



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-253959952-4

PEPINO, CHARITY MAE DIANNE

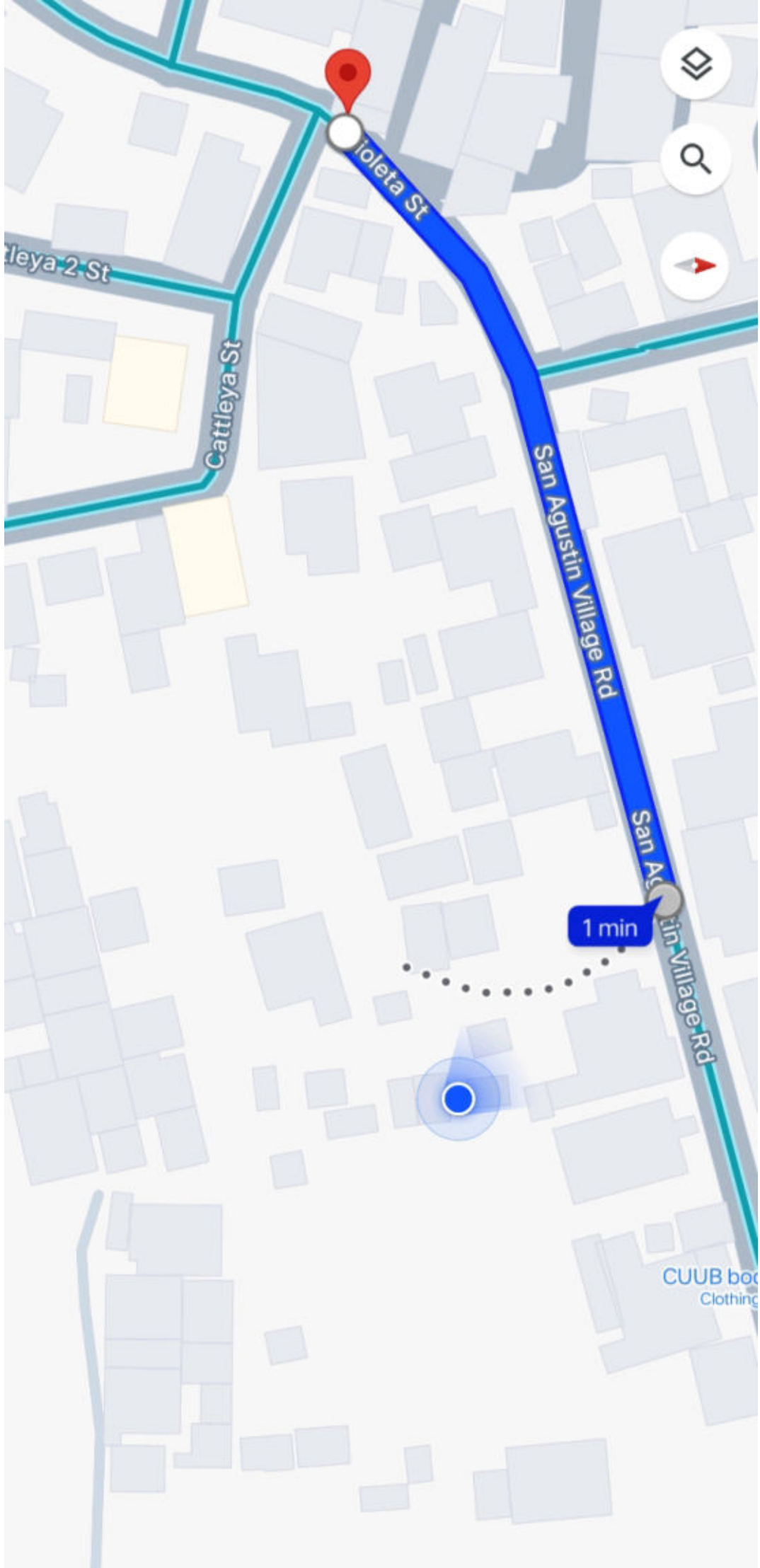
APRIL 05, 2002 - FEMALE

ST. JUDE PHASE IV BULACAO CEBU CITY, CEBU -
6000


Signature



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OFFICIAL TRANSCRIPT OF RECORDS

Student Name : **PEPINO, CHARITY MAE DIANNE**

Subject Title & No Description Grade Unit Hours

Cebu Normal University, Cebu City

First Semester 2020-2021

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

Fil 1	Wikang Filipino	1.50	3.0	54.0
GE 1	Understanding the Self	1.30	3.0	54.0
GE Elec	Logic	1.50	3.0	54.0
NSTP 1	National Service Training Program	1.20	3.0	54.0
PE 1	Physical Education I	1.30	2.0	36.0
THC1	Risk Management as Applied to Safety, Security and Sanitation	1.50	3.0	54.0
THC2	Philippine Tourism Geography and Culture	1.40	3.0	54.0
THC3	Macro Perspective of Tourism and Hospitality (Tourism I)	1.20	3.0	54.0

Second Semester 2020-2021

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

Fil 2	Pamitikan ng Pilipinas	1.60	3.0	54.0
GE 2	Readings in Philippine History	1.80	3.0	54.0
GE 3	The Contemporary World	1.40	3.0	54.0
NSTP 2	National Service Training Program	1.30	3.0	54.0
PE 2	Physical Education II	1.40	2.0	36.0
THC4	Micro Perspective of Tourism and Hospitality (Tourism 2)	1.70	3.0	54.0
TPC1	Global Tourism, Geography and Culture	1.50	3.0	54.0
TPC2	Applied Business Tools and Technologies (GDS) with lab	1.50	3.0	54.0

First Semester 2021-2022

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

GE 6	Art Appreciation	1.30	3.0	54.0
PE 3	Physical Education III	1.00	2.0	36.0
ProfElect1	Crowd and Crisis Management	1.00	3.0	54.0
ProfElect2	Front Office Procedures (NCII is recommended)	1.60	3.0	54.0
TPC3	Travel and Tour Management	2.00	3.0	54.0
TPC4	ForlangI	1.40	3.0	54.0
TPC5	Transportation Management	1.40	3.0	54.0
TPC6	Introduction to MICE Management	1.40	3.0	54.0

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Dated 04-08-2024

user : moncer | date issued : 05-24-2024 01:27:51 pm

JASON P. SABELQUIL, LPT
 University Registrar III

SDF-URO-105-012-01

SUC Level III University, CHED Recognized and AACCUP Accredited Programs



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Office of the University Registrar

Institutional Code: 07024

Telephone No. : (+63 32) 254-0067 | 254 1452 loc. 134
 Email: registrar@cmu.edu.ph | Website: www.cmu.edu.ph

OFFICIAL TRANSCRIPT OF RECORDS

Page : 3

Student Name : PEPINO, CHARITY MAE DIANNE

Subject Title & No Description Grade Unit Hours

Cebu Normal University, Cebu City

Second Semester 2021-2022

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

Subject Title & No	Description	Grade	Unit	Hours
GE 5	Purposive Communication	1.70	3.0	54.0
GE4	Mathematics in the Modern World	1.50	3.0	54.0
GE8	Ethics	1.80	3.0	54.0
PE 4	Physical Education IV	1.00	2.0	36.0
Prof Elect3	Professional Tour Guiding, Travel Writing and Photography (NCII is recommended)	1.90	3.0	54.0
THC5	Tourism and Hospitality Marketing	1.40	3.0	54.0
TPC7	Forlang2 (Forlang 1 and 2 must be on the same language)	1.90	3.0	54.0
TPC8	Sustainable Tourism Management	1.30	3.0	54.0

Summer 2022

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

Subject Title & No	Description	Grade	Unit	Hours
Pracl	Tourism Oriented Establishment- 300hrs. (Unit is equivalent to 100hrs)	1.50	3.0	300.0

First Semester 2022-2023

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

Subject Title & No	Description	Grade	Unit	Hours
CBMEC1	Operations Management	1.20	3.0	54.0
GE7	Science and Technology, and Society	1.50	3.0	54.0
ProfElect4	Ecotourism Management	2.00	3.0	54.0
THC6	Professional Development & Applied Ethics	1.10	3.0	54.0
THC7	Legal Aspects in Tourism and Hospitality	1.10	3.0	54.0
THC8	Multicultural Diversity in Workplace for the Tourism Professional	1.30	3.0	54.0

Second Semester 2022-2023

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

Subject Title & No	Description	Grade	Unit	Hours
Elect Maj1	Accommodation Operations and Management	1.10	3.0	54.0
Elect Maj2	Tourism Property Management and Development	1.60	3.0	54.0
Rizal	Rizal	1.30	3.0	54.0
TPC10	Research I in Tourism	1.90	3.0	54.0
TPC9	Tourism Policy Planning and Development	1.20	3.0	54.0

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University Registrar III

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OFFICIAL TRANSCRIPT OF RECORDS

Page : 4

Student Name : PEPINO, CHARITY MAE DIANNE

Subject Title & No	Description	Grade	Unit	Hours
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Cebu Normal University, Cebu City

Summer 2023

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

Prac2	Local Government Unit/Non-Government Organization/Government Agencies- 300hrs.	1.30	3.0	300.0
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First Semester 2023-2024

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

CBMEC2	Strategic Management & Total Quality Management	1.00	3.0	54.0
Elect Maj3	Corporate Travel Management	1.00	3.0	54.0
Elect Maj4	Meetings and Incentives Management	1.40	3.0	54.0
Prof Elect5	Cruise Tourism	1.20	3.0	54.0
TPC11	Thesis Writing 2 in Tourism	1.60	3.0	54.0

Second Semester 2023-2024

BS IN TOURISM MANAGEMENT MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT (BSTM-THSM)

Elect Maj5	Recreation and Leisure Management	1.30	3.0	54.0
Elect Maj6	Conventions/Conference & Exhibitions Management	1.20	3.0	54.0
THC10	Tourism and Hospitality Service Quality Management	1.30	3.0	54.0
THC9	Tourism Entrepreneurship	1.40	3.0	54.0

Weighted Average : 1.4237

NSTP Serial No. : C-07-026733-21

GRADUATED MAGNA CUM LAUDE

1902

CEBU CITY
 PHILIPPINES

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OFFICIAL TRANSCRIPT OF RECORDS

Page : 5

Student Name : PEPINO, CHARITY MAE DIANNE

Subject Title & No Description

Grade Unit Hours

Cebu Normal University, Cebu City

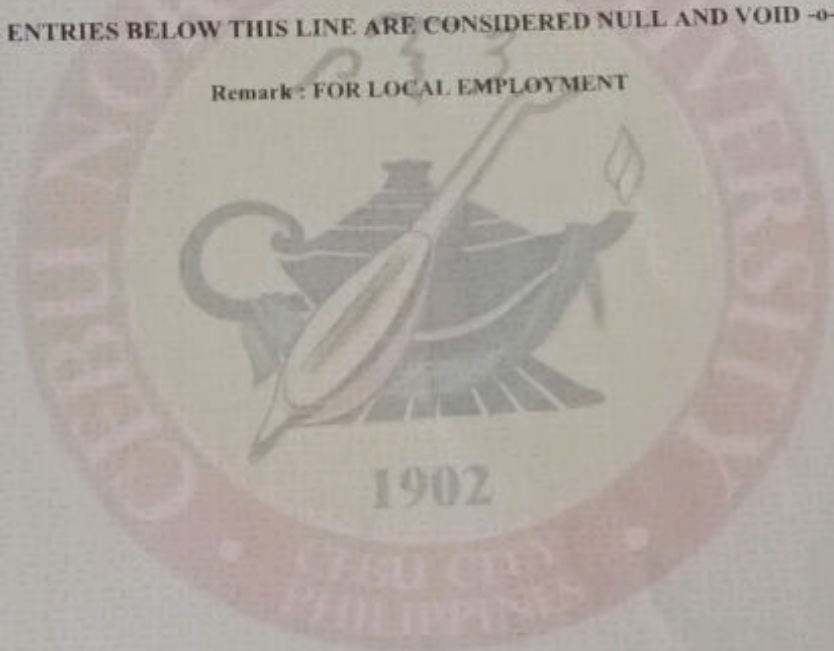
BACHELOR OF SCIENCE IN TOURISM MANAGEMENT
MAJOR IN TRAVEL AND HOSPITALITY SERVICE MANAGEMENT
MAY 27, 2024

Per CNU BOR Res. xx S. 2024, AACCUP Level II Re-accredited
until April 15, 2027, COPC No. 7 S. 2019
and with PQF Level 6 per Republic Act No. 10968

Cebu Normal University, a State University created under Republic Act No. 8688
thus, exempted from Special Order as required under P.D. 944

-o- ENTRIES BELOW THIS LINE ARE CONSIDERED NULL AND VOID -o-

Remark: FOR LOCAL EMPLOYMENT



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SOUTHWESTERN UNIVERSITY
 P I I N M A

STUDENT'S PERMANENT RECORDS

Name: **PEPINO, CHARITY MAE DIANNE**
 I.D.N: **119907130011** Sex: **Female**
 Date of Birth: **5/4/2003**
 Parents/Guardian: **MS. SHEILA PEPINO**
 Address: **ST. JUDE PHASE IV, BULACAO, CEBU CITY, CEBU**
 School Attended:
 Intermediate Course Completed: **INAYAWAN ELEMENTARY SCHOOL** Year Graduated: **2014**
 Secondary Course Completed: **PARDO NATIONAL HIGH SCHOOL** Year Graduated: **2018**

TRACK: **ACADEMIC** BATCH: **2019 - 2020**
 STRAND: **ACCOUNTANCY, BUSINESS AND MANAGEMENT**

REPORT ON LEARNING PROGRESS AND ACHIEVEMENT

Code No.	Subject Description	1ST GRADING	2ND GRADING	AVERAGE	REMARKS	UNITS EARNED
SCHOOL YEAR 2018 - 2019						
Grade 11 - First Semester						
CEP 001	Oral Communication in Cebuano	96	87	96.5	PASSED	4.0
CEP 002	Nonverbal Communication in Written or Electronic Medium	97	94	95.5	PASSED	4.0
CEP 004	General Mathematics	90	85	87.5	PASSED	4.0
CEP 007	Health and Life Science	94	92	94.5	PASSED	4.0
CEP 011	121st Century Cebuano Literature from the Philippines and the World	81	78	81.5	PASSED	4.0
CEP 012	Contemporary Philippine Arts from the Regions	96	89	92.5	PASSED	4.0
CEP 019	Physical Education and Health 5	91	78	89.5	PASSED	2.0
APF 011	Measurement (Mathematics)	94	85	90	PASSED	4.0
ABM 001	Accountancy and Management	92	87	89.5	PASSED	4.0
CEP 003	Student Success Program (1)				Completed (PASSED)	
Total Units Earned						34.0
SCHOOL YEAR 2019 - 2020						
Grade 11 - Second Semester						
CEP 002	Nonverbal Communication in Written or Electronic Medium	90	85	87.5	PASSED	4.0
CEP 004	General Mathematics	90	86	88	PASSED	4.0
CEP 006	Statistics and Probability	94	86	90	PASSED	4.0
CEP 008	Physical Science	74	86	80	PASSED	4.0
CEP 013	Understanding Culture, Values, and Attitudes	90	86	88	PASSED	4.0
CEP 014	Personality Development	98	97	97.5	PASSED	4.0
CEP 018	Physical Education and Health 6	92	88	90	PASSED	2.0
APF 005	Geometry (Mathematics)	94	87	90.5	PASSED	4.0
ABM 002	Accountancy and Management	88	85	86.5	PASSED	4.0
CEP 003	Student Success Program (2)				Completed (PASSED)	
Total Units Earned						34.0
SCHOOL YEAR 2020 - 2021						
Grade 12 - First Semester						
ABM 001	Fundamentals of ABM 1	83	87	85	PASSED	4.0
ABM 004	Business Finance	87	80	83.5	PASSED	4.0
ABM 005	Business Finance	71	80	75.5	PASSED	4.0
ABM 006	Business Finance	80	88	84	PASSED	4.0
ABM 007	Principles of Marketing	77	80	78.5	PASSED	4.0
APF 002	Integration for Academic and Professional Programs	96	93	94.5	PASSED	4.0
APF 006	Integral Calculus (1)	91	83	87	PASSED	4.0
CEP 025	Introduction to the Philosophy of the Human Person	93	83	88	PASSED	2.0
CEP 019	Physical Education and Health 3	93	85	89	PASSED	2.0
CEP 003	Student Success Program (3)				Completed (PASSED)	
Total Units Earned						30.0
SCHOOL YEAR 2019 - 2020						
Grade 12 - Second Semester						
ABM 001	Applied Economics	96	92	94	PASSED	4.0
ABM 008	Business Ethics and Social Responsibility	98	92	95	PASSED	4.0
ABM 009	Business Ethics and Social Responsibility	94	93	93.5	PASSED	4.0
CEP 012	Contemporary Philippine Arts from the Regions	95	98	96.5	PASSED	4.0
CEP 013	Understanding Culture, Values, and Attitudes	97	93	95	PASSED	4.0
APF 007	Integration, Investigations, and Immersion	89	93	91	PASSED	4.0
CEP 016	Media and Information Literacy	90	90	90	PASSED	2.0
CEP 020	Physical Education and Health 4	99	98	98.5	PASSED	4.0
CEP 003	Student Success Program (4)				Completed (PASSED)	
Total Units Earned						30.0

REMARKS:

COPY FOR: CEBU NORMAL UNIVERSITY

I CERTIFY that this is true record of **PEPINO, CHARITY MAE DIANNE**, This student is eligible on this 14th day of **03** March, 2022 for admission to **COLLEGE** and has no money or property responsibility in this school. **GRADUATED MAY 20, 2020**

Not valid w/out seal

CERTIFIED TRUE COPY: 27 MAY 2024

Southwestern University | 316 Araya, Sigaboy, Cebu City, Philippines 6000 | T: +63 32 414 0010 | www.su.edu.ph

Date

JASON P. SABAQUIL, LPT
 University Registrar III

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 Email: registrar@cnu.edu.ph | Website: www.cnu.edu.ph

Name: _____

CLASSIFIED AS School: _____ SY _____

Larangan ng Pag-aaral	1	2	3	4	Units	Pages	Passes
Filipino							
English							
Mathematics							
Science							
Araling Panlipunan							
TLE							
MAPEH							
Music							
Art							
Physical Educ.							
Health							
EsP							
CAT - I							
ADDITIONAL							

Total number of Years in school: _____ Total Days of Present: _____
 Total Days of School: _____
 Eligible for Transfer and admission to: _____
 Has back subjects in: _____

CLASSIFIED AS School: _____ SY _____

Larangan ng Pag-aaral	Units	Pages	Passes
YANGONAN			

Total number of Years in school: _____ Total Days of Present: _____
 Total Days of School: _____
 Eligible for Transfer and admission to: _____
 Has back subjects in: _____

STANDARD INTELLIGENCE TEST TAKEN

NAME AND FORM OF TEST	DATE TAKEN	SCORE RECEIVED	PERCENTILE RANK

SUMMARY OF CREDITS ACHIEVED TOWARD GRADUATION

YEAR LEVEL Larangan ng Pag-aaral	Grade VII			Grade VIII			Grade IX			Grade X			Grade XI			Grade XII		
	PROF. EXCT.	TECH. SKILLS	UNITS	PROF. EXCT.	TECH. SKILLS	UNITS	PROF. EXCT.	TECH. SKILLS	UNITS	PROF. EXCT.	TECH. SKILLS	UNITS	PROF. EXCT.	TECH. SKILLS	UNITS	PROF. EXCT.	TECH. SKILLS	UNITS
Filipino	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2
English	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2
Mathematics	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2
Science	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2
Araling Panlipunan	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2
TLE	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2
MAPEH	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2
Music	A	1	1	A	1	1	A	1	1	A	1	1	A	1	1	A	1	1
Art	A	1	1	A	1	1	A	1	1	A	1	1	A	1	1	A	1	1
Physical Educ.	A	1	1	A	1	1	A	1	1	A	1	1	A	1	1	A	1	1
Health	A	1	1	A	1	1	A	1	1	A	1	1	A	1	1	A	1	1
EsP	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2	A	2	2
Grade Credits	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18	18
Transfer Units	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CAT I	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

I certify that this is a true record of Christy Mae Denise Pepino This student is on this 24th day of January 2025 Eligible for admission to Grade II as (regular/an irregular) student and has no property responsibility in the school.

CERTIFIED TRUE COPY: 27 MAY 2024
 Date
JASON P. SAREQUIL, LPT
 University Registrar III

Printed
LEONILDE P. TORALIA
 Record Incharge

SDF-URO-105-012-01

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Mandatory Form No. 102
 (Revised January 1993)

Office of the Registrar
 OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH
 (To be completed in quadruplicate)

Province: **CEBU** City/Municipality: **CEBU CITY** Registry No.: **2002 10636**

1. NAME (First, Middle, Last)
CRISTY MAR WANDA YSARIO

2. SEX 1. Male 2. Female **3. DATE OF BIRTH** (Day, Month, Year)
05 APRIL 2002

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ Home No., Street, Barangay, City/Municipality, Province)
CEBU CITY MEDICAL CENTER CEBU CITY CEBU

5A. TYPE OF BIRTH 1. Single 2. Twin 3. Other **5. IF MULTIPLE BIRTH CHILD WAS** 1. First 2. Second 3. Other

6. BIRTH ORDER (Date, month, year, etc.) **1ST** **7. WEIGHT AT BIRTH** (grams)
3520

8. MOTHER'S NAME (First, Middle, Last)
HERNANDEZ

9. CITIZENSHIP **10. RELIGION**
FILIPINO ROMAN CATHOLIC

11. Total number of children ever born including stillbirths **12. No. of children born alive but are now dead**
1 0

13. OCCUPATION **14. Age at the time of birth**
None 20 years

15. RESIDENCE (Street No., Street, Barangay, City/Municipality, Province)
PIAZA 4 ST. JUNE BELACAN, PANDI CEBU CITY CEBU

16. NAME (First, Middle, Last)
HERNANDEZ

17. CITIZENSHIP **18. RELIGION**
N/A N/A

19. OCCUPATION **20. Age at the time of birth**
N/A N/A

21. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, write "not married" or "Adoptive/Adopted" at the bottom of the form.)
N/A

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

19b. CERTIFICATION OF BIRTH
 I hereby certify that I attended the birth of the child after due care and at **12:27 A.M.** on **05 APRIL 2002** at the **CEBU MEDICAL CENTER**.

Signature: **Lorella B. Delgado** Address: **11, BAGOING STREET, CEBU CITY, CEBU**
 Name in Print: **LORELLA B. DELGADO** Date: **APRIL 5, 2002**
 Title or Position: **N/A**

Signature: **Herzela Ursino** Address: **PIAZA 4 ST. JUNE BELACAN, PANDI, CEBU CITY, CEBU**
 Name in Print: **HERZELE URSINO** Date: **APRIL 5, 2002**
 Relationship to the child: **MOTHER**

21. PREPARED BY
 Signature: **Christina B. Clarillo** Signature: **Lorella B. Delgado**
 Name in Print: **CHRISTINA B. CLARILLO** Name in Print: **LORELLA B. DELGADO**
 Title or Position: **D.M. - NURSE** Title or Position: **REGISTRATION OFFICER**
 Date: **APRIL 5, 2002** Date: **APR 18 2002**

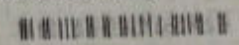
REMARKS/ANNOTATION
 For CDRG USE ONLY: Population Reference No. **000186**
 TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22

06221-D6-400CCP-01123-BI001



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27 MAY 2024
 Documentary
 Stamp Tax Paid
JASON P. SAREQUIL, LPT
 University Registrar III
SDF-URO-105-012-01

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



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(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 12a.)

Province <u>CEBU</u>		City/Municipality <u>CEBU CITY</u>		Registry No. 2002 10636
CHILD	1. NAME (First Middle Last) <u>CHARITY MAE DIANNE PEPINO</u>			For OCRG USE ONLY: Population Reference No. TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	2. SEX <u>X</u> 1 Male <u>X</u> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>05 APRIL 2002</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>CEBU CITY MEDICAL CENTER CEBU CITY CEBU</u>			
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>X</u> 2 Twin <u> </u> 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <u> </u> 1 First <u> </u> 2 Second <u> </u> 3 Others, Specify <u> </u>			
MOTHER	6. MAIDEN NAME (First Middle Last) <u>SHELLA ANNE ROSA PEPINO</u>		7. CITIZENSHIP <u>PILIPINO</u> B. 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>	
	10. OCCUPATION <u>NONE</u>		c. No. of children born alive but are now dead: <u>0</u>	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>PHASE 4 ST. JUDE BULACAO, PAROD CEBU CITY CEBU</u>		1. Age at the time of this birth: <u>20</u> years	
FATHER	13. NAME (First Middle Last) <u>UNKNOWN</u>			41 <u>20021005</u> 48 <u>2</u> 50 <u>050420</u> 56 <u>20170</u> 61 <u> </u> 62 <u>01</u> 64 <u>2005</u> 66 <u> </u> 69 <u> </u> 70 <u>31</u> 72 <u>21</u> 74 <u>20</u> 76 <u>290</u> 79 <u>20</u> 81 <u>20170</u> 86 <u> </u> 87 <u> </u> 88 <u> </u> 91 <u> </u> 93 <u>2</u> 94 <u> </u>
	14. CITIZENSHIP <u>N/A</u> 15. RELIGION <u>N/A</u>			
	15. OCCUPATION <u>N/A</u> 7. Age at the time of this birth: <u>N/A</u> years			
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>N/A</u>			
19a. ATTENDANT <u>X</u> 1 Physician <u> </u> 2 Nurse <u> </u> 3 Midwife <u> </u> 4 Healer (Traditional Midwife) <u> </u> 5 Others (Specify) <u> </u>				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>12:27 A.M.</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>LOVELLA B. GUSTARDELAS</u> Title or Position <u>M.D.</u>		Address <u>N. RAOULSO AVENUE CEBU CITY, CEBU</u> Date <u>APRIL 5, 2002</u>		
Signature <u>[Signature]</u> Name in Print <u>SHELLA PEPINO</u> Relationship to the child <u>MOTHER</u>		Address <u>PHASE 4 ST. JUDE BULACAO PAROD, CEBU CITY, CEBU</u> Date <u>APRIL 5, 2002</u>		
Signature <u>[Signature]</u> Name in Print <u>JUSTINA D. CLAUDIO</u> Title or Position <u>D.R. NURSE</u> Date <u>APRIL 5, 2002</u>		Signature <u>[Signature]</u> Name in Print <u>LOVELLA N. DEYTO</u> Title or Position <u>REGISTRATION OFFICER</u> Date <u>APR 18 2002</u>		

000886

05238-5F-400JSA-01639-BI001

BEST POSSIBLE IMAGE



T400052384000163905052014001
T1800905708

BReN
02217-B02H50J-7

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, 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)

MO0375IW202310072367 Date/Time Generated: 07 October 2023 11:17:35 AM

SS NUMBER						06-4682495-4							
NAME													
(LAST NAME)		(FIRST NAME)			(MIDDLE NAME)			(SUFFIX)					
PEPINO		CHARITY MAE			DIANNE								
FACTS OF BIRTH													
DATE OF BIRTH (MMDDYYYY)		PLACE OF BIRTH		CITY/MUNICIPALITY		PROVINCE/STATE		COUNTRY		SEX			
04052002		CEBU CITY		CEBU		PHILIPPINES				FEMALE			
FATHER'S NAME		(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)					
MOTHER'S MAIDEN NAME		(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)		(SUFFIX)					
		PEPINO		SHELLA		ABELLANOSA							
DEMOGRAPHIC DATA													
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)						(STREET NAME)			(SUBDIVISION)				
						ST. JUDE PHASE IV							
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)			(PROVINCE)		POSTAL CODE		COUNTRY CODE				
BULACAO		CEBU CITY (CAPITAL)			CEBU		6000		0063				
CIVIL STATUS		HEIGHT (IN CENTIMETERS)		WEIGHT (IN KILOGRAMS)		DISTINGUISHING FEATURE/S		NATIONALITY		RELIGION			
SINGLE		152		44				FILIPINO		CHRISTIAN			
OTHER CARD APPLICANT DATA													
TELEPHONE NUMBER (AREA CODE + TEL NO.)			MOBILE NUMBER			EMAIL ADDRESS							
			(0912) 519-0982			charitydianne123@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 CUEVA		ORVILLE			PEPINO					Nephew		09022023	
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE													
SELF-EMPLOYED (SE)				OVERSEAS FILIPINO WORKER (OFW)				NON-WORKING SPOUSE (NWS)					
Profession/Business				Foreign Address				SS No./Common Reference No. of Working Spouse					
Year Prof./Business Started								<input type="text"/> <input type="text"/>					
Monthly Earnings				Monthly Earnings				Monthly Income of Working Spouse (P) _____					
				Are you applying for membership in the Flexi-Fund Program?									
				<input type="checkbox"/> YES <input type="checkbox"/> NO									
PURPOSE OF APPLICATION													
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT				PROFESSION/BUSINESS				ESTIMATED MONTHLY SALARY					
UMID CARD APPLICATION WITH ATM OPTION													
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD		(BANK NAME)			(BANK BRANCH)								
		UNION BANK OF THE PHILIPPINES			UNIONBANK								
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION													
1. I certify that the information provided are true and correct. 2. I hereby consent to: <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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.													



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration information Update/Correction/Cancellation

BIR Form No.
1905
July 2021 (ENCS) P1

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

PART I - TAXPAYER INFORMATION

1 Taxpayer Identification Number (TIN) 2 RDO Code 3 Contact Number (Landline/Mobile No.)

4 Registered Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)
PEPINO, CHARITY MAE DIANNE

PART II - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5 Replacement/Cancellation of

FORM/S	REASON/DETAILS	6 Other Updates
<input type="checkbox"/> A. Certificate of Registration (COR)	<input type="checkbox"/> Lost/Damaged	<input type="checkbox"/> Closure of Business (proceed to Number 8)
<input type="checkbox"/> B. Authority to Print (ATP) Receipts/Invoices	<input type="checkbox"/> Change of Accredited Printer as Requested by the taxpayer	<input type="checkbox"/> Change of Civil Status (proceed to Number 8)
<input type="checkbox"/> C. Tax Clearance Certificate of Liabilities (TCL1)	<input type="checkbox"/> Correction/Change/Update of Registration Information	<input type="checkbox"/> Register/Update of Books of Accounts (proceed to Number 10)
<input type="checkbox"/> D. Taxpayer Identification Number (TIN) Card	<input type="checkbox"/> Others (specify)	<input type="checkbox"/> Avail of 8% Income Tax Rate Option
<input type="checkbox"/> E. Others (specify)	<input type="text"/>	<input type="checkbox"/> Others (specify)
		<input type="text"/>

7 Correction/Change/Update of Registration Information

A. UPDATE REGISTERED NAME/TRADE NAME

Change in Registered Name Change in Trade Name Additional Trade Name

Old

New

B. CHANGE IN REGISTERED ADDRESS

Transfer within same RDO Transfer to another RDO

From (Old RDO) To (New RDO)

New Address

Unit/Rooms/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No.

Street Name Subdivision/Village/Zone

Barangay Town/District

Municipality/City Province ZIP Code

C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individual)

From Calendar to Fiscal Period

From One Fiscal Period to Another Fiscal Period

From Fiscal to Calendar Period

Accounting Start Month

Effectivity Date (MM/DD/YYYY)

D. CHANGE/ADD REGISTERED ACTIVITY/LINE OF BUSINESS

New Registered Activity/Line of Business

Effectivity Date of Change (MM/DD/YYYY)

E. CHANGE FACILITY TYPE/DETAILS (attach additional sheet/s, if necessary)

Facility Code	Facility Type (check applicable facility type)							
	PP	SP	WH	SR	GG	BT	RP	Others (specify)
F								
F								

Facility Type*
PP - Place of Production/Plant GG - Garage
SP - Storage Place BT - Bus Terminal
WH - Warehouse RP - Real Property for Lease with No Sales Activity
SR - Showroom

9 Change of Civil Status

From Single to Married From Married to Single

A. Old Name/Maiden Name (First Name, Middle Name, Last Name, Suffix)

B. New Name/Married Name (First Name, Middle Name, Last Name, Suffix)

C. Spouse Information

Employment Status of Spouse

Unemployed Employed Locally Employed Abroad Engaged in Business/Practice of Profession

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

Spouse TIN

Spouse Employer's Name (Attach additional sheet/s, if necessary)
(# Individual, Last Name, First Name, Middle, Suffix Name) (# Non-Individual, Registered Name)

Spouse Employer's TIN

10 Books of Accounts (Registration/Update) (Attach additional sheet/s, if necessary)

Type (Manual/Loose/CBA)	Books to be Registered	Quantity	Volume	
			From	To

Continuation of No. 10

Date Registered (MM/DD/YYYY)	Permit Number	Date Issued (MM/DD/YYYY)

11 Other Update/Correction (please specify details)

FROM BOYS TO LOCAL EMPLOYMENT (PRIVATE)

TIN OF EMPLOYER: 484-634-961-000

Effectivity Date of Change (MM/DD/YYYY)

12 Declaration

I declare, under the penalties of perjury, that this application has been made in good faith, verified by me and to the best of my 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 give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (RA No. 10173) for legitimate and lawful purposes.

Charity Mae Diana Pepino

CHARITY MAE DIANA PEPINO
TAXPAYER/AUTHORIZED REPRESENTATIVE/TAX AGENT
(Signature over Printed Name)

Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt



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

HIT
NBI-CEVRO
TEL.254-6444
G-09276066841
S-020215885/L

MP7LKBDPDJ

**Date to be
received:
September 11,
2024**

29 AUG 2025

4



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121347577661
REGISTRATION TRACKING NO.	924210044577

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	PEPINO	CHARITY MAE DIANNE			<input checked="" type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	PEPINO	SHELLA		ABELLANOSA	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PEPINO	CHARITY MAE DIANNE			<input checked="" type="checkbox"/>
DATE OF BIRTH 04/05/2002		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN) 636013923	
PLACE OF BIRTH CEBU CITY, CEBU			CITIZENSHIP FILIPINO		SSS NUMBER 0846824954
SEX FEMALE	HEIGHT(cm) 152.00	WEIGHT(kg) 44.00	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i>
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		<i>For DepEd Employee, Division Code-Station Code</i>

ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor		Building Name			Home	
Lot No.,	Block No.,	Phase No.	House No.	Street Name	Cell Phone	
				SAINT JUDE PHASE IV	+63 (0912) 5190862	
Subdivision		Barangay			Business (Direct Line)	
		BULACAO				
Municipality/City		Province/State/Country			Business (Trunk Line)	
CEBU CITY		CEBU, PHILIPPINES				
ZIP Code					Email Address	
6000					charitydianne123@gmail.com	
PRESENT HOME ADDRESS						
Unit/Room No., Floor		Building Name		Lot No.,	Block No.,	Phase No.
House No.		Street Name		Subdivision		Barangay
		SAINT JUDE PHASE IV				BULACAO
Municipality/City		Province/State/Country			ZIP Code	
CEBU CITY		CEBU, PHILIPPINES			6000	
PREFERRED MAILING ADDRESS				PRESENT HOME ADDRESS		

PRESENT EMPLOYMENT DETAILS					
OCCUPATION			EMPLOYMENT STATUS		TYPE OF WORK
EMPLOYER/BUSINESS NAME				COUNTRY OF ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS				MONTHLY INCOME	
Unit/Room No., Floor		Building Name		Basic 0.00	
Lot No.	Block No.	Phase No.	House No.	Street Name	Allowances/Others 0.00
				Total Mo. Income 0.00	
Subdivision		Barangay		OFFICE ASSIGNMENT	
Municipality/City		Province			
State/Country (if abroad)			ZIP Code		DATE EMPLOYED

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG MEMBERSHIP		
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT
EMPLOYER/BUSINESS ADDRESS		FROM TO


HEIRS					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH
PEPINO	KIMBERLY MAE			[] SISTER	09/13/2003
PEPINO	SHELLA		ABELLANOSA	[] MOTHER	03/06/1982

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect, record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

SIGNATURE OF INFORMANT

DATE

FOR Pag-IBIG FUND USE ONLY		
 <p>RECEIVED BY: <i>[Signature]</i> ORIGINAL DOCUMENT</p> <p>Signature of Designated Name</p>	<p>Designation/Position</p> <p>Branch/Unit</p>	DATE

DISCLAIMER

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.



CERTIFICATION

BARANGAY OFFICIALS



Hon. JUNAH BABATUAN ABELLANOSA
PUNONG BARANGAY

BARANGAY COUNCIL

Hon. ENRIQUE R. SAMONTE
Chairman, Committee on Health

Hon. RAYMOND C. PADAYAO
Chairman, Committee on Budget and
Finance

Hon. FEIIMA A. MANIGBAS
Chairman, Committee on Peace & Order

Hon. ANA LIZA A. CORONEL
Committee on Social Services

Hon. CELERINO P. CABANCA JR.
Chairman, Committee on Infrastructure

Hon. FAYE GIA B. SATO
Committee on Education

Hon. BONIFACIO B. BADAYOS
Committee on Barangay Ecological Solid
Waste Management

Hon. JUNBERT B. BACALSO
SK CHAIRMAN
Committee on Youth and Sports

JO ANGELYN P. YAP
Barangay Secretary

KAREN P. CAÑEDA
Barangay Treasurer

TO WHOM IT MAY CONCERN:

This is to certify that **CHARITY MAE DIANNE PEPINO** is a bonafide resident of Sitio St. Jude Acres Phase 4, BARANGAY BULACAO, CEBU CITY.

Further, this certification is issued upon the request of the aforementioned for **EMPLOYMENT** purpose of requirements and for whatever legal purpose this may serve him/her best.

Issued this 29TH day of **AUGUST 2024**, at Barangay Bulacao, Cebu City.

HON. JUNAH BABATUAN ABELLANOSA
Barangay Captain

NOT VALID WITHOUT DRY SEAL



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

636 - 013 - 923 - 0,000,000
TIN to be issued (To be filled out by BIR)

Taxpayer and Person Registering under E.O. 98
(Securing a TIN to be able to transact with any government office) and Others

1 Date of Registration (MMDDYYYY) 2 PhilSys Card Number (PCN) (If Applicable) 3 RDO Code (To be filled out by BIR)

Part I - Taxpayer Information

4 Taxpayer Type
 E.O. 98 (Filipino Citizen) One-Time Transaction - Foreign National
 E.O. 98 (Foreign National) Passive Income Earner Only
 One-Time Transaction - Filipino Citizen Estate (Non-Business)

5 Foreign TIN (if any) 6 Country of Residence, if applicable

7 Taxpayer's Name
7A (If Individual) (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)
PEPINO CHARITY MAE DIANNE

7B (If Non-Individual) (Registered Name)

7C (If ESTATE, ESTATE of (First Name, Middle Name, Last Name, Suffix) (If TRUST, FID: (First Name, Middle Name, Last Name, Suffix))

8 Date of Birth/Organization (MMDDYYYY) 09 05 20 02 9 Place of Birth CEBU CITY

10 Local Residence Address
Building Name/Tower (if applicable) (if Block/Phase/House No.) Street Name
ST. JUDE PHASE IV BULACAO CEBU CITY 6000

11 Principal Foreign Address, if applicable (Indicate complete foreign address) 12 Municipality Code (To be filled out by BIR)

13 Date of Arrival in the Philippines (MMDDYYYY) 14 Gender Male Female 15 Civil Status Single Married Widower Legally Separated

16 Spouse TIN 0 0 0 0 0 17 Spouse Name (Last Name, First Name, Middle Name, Suffix)

18 Contact Number (Landline/Mobile No.) 09125190982 19 Official Email Address charitydianne123@gmail.com

20 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) 21 Father's Name (First Name, Middle Name, Last Name, Suffix)
SHELLA ABELLANOSA PEPINO N/A

22 Identification Details (government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)
Type Number Effectivity Date (MMDD/YYYY) Expiry Date (MMDD/YYYY)

Part II - Transaction Details

23 Purpose of TIN Application
 A Dealings with Banks B Dealings with Government Agencies C Tax Treaty Relief D Sale, Assignment and/or Disposal of Shares of Stock
 E Sale, Assignment and/or Disposal of Real Properties classified as Capital Asset F Sale, Assignment and/or Disposal of Real Properties classified as Ordinary Asset G Donation of Properties H Transfer of Properties by Succession (Death)
 I First Time Job Seeker J Others (specify)

Part III - Withholding Agent/Accredited Tax Agent Information

24 Taxpayer Identification Number (TIN) 25 RDO Code

26 Withholding Agent/Accredited Tax Agent's Name (If Individual, Last Name, First Name, Middle Name, Suffix; If Non-Individual, Registered Name) (if different from taxpayer)

27 Registered Address (Sub-street, Building/Street, Barangay, City/Municipality, Province)

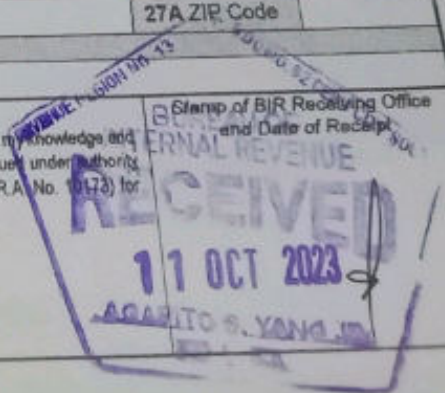
27A ZIR Code

28 Contact Number (Landline/Mobile No.) 29 Official Email Address

30 Declaration
I declare, under the penalties of perjury, that this application has been made in good faith, verified by me and to the best of my 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 give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

CHARITY MAE DIANNE PEPINO
TAXPAYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)

Title/Position of Signatory



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