Cebu City this **24th** day of **May, 2024**.

Sincerely,


MR. LEYMAR A. ARDINES

Human Resource Department

BRIDGE CULTURE inc.

Not valid without
Company seal

