



Municipality of Sibonga
Sibonga Community College

Poblacion, Sibonga, Cebu
sibonga.college.ceu@gmail.com



By virtue of the authority granted by the Commission on Higher Education of the Republic of the Philippines and upon the recommendation of the Academic Council and approval of the Board of Trustees, Sibonga Community College confers upon

SHINELYN MAE A. ANTIQUINA

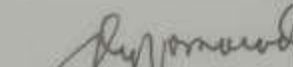
the degree of


**BACHELOR IN SECONDARY EDUCATION MAJOR IN SCIENCE
(PRESIDENTIAL ACADEMIC AWARD)**

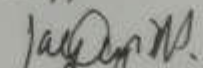
After having satisfactorily fulfilled the requirements therefore and with all the rights, honors, duties and privileges thereunto appertaining effective July 16, 2024.

In testimony whereof, we have hereunto affixed our signatures and seal of the Sibonga Community College.

Given this 16th day of July 2024 at Poblacion, Sibonga, Cebu, Philippines.


DAISY Y. FOMOCOD, MAT, LPT
College Registrar


ATTY. EDWARD M. MAGLUCOT, Ph.D.
College Administrator


KATHERINE Y. ASPILLA, Ed.D.
Dean, Education Department





(Copy for CGRG)

Municipal Form No. 102 (Revised January 1983)		(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 number in Items 2, 5a, 5b and 19a.)				
Province <u>Cebu</u> City/Municipality <u>SIBONGA</u>		Registry No. <u>2192-267</u>		The ICGR USE ONLY: Population Reference No.
1. NAME (First) (Middle) (Last) <u>SKIRN, TR MAC ALPUERTO ANTIQUINA</u>		2. SEX <u>1</u> Male <input checked="" type="checkbox"/> <u>2</u> Female		
3. DATE OF BIRTH (day) (month) (year) <u>28 March 2002</u>		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Papan, Health Center</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> <u>1</u> Single <input type="checkbox"/> <u>2</u> Twin <input type="checkbox"/> <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> <u>1</u> First <input type="checkbox"/> <u>2</u> Second <input type="checkbox"/> <u>3</u> Others, Specify		
c. BIRTH ORDER (1st, 2nd, 3rd, etc.) <u>1</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>1914</u> grams		
6. MAIDEN NAME (First) (Middle) (Last) <u>Emilyn Tacbes Alpuerto</u>		7. CITIZENSHIP <u>Filipino</u>		
8. RELIGION <u>Roman Catholic</u>		9a. Total number of children born alive: <u>1</u>		
9b. No. of children still living including this birth: <u>1</u>		9c. No. of children born alive but are now dead: <u>0</u>		
10. OCCUPATION <u>House Wife</u>		11. Age at the time of this birth: <u>21</u> years		
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Cantilarey, Sibonga, Cebu</u>		13. NAME (First) (Middle) (Last) <u>Artemio Berjane Antiquina</u>		
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>		
16. OCCUPATION <u>Corn Farmer</u>		17. Age at the time of this birth: <u>25</u> years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the bank.) <u>June 7, 2001 at Simala Parish Church</u>				80105267 290302 22467 011910 010190 220 41 22467 612 24 3
19a. ATTENDANT <input type="checkbox"/> <u>1</u> Physician <input type="checkbox"/> <u>2</u> Nurse <input checked="" type="checkbox"/> <u>3</u> Midwife <input type="checkbox"/> <u>4</u> Hilat (Traditional Midwife) <input type="checkbox"/> <u>5</u> Others (Specify)				
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:20 p.m.</u> o'clock am/pm on the date stated above.				
Signature <u>[Signature]</u> Name in Print <u>MARISITA BARBERS</u> Title or Position <u>Midwife</u>		Address <u>Papan, Sibonga, Cebu</u> Date <u>March 28, 2002</u>		
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>ARTEMIO ANTIQUINA</u> Relationship to the child <u>Father</u>		Address <u>Cantilarey, Sibonga, Cebu</u> Date <u>March 28, 2002</u>		
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>RECTORA L. MANCO</u> Title or Position <u>clerk</u> Date <u>April 2, 2002</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>BERNARDO MENDEZ</u> Title or Position <u>ICR</u> Date <u>4-5-02</u>		

05109-GE-400ACS-00323-BI005
 BEST POSSIBLE IMAGE

BReN
 02246-B02FU01-0

Carmelita N. Ericta
 CARMELITA N. ERICTA
 Administrator and Civil Registrar General
 National Statistics Office



Documentary
 Stamp Tax Paid



Please fill out this form :

024241806249

Your Pag-IBIG Membership ID No. is

121349945294

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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



MEMBER DATA RECORD

MEMBER BASIC INFORMATION

PhilHealth Identification Number (PIN)	: 12-203241614-2	PhilSys Number	: N/A
Member Type	: INDIRECT CONTRIBUTOR - 4PS/MCCT	NHTS Coverage Validity Period	: N/A : 01/01/2023-12/31/2023

ANTIQUINA, SHINELYN MAE ALPUERTO
CANTOLAROY, SIBONGA, CEBU

Foreign Address	: N/A	Sex	: FEMALE
		Date of Birth	: 03/28/2002
		Place of Birth	:
Contact No. (Foreign)	: N/A	Civil Status	: SINGLE
(Local)	: N/A	Tax Identification Number	:

ENTITY INFORMATION

Philhealth Number (PEN/POGN)	: 400300000257
Name of Entity/Organized Group	: DEPARTMENT OF HEALTH - 4PS/MCCT
Business Address	: SAN LAZARO COMPOUND RIZAL AVENUE, NULL, NULL, NCR, CITY OF MANILA, FIRST DISTRICT
Telephone Number	: N/A
Tax Identification Number	: N/A
	Employment Status : N/A
	Date : N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** 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 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. Printed At: PRO VII Cebu City - 8/F Golden Peak Tower, Gorordo Ave. cor. Escario St., Cebu City



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

MO0708IW202408289907 Date/Time Generated: 28 August 2024 05:54:55 PM

SS NUMBER 06-4961008-4					
NAME					
(LAST NAME) ANTIQUINA	(FIRST NAME) SHINELYN MAE	(MIDDLE NAME) ALPUERTO	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 03282002	PLACE OF BIRTH (CITY/MUNICIPALITY) SIBONGA	(PROVINCE/STATE) CEBU	COUNTRY PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) ANTIQUINA	(FIRST NAME) ARTEMIO	(MIDDLE NAME) BERJAME	(SUFFIX) SR		
MOTHER'S MAIDEN NAME (LAST NAME) ALPUERTO	(FIRST NAME) EMILYN	(MIDDLE NAME) YBANEZ	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS - (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK. NO.) (STREET NAME) (CITY/MUNICIPALITY) (PROVINCE/STATE) PUROK 4 GEMILINA					
(BARANGAY/DISTRICT/LOCALITY) CANTALAROY	(CITY/MUNICIPALITY) SIBONGA	(PROVINCE) CEBU	POSTAL CODE 6020	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 151	WEIGHT (IN KILOGRAMS) 38	DISTINGUISHING FEATURES	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (LANDLINE - 02020 - 700 0000)	MOBILE NUMBER (0935) 512-1575	EMAIL ADDRESS shineantiquina0328@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	ANTIQUINA	CHRISTEL MARIE	ALPUERTO	Sister	09072004
2	ANTIQUINA	JOHN REIL	ALPUERTO	Brother	02242009
3	ANTIQUINA	ARTEMIO	ALPUERTO	Brother	03032012
4	ALPUERTO	JOHN MICHAEL DAVID	YBANEZ	Brother	04251998
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 Free-Trade 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					
1. I certify that the information provided are true and correct. 2. I hereby consent to: • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/issuance 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.					

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.



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1904

July 2021 (ENCS)

TIN to be issued (To be filled out by BIR)
641 - 038 - 909 - 00000

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

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

7 Taxpayer's Name
7A (Individual) (Last Name) (First Name) (Middle Name) (Suffix) (Nickname)
ANTUQUINA SHINELYN MAE ALPUERTO
7B (Non-Individual) (Registered Name)
7C (ESTATE/ESTATE OF (First Name, Middle Name, Last Name, Suffix) (TRUST, FID. (First Name, Middle Name, Last Name, Suffix)

8 Date of Birth/Organization (MMDDYYYY) 03/28/2002 9 Place of Birth SIBONGA

10 Local Residence Address
(Sub-street/Building No. Building Name/Street, Barangay, City/Municipality, Province)
CANTULAROY
SIBONGA CEBU

11 Principal Foreign Address, if applicable (Include 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 - 00000 17 Spouse Name (Last Name, First Name, Middle Name, Suffix)

18 Contact Number (Landline/Mobile No.) 09355121575 19 Official Email Address shineilynmae28@gmail.com

20 Mother's Maiden Name (First Name, Middle Name, Last Name, Suffix) EMILYA YBAÑEZ ALPUERTO 21 Father's Name (First Name, Middle Name, Last Name, Suffix) ARTEMIO BERTAME ANTIQUINA SR

22 Identification Details (Government issued ID (e.g., passport, driver's license, etc.), company ID, etc.)
Type Number Effectivity Date (MMDDYYYY) Expiry Date (MMDDYYYY)

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 Duration of Franchises H Transfer of Properties to Successor (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 ZIP 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.

Stamp of BIR Receiving Office and Date of Receipt
R/29/2021

TAXPAYER/AUTHORIZED REPRESENTATIVE
(Signature over Printed Name)
The BIR Data Privacy Policy is in the BIR website (www.bir.gov.ph)

Title/Position of Signatory