



Republic of the Philippines
Province of Cebu
MUNICIPALITY OF SIBONGA



BARANGAY GUIMBANGCO-AN

OFFICE OF THE PUNONG BARANGAY

BARANGAY CERTIFICATION

Punong Barangay
HON. TEODULO P. MIRAFUENTES

Barangay Kagawad
HON. MARISTELA C. GICALE
HON. ELIEZER D. IROMA
HON. ALBINO O. RIGODON
HON. ANECITA O. CUIZON
HON. BENJAMIN C. TENEBRO
HON. JOHNKEN H. LLANOS
HON. SUSANA H. MIRAFUENTES

SK Chairperson
HON. FRANCIS HEART DENIEL R.
LAMPAGO

Barangay Secretary
CRISTINA C. MONTELLANO

Barangay Treasurer
MARIA TERESA L. REGUDO

This is to certify that PAULO A. VILLAYER, 22 years old, male, single, Filipino Citizen, a Bonafide resident of Purok Bulgan, Proper, Guimbangco-an, Sibonga, Cebu.

This is to certify further that the said person has a good moral character.

This certification is issued upon the request of the above-mentioned as one of the requirements for Employment purposes.

DONE and issued this 26TH day of August 2024.

for: 
Teodulo P. Mirafuentes
PUNONG BARANGAY

644 - 233 - 098 - 0,000,000
TIN to be issued (To be filled out by BIR)

CDR CHECKLIST OF DOCUMENTARY REQUIREMENTS F1104

Taxpayer's Copy



APPLICATION FOR REGISTRATION PURELY TIN ISSUANCE UNDER E.O. 98

IMPORTANT

- 1. Processing of transactions commences only upon submission of complete documents. INCOMPLETE REQUIREMENTS WILL BE RETURNED TO APPLICANT/WILL NOT BE PROCESSED.
2. Mark '✓' for submitted documents and 'X' for lacking documents.

FOR E.O. 98 - INDIVIDUAL (LOCAL)

- 1. BIR Form No. 1904 (2 originals);
2. Any government-issued ID (e.g. Birth Certificate, passport, driver's license, Community Tax Certificate) that shows the name, address, and birthdate of the applicant, in case the ID has no address, any proof of residence or business address; (1 photocopy)

Additional documents, if applicable:

- 1. Marriage Contract, for married female; (1 photocopy)
2. If transacting through a Representative:
2.1 Special Power of Attorney (SPA); (1 original)
2.2 Any government-issued ID of the authorized representative; (1 photocopy)
3. For First Time Job Seeker - Barangay Certification that the applicant is a resident of the barangay and is a First Time Job Seeker; (1 certified true copy)

FOR E.O. 98 - FOREIGN NATIONAL

- 1. BIR Form No. 1904 (2 originals);
2. Passport [Bin page, including date of entry/arrival and exit/departure stamp, if applicable]; (1 photocopy)

Additional documents, if applicable:

- 1. If transacting through a Representative:
1.1 Apostilled Special Power of Attorney (SPA) or authenticated by the Philippine Embassy or Consulate General; (1 certified true copy, original for presentation)
1.2 Any government-issued ID of the authorized representative; (1 photocopy)
2. Employment contract or equivalent document indicating the duration of employment, compensation and other benefits, and scope of duties, if registering to the RDO of the employer other than RDO No. 39 - South Quezon City.

FOR E.O. 98 - NON-INDIVIDUAL

- 1. BIR Form No. 1904 (2 copies);
2. Any Apostilled official documentation issued by an authorized government body (e.g. government agency (tax authority) thereof, or a municipality) that includes the name of the non-individual and the address of its principal office in the jurisdiction in which the non-individual was incorporated or organized (e.g. Articles of Incorporation, Certificate of Tax Residency); (1 certified true copy)

Additional documents, if applicable:

- 1. If transacting through a Representative:
1.1 Apostilled Board Resolution/Secretary's Certificate (or equivalent); (1 certified true copy, original for presentation);
1.2 Any government-issued ID of the authorized representative; (1 photocopy)

Submitted by: Paulo A. Valera Date:
Name of Taxpayer/Representative

Received by: Date: FEB 15 2024

Return of Document/s
Upon preliminary evaluation of the completeness of the application and its supporting documents, the applicant has been informed of the identified lacking documentary requirement/s (marked 'X') above for completion or resubmission of application.

Evaluator/Officer Return Date of Document/s

Acknowledgment by the applicant
I, of legal age, hereby acknowledge the identified lacking documentary requirement/s (marked 'X') and understand that pursuant to the IRR of RA 11032 otherwise known as 'Ease of Doing Business and Efficient Government Service Delivery Act of 2018', the government office or agency shall not process deficient or incomplete applications or requests.

Name of Taxpayer/Representative Date:
(Signature over printed name)

(If Applicable) 3 RDO Code (To be filled out by BIR) 083

Information

- One-Time Transaction - Foreign National
Passive Income Earner Only
Estate (Non-Business)

Applicable

(Middle Name) (Suffix) (Nickname)
ARCIOLA

First Name, Middle Name, Last Name, Suffix)

9 Place of Birth POBLACION SIBONGA CEBU

Lot/Block/Phase/House No. Street Name

City/Town/District

Province ZIP Code
CEBU 6006

12 Municipality Code (To be filled out by BIR)

Civil Status

- Single Married Widow/er Legally Separated

6 Name (Last Name, First Name, Middle Name, Suffix)

21 Father's Name (First Name, Middle Name, Last Name, Suffix)
ARSENIO DIAZ VILLATOR

Effectivity Date (MM/DD/YYYY) Expiry Date (MM/DD/YYYY)

Transaction Details

Table with columns for Transaction Details and checkboxes for C, D, G, H.

Accredited Tax Agent Information

25 RDO Code
First Name, Middle Name, Suffix (If Non-Individual, Registered Name) (If different from taxpayer)

27A ZIP Code

RECEIVED stamp with date FEB 15 2024 and signature.

Stamp of BIR Receiving Office and Date of Receipt

DATE: FEB 15 2024

Title/Position of Signatory



Republic of the Philippines
Department of Justice
National Bureau of Investigation



41512199

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.
V416DPGO20-ML16193217

FAMILY NAME
VILLAVER

MIDDLE NAME
ARCILLA

ADDRESS
PUROK BULGAN BRGY GUMBANGCO AN SIBONGA CEBU

DATE OF BIRTH
April 07, 2002

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
August 27, 2025

FIRST NAME
PAULO

HUSBAND'S SURNAME

PLACE OF BIRTH
SIBONGA CEBU

CIVIL STATUS
SINGLE



SIGNATURE
Paulo Villaver

GENDER
MALE



Date Printed: 08/27/2024 02:13 PM

Agency ML16

CASID otazanj

O.R. No. MP1ATW1ZDN

O.R. Date 08/27/2024 2:09:55 PM

DST PAID

DATID otazanj

BIOID otazanj

RECID

INTID

PRTID lantapemb



V416DPGO20-ML16193217

Judge Jaime B. Santiago
JUDGE JAIME B. SANTIAGO (RET.)
Director



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121349694035
REGISTRATION TRACKING NO.	924235448832

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED

MEMBERSHIP CATEGORY Please specify

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	VILLAVER	PAULO		ARCILLA	<input type="checkbox"/>
FATHER	VILLAVER	ARSENIO		DIAZ	<input type="checkbox"/>
MOTHER (Maiden Name)	ARCILLA	CYNTHIA		PERDIGUEZ	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VILLAVER	PAULO		ARCILLA	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
04/07/2002	Single/Unmarried				
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
SIBONGA, CEBU		FILIPINO		GSIS NUMBER	
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
MALE	158.00	56.00			For AFP/PNP Employee, Serial/Badge 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	+63 (0956) 9701191
Subdivision	Barangay		Business (Direct Line)		
Municipality/City	Province/State/Country		Business (Trunk Line)		Email Address
SIBONGA	CEBU, PHILIPPINES				
ZIP Code					paulovillaver82@gmail.com
6020					
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name		Lot No., Block No., Phase No		
House No.	Street Name		Subdivision	Barangay	
Municipality/City	Province/State/Country		GUILBANGCO-AN		
SIBONGA	CEBU, PHILIPPINES				ZIP Code
					6020
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Garardo Ave., cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN) : 12-251890951-5 PhilSys Number : N/A

Member Type : DIRECT CONTRIBUTOR - SELF NHTS Coverage : N/A
 : EARNING INDIVIDUAL - Validity Period : N/A
 : INDIVIDUAL

VILLAVER, PAULO ARCILLA

GUIMBANGCO-AN, SIBONGA, CEBU - 6020

Foreign Address : N/A Sex : MALE
 Date of Birth : 04/07/2002
 Place of Birth : SIBONGA, CEBU
 Civil Status : SINGLE
 Contact No. (Foreign) : N/A Tax Identification Number :
 (Local) :

ENTITY INFORMATION

Philhealth Number (PEN/POGN) : N/A
 Name of Entity/Organized Group : N/A
 Business Address : N/A
 Telephone Number : N/A Employment Status : N/A
 Tax Identification Number : N/A Date : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
*** NO DECLARED DEPENDENTS ***						

MARJORIE A. CABRIETO

REGIONAL VICE PRESIDENT
PRO - VII Cebu City

Paalala: Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanina. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital.

(Reminder: Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.)

This is a system generated report. Signature is not required. Printed At: CEBU CITY - CEBU

08/28/2024 03:06:28 PM 20710922 20710922 / 08/28/2024



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION		
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 <u>CERREJON</u>			Registry No. <u>2002-295</u>			
City/Municipality <u>SIBONGA</u>						
CHILD	1. NAME (First) (Middle) (Last) <u>PAULO</u> <u>ARCILLA</u> <u>VILLAYER</u>		For OCGR USE ONLY: Population Reference No.			
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>7</u> <u>April</u> <u>2002</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Feblacion, Sibonga, Cebu</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		45 <u>80200295</u>	
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>1st</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2948</u> grams		46 <input checked="" type="checkbox"/>	
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Cynthia</u> <u>Perdiguez</u> <u>Arcilla</u>		47 <u>020402</u>			
	7. CITIZENSHIP <u>Filipine</u>		8. RELIGION <u>Roman Catholic</u>			
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		48 <u>22467</u>	
	10. OCCUPATION <u>Teacher</u>		11. Age at the time of this birth: <u>27</u> years			
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Guinbangoe-an, Sibonga, Cebu</u>			49 <u>012948</u>		
FATHER	13. NAME (First) (Middle) (Last) <u>Arsenio</u> <u>Diaz</u> <u>Villayer</u>		50 <input checked="" type="checkbox"/>			
	14. CITIZENSHIP <u>Filipine</u>		15. RELIGION <u>Roman Catholic</u>			
	16. OCCUPATION <u>NONE</u>		17. Age at the time of this birth: <u>24</u> years			
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Feb. 23, 2002, at Sibonga, Parish Church</u>			51 <input checked="" type="checkbox"/>		
	19a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Healer (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			52 <u>010100</u>		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:00 a.m.</u> o'clock am/pm on the date stated above.						
Signature <u>MILDRED B. ALBUERA</u> Name in Print <u>MILDRED B. ALBUERA</u> Title or Position <u>Midwife</u>		Address <u>Cahad, Sibonga, Cebu</u> Date <u>April 7, 2002</u>				
20. INFORMANT Signature <u>CYNTHIA VILLAYER</u> Name in Print <u>CYNTHIA VILLAYER</u> Relationship to the child <u>Mother</u>		Address <u>Guinbangoe-an, Sibonga,</u> Date <u>April 7, 2002</u>				
21. PREPARED BY Signature <u>NELSONA</u> Name in Print <u>NELSONA L. ELANCO</u> Title or Position <u>clerk</u> Date <u>April 15, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>BERNARDO MENDEZ</u> Name in Print <u>BERNARDO MENDEZ</u> Title or Position <u>MCR</u> Date <u>4-17-02</u>				
53 <input checked="" type="checkbox"/> <u>000051</u> 54 <u>3</u>						

09000-1D-400MFA-01768-BI001
 BEST POSSIBLE IMAGE

 T002090004000176808222024001



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





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

MO0704IW202408231958 Date/Time Generated: 23 August 2024 11:59:21 AM

SS NUMBER 06-4957934-5					
NAME					
(LAST NAME) VILLAVER	(FIRST NAME) PAULO	(MIDDLE NAME) ARCILLA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 04072002	PLACE OF BIRTH (CITY/MUNICIPALITY) SIBONGA	(PROVINCE/STATE) CEBU	(COUNTRY) PHILIPPINES	SEX MALE	
FATHER'S NAME (LAST NAME) VILLAVER	(FIRST NAME) ARSENIO	(MIDDLE NAME) DIAZ	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) ARCILLA	(FIRST NAME) CYNTHIA	(MIDDLE NAME) PERDIGUEZ	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) GUIMBANGCO-AN	(CITY/MUNICIPALITY) SIBONGA	(PROVINCE) CEBU	POSTAL CODE 6020	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 156	WEIGHT (IN KILOGRAMS) 56	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0956) 970-1191	EMAIL ADDRESS paulovillaver82@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (if without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1					
2					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<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>					