



Republic of the Philippines  
 Province of Cebu  
 CEBU CITY  
 BARANGAY TISA  
 Tel. No.:(032) 234-3606



OFFICE OF THE BARANGAY CAPTAIN

## BARANGAY CLEARANCE

This is to certify that the person whose name, picture and signature appeared herein has requested a BARANGAY CLEARANCE from this office.

COMPLETE NAME: KEVIN DACLAN

GENDER: Male

ADDRESS: Sitio San Pedro, Tisa, Cebu City, Cebu

DATE OF BIRTH: May 23, 2000

CIVIL STATUS: Single

PLACE OF BIRTH: Cebu City

PURPOSE: EMPLOYMENT



KEVIN . DACLAN

Signature over printed name

Date Taken: 09/30/2024

Left Thumb

Right Thumb

It is further certified that the above person is a law-abiding citizen of good moral character and has no pending case filed against him in this office.

Issued this 30th day of September, 2024 at Barangay Tisa, Cebu City, Cebu, Philippines.

  
 HON. BERNARDO LAPIÑA JR.  
 Barangay Captain

OR Number:  
 Amount Paid: 0.00  
 Doc. Stamp: 0.00



Certificate No. 2217085-8504

Control No: 2024-85044

Not valid if there is no official dry seal

This clearance is good until March 30, 2025, revocable for cause



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.)

REMARKS/ANNOTATION

*Handwritten:* CERTIFIED TRUE COPY

*Handwritten:* RUPERT S. BAJO  
REGISTRATION OFFICER

Province CEBU  
City/Municipality CEBU CITY

Reg. No. **2000 15481**

1. NAME (First) (Middle) (Last)  
KEVIN DACLAN

2. SEX XX 1 Male 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
23 MAY 2000

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)  
House No., Street, Barangay)  
RIVA RIDGE SUBD. TISA CEBU CITY CEBU

5a. TYPE OF BIRTH XX 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)  
SECOND (first, second, third, etc.)  
d. WEIGHT AT BIRTH  
2012 grams

5. MAIDEN NAME (First) (Middle) (Last)  
IMELDA MANTUBIG DACLAN

7. CITIZENSHIP FIL. 8. RELIGION R.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 HOUSEWIFE  
11. Age at the time of this birth: 20 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
BACK SAN PEDRO TISA CEBU CITY CEBU

13. NAME (First) (Middle) (Last)  
ARNEL NUÑEZ CONTADO

14. CITIZENSHIP FIL. 15. RELIGION R.C.

16. OCCUPATION LABORER  
17. Age at the time of this birth: 23 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 XX 3 Midwife  
4 Hilot (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 7:10 o'clock am/pm on the date stated above.

Signature *[Handwritten]* Address RIVA RIDGE SUBD. TISA  
Name in Print MRS. LUISA CABARRUBIAS CEBU CITY  
Title or Position R.M. Date MAY 23, 2000

20. INFORMANT  
Signature *[Handwritten]* Address BACK SAN PEDRO TISA  
Name in Print ARNEL CONTADO CEBU CITY  
Relationship to the child FATHER Date MAY 23, 2000

21. PREPARED BY  
Signature *[Handwritten]*  
Name in Print MS. CECILIA T. ROLLON  
Title or Position R.M.  
Date MAY 23, 2000

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature *[Handwritten]*  
Name in Print ...  
Title or Position ...  
Date JUN 21 2000

For OCRG USE ONLY:  
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

48

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07850-88-400ASB-00940-BI002

BEST POSSIBLE IMAGE



T400078504000094006292021002

X0300590600

BReN  
02217-B00JP1U-3

Documentary  
Stamp Tax Paid

*Handwritten:* CDSM

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





For births before 3 August 1988/on or after 3 August 1988

ENTITLED TRUE COPY  
RUPERT S. BAOY  
REGISTRATION OFFICER

**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**

We/I, ARNEL CONTADO and N.A. parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

[Signature] (Signature of Father) N.A. (Signature of Mother)

Community Tax No. 1510000008 Date Issued N.A.  
Date Issued 12-18-20 Place Issued N.A.  
Place Issued CEBU CITY

SUBSCRIBED AND SWORN to before me this 10 day of Jan, Philippines.

at ROLANDO C. GRAPA (Title/Designation)  
Notary Public  
Jan. 3, 2000, Cebu City (Address)  
Pin No 925843

Not applicable for births before 27 February 1931 53

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit)

I, ARNEL CONTADO, of legal age, single/married and with residence and postal address at \_\_\_\_\_ after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my \_\_\_\_\_ the birth of \_\_\_\_\_
2. That I/he/she was born on \_\_\_\_\_ at \_\_\_\_\_
3. That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
4. That I/he/she is a citizen of \_\_\_\_\_
5. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but was acknowledge by my/his/her father whose name is \_\_\_\_\_
6. That the reason for the delay in registering my/his/her birth was due to: \_\_\_\_\_
7. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_

(For the applicant only) That I am married to \_\_\_\_\_  
 (For the father/mother/guardian) That I am the \_\_\_\_\_ of the said person.

[Signature] (Signature of Affiant)  
Community Tax No. \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Place Issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 10 day of Jan, Philippines.

at \_\_\_\_\_ (Title/Designation)  
[Signature] (Signature of Administering Officer)  
\_\_\_\_\_  
(Name in Print) \_\_\_\_\_ (Address)

07850-88-400ASB-00940-BI002

BEST POSSIBLE IMAGE



T400078504000094006292021002

BReN  
02217-B00JP1U-3

Documentary  
Stamp Tax Paid

[Signature]

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





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".

<p><b>1</b> For the Year (YYYY) <b>2 0 2 3</b></p> <p><b>Part I - Employee Information</b></p> <p><b>3</b> TIN <b>7 4 2 - 0 7 8 - 8 8 7 - 0 0 0 0</b></p> <p><b>4</b> Employee's Name (Last Name, First Name, Middle Name) <b>Daclan, Kevin, NMN</b></p> <p><b>5</b> RDO Code</p> <p><b>6</b> Registered Address</p> <p><b>6A</b> ZIP Code</p> <p><b>6B</b> Local Home Address</p> <p><b>6C</b> ZIP Code</p> <p><b>6D</b> Foreign Address</p> <p><b>7</b> Date of Birth (MM/DD/YYYY) <b>0 5 2 3 2 0 0 0</b></p> <p><b>8</b> Contact Number</p> <p><b>9</b> Statutory Minimum Wage rate per day</p> <p><b>10</b> Statutory Minimum Wage rate per month</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>Part II - Employer Information (Present)</b></p> <p><b>12</b> TIN <b>2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0</b></p> <p><b>13</b> Employer's Name <b>CONCENTRIX CVG PHILIPPINES, INC.</b></p> <p><b>14</b> Registered Address <b>GF 14th to 25th Flr 6798 Ayal</b></p> <p><b>14A</b> ZIP Code <b>1 2 2 6</b></p> <p><b>15</b> Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer</p> <p><b>Part III - Employer Information (Previous)</b></p> <p><b>16</b> TIN</p> <p><b>17</b> Employer's Name</p> <p><b>18</b> Registered Address</p> <p><b>18A</b> ZIP Code</p> <p><b>Part IVA - Summary</b></p> <table style="width:100%;"> <tr><td><b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50)</td><td style="text-align: right;"><b>231,132.98</b></td></tr> <tr><td><b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)</td><td style="text-align: right;"><b>83,444.98</b></td></tr> <tr><td><b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)</td><td style="text-align: right;"><b>147,688.00</b></td></tr> <tr><td><b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td><b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)</td><td style="text-align: right;"><b>147,688.00</b></td></tr> <tr><td><b>24</b> Tax Due</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td><b>25</b> Amount of Taxes Withheld</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td><b>25A</b> Present Employer</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td><b>25B</b> Previous Employer, if applicable</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td><b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)</td><td style="text-align: right;"><b>0.00</b></td></tr> </table>	<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	<b>231,132.98</b>	<b>20</b> Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	<b>83,444.98</b>	<b>21</b> Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	<b>147,688.00</b>	<b>22</b> Add: Taxable Compensation Income from Previous Employer, if applicable	<b>0.00</b>	<b>23</b> Gross Taxable Compensation Income (Sum of Items 21 and 22)	<b>147,688.00</b>	<b>24</b> Tax Due	<b>0.00</b>	<b>25</b> Amount of Taxes Withheld	<b>0.00</b>	<b>25A</b> Present Employer	<b>0.00</b>	<b>25B</b> Previous Employer, if applicable	<b>0.00</b>	<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>	<p><b>2</b> For the Period From (MM/DD) <b>0 1 0 1</b> To (MM/DD) <b>1 1 0 5</b></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>27</b> Basic Salary (including the exempt P250,000 or the Statutory Minimum Wage of the MWE)</p> <p><b>28</b> Holiday Pay (MWE)</p> <p><b>29</b> Overtime Pay (MWE)</p> <p><b>30</b> Night Shift Differential (MWE)</p> <p><b>31</b> Hazard Pay (MWE)</p> <p><b>32</b> 13th Month Pay and Other Benefits (maximum of P90,000) <b>54,275.99</b></p> <p><b>33</b> De Minimis Benefits <b>15,490.97</b></p> <p><b>34</b> SSS, GSIS, PHIC &amp; PAG-IBIG Contributions and Union Dues (Employee share only) <b>13,678.02</b></p> <p><b>35</b> Salaries and Other Forms of Compensation <b>0.00</b></p> <p><b>36</b> Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) <b>83,444.98</b></p> <p><b>B. TAXABLE COMPENSATION INCOME REGULAR</b></p> <p><b>37</b> Basic Salary <b>112,515.59</b></p> <p><b>38</b> Representation</p> <p><b>39</b> Transportation</p> <p><b>40</b> Cost of Living Allowance (COLA)</p> <p><b>41</b> Fixed Housing Allowance</p> <p><b>42</b> Others (specify)</p> <p><b>42A</b></p> <p><b>42B</b></p> <p><b>SUPPLEMENTARY</b></p> <p><b>43</b> Commission</p> <p><b>44</b> Profit Sharing</p> <p><b>45</b> Fees Including Director's Fees</p> <p><b>46</b> Taxable 13th Month Benefits <b>0.00</b></p> <p><b>47</b> Hazard Pay</p> <p><b>48</b> Overtime Pay</p> <p><b>49</b> Others (specify)</p> <p><b>49A</b> <b>OTHER TAXABLE INCOME</b> <b>35,172.41</b></p> <p><b>49B</b></p> <p><b>50</b> Total Taxable Compensation Income (Sum of Items 37 to 49B) <b>147,688.00</b></p>
<b>19</b> Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	<b>231,132.98</b>																				
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<b>26</b> Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	<b>0.00</b>																				

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.

**51** EDENREY RAMOS *[Signature]* Present Employer/Authorized Agent Signature over Printed Name Date Signed \_\_\_\_\_

**CONFORME:**

**52** Daclan Kevin NMN Employee Signature over Printed Name Date Signed \_\_\_\_\_

CTC/Valid ID No. \_\_\_\_\_ Place of Issue \_\_\_\_\_ Date Issued \_\_\_\_\_ Amount paid, if CTC \_\_\_\_\_

**To be accomplished under substituted filing**

**53** EDENREY RAMOS *[Signature]* Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)

**54** Daclan Kevin NMN Employee Signature over Printed Name

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

This certifies that  
*Pinatunayan nito na si*

**KEVIN DACLAN**

LRN: 119886060133

has satisfactorily completed the requirements for graduation in Senior High School

*ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos ng Senior High School*

**ACADEMIC TRACK-STEM STRAND**

prescribed for Secondary Schools of the Department of Education and is therefore awarded this


*na itinakda para sa Mataas na Paaralan ng Kagawaran ng Edukasyon, kaya pinagkalooban siya nitong*

**DIPLOMA**

Signed in the City of Cebu, Philippines, on the 28<sup>th</sup> day of March 2019.

*Nilagadaan sa Siyudad ng Sugbu, Pilipinas nitong ika-28 ng Marso 2019.*

  
**DR. ABELARDO T. TEJO, JR.**  
Principal

  
**DR. YOLANDA C. SAYSON**  
Vice Chancellor for Academic Affairs



Republika ng Pilipinas  
Republic of the Philippines  
**Kagawaran ng Edukasyon**  
Department of Education  
**Rehiyon VII, Sentral Visayas**  
Region VII, Central Visayas  
**SANGAY NG LUNGSOD NG CEBU**  
DIVISION OF CEBU CITY



**LABANGON ELEMENTARY SCHOOL**

PAARALAN  
School

*Pinatutunayan nito na si*

This certifies that

**KEVIN DACLAN**

*ay maluwalhatang nakatapos ng kurso sa Elementarya na itinakda para*

has satisfactorily completed the elementary academic course prescribed for

*sa Paaralang Elementarya Kagawaran ng Edukasyon*

Elementary School by the Department of Education

*kaya pinagkalooban siya nitong*  
and hereby awarded this

**Katunayan**  
CERTIFICATE

*Nilagdaan sa Lungsod ng Cebu, Pilipinas*  
Signed in Cebu City, Philippines

*Ngayong ika- 22 ng* Marso, 20 13  
This 22<sup>nd</sup> day of March, 20 13

*Gliceria L. Melecion*  
**GLICERIA L. MELECION**  
PUNONG-GURO  
Principal

*Rhea Mar A. Angtud*  
**RHEA MAR A. ANGTUD, Ed. D., CESO VI**  
TAGAPAMAHALA  
Superintendent

REPUBLIKA NG PILIPINAS  
Republic of the Philippines

KAGAWARAN NG EDUKASYON  
Department of Education

REHIYON VII, GITNANG BISAYAS  
Region VII, Central Visayas

SANGAY NG LUNGSOD NG CEBU  
DIVISION OF CEBU CITY

DON SERGIO OSMEÑA SR. MEMORIAL NATIONAL HIGH SCHOOL

PAARALAN  
SCHOOL

*Pinatutunayan nito na si*  
This certifies that

**KEVIN DACLAN**

Learner Reference Number (LRN) 119888060133

*ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos sa Junior High School na itinakda para sa*  
has satisfactorily completed the requirements of Junior High School prescribed for  
*Mataas na Paaralan ng Kagawaran ng Republika ng Pilipinas, kaya siya'y karapat-dapat tumanggap nitong*  
Secondary Schools of the Republic of the Philippines, and is therefore entitled to this

**Katunayan**  
Certificate

Nilagdaan sa Lungsod ng Cebu, Pilipinas nitong ika- 7 ng Abril, 2017  
Signed at Cebu City, Philippines on 7th April, 2017



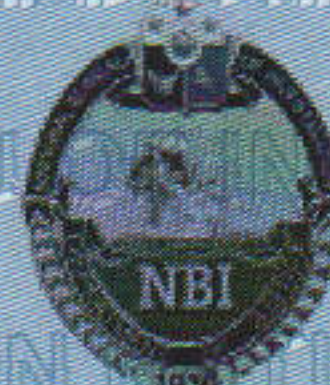
*E. Rabong*  
**EUGENIANA G. RABONG**  
Punong-Guro  
Principal/School Head

*L. Lendio*  
**LEONIGILA S. LENDIO**  
Tagapagmasid  
Public School District Supervisor, SD4

*AB*  
**BIANITO A. DAGATAN, CESO V**  
Pansangay na Tagapamanihala ng mga Paaralan  
Schools Division Superintendent



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



37055514

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. <b>D245EKXN00-L071002236</b>	VALID UNTIL <b>February 14, 2025</b>
FAMILY NAME <b>DACLAN</b>	FIRST NAME <b>KEVIN</b>
MIDDLE NAME	HUSBAND'S SURNAME
ADDRESS <b>F PACANA ST SITIO SAN PEDRO TISA CEBU CITY</b>	PLACE OF BIRTH <b>CEBU CITY</b>
DATE OF BIRTH <b>May 23, 2000</b>	CIVIL STATUS <b>SINGLE</b>
CITIZENSHIP <b>FILIPINO</b>	GENDER <b>MALE</b>
PURPOSE <b>MULTI-PURPOSE CLEARANCE</b>	
REMARKS <b>NO RECORD ON FILE</b>	



SIGNATURE  
*[Signature]*



Date Printed: Wednesday, February 14, 2024 02:33 PM



D245EKXN00-L071002236

*[Signature]*  
ATTY. MEDARDO G. DE LEMOS  
Director

Agency	L07	DATID	pepitof
CASID	pepitof	BIOID	pepitof
O.R. No.	MP4CKBI5EG	RECID	
O.R. Date	02/14/2024 2:24:59 PM	INTID	
DST PAID		PRTID	pepitof



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



37055514

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. <b>D245EKXN00-L071002236</b>	VALID UNTIL <b>February 14, 2025</b>
FAMILY NAME <b>DACLAN</b>	FIRST NAME <b>KEVIN</b>
MIDDLE NAME	HUSBAND'S SURNAME
ADDRESS <b>F PACANA ST SITIO SAN PEDRO TISA CEBU CITY</b>	PLACE OF BIRTH <b>CEBU CITY</b>
DATE OF BIRTH <b>May 23, 2000</b>	CIVIL STATUS <b>SINGLE</b>
CITIZENSHIP <b>FILIPINO</b>	GENDER <b>MALE</b>
PURPOSE <b>MULTI-PURPOSE CLEARANCE</b>	
REMARKS <b>NO RECORD ON FILE</b>	



SIGNATURE  
*[Signature]*



Date Printed: Wednesday, February 14, 2024 02:33 PM



D245EKXN00-L071002236

*[Signature]*  
ATTY. MEDARDO G. DE LEMOS  
Director

Agency	L07	DATID	pepitof
CASID	pepitof	BIOID	pepitof
O.R. No.	MP4CKBI5EG	RECID	
O.R. Date	02/14/2024 2:24:59 PM	INTID	
DST PAID		PRTID	pepitof

**PERSONAL COPY**



# Pag-IBIG FUND

(Home Development Mutual Fund)

Member's Name: Dacan, Lenh -

To our valued member,

You are now registered with Pag-IBIG Fund

Your Tracking No. (RTN) 919093757923

Membership Identification no. (MID) 121246772690

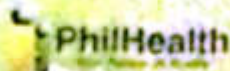
The No. is to used in all your transactions with the Fund . Thank you for your continued support to the Fund.

Very truly yours,

*MS. PORTIA V. BACALSO*  
MS. PORTIA V. BACALSO  
COD, Marketing & Enforcement Div.



REPUBLIC OF THE PHILIPPINES  
Philippine Health Insurance Corporation



**12-025802718-9**

**DACLAN, KEVIN**

MAY 23, 2000 - MALE

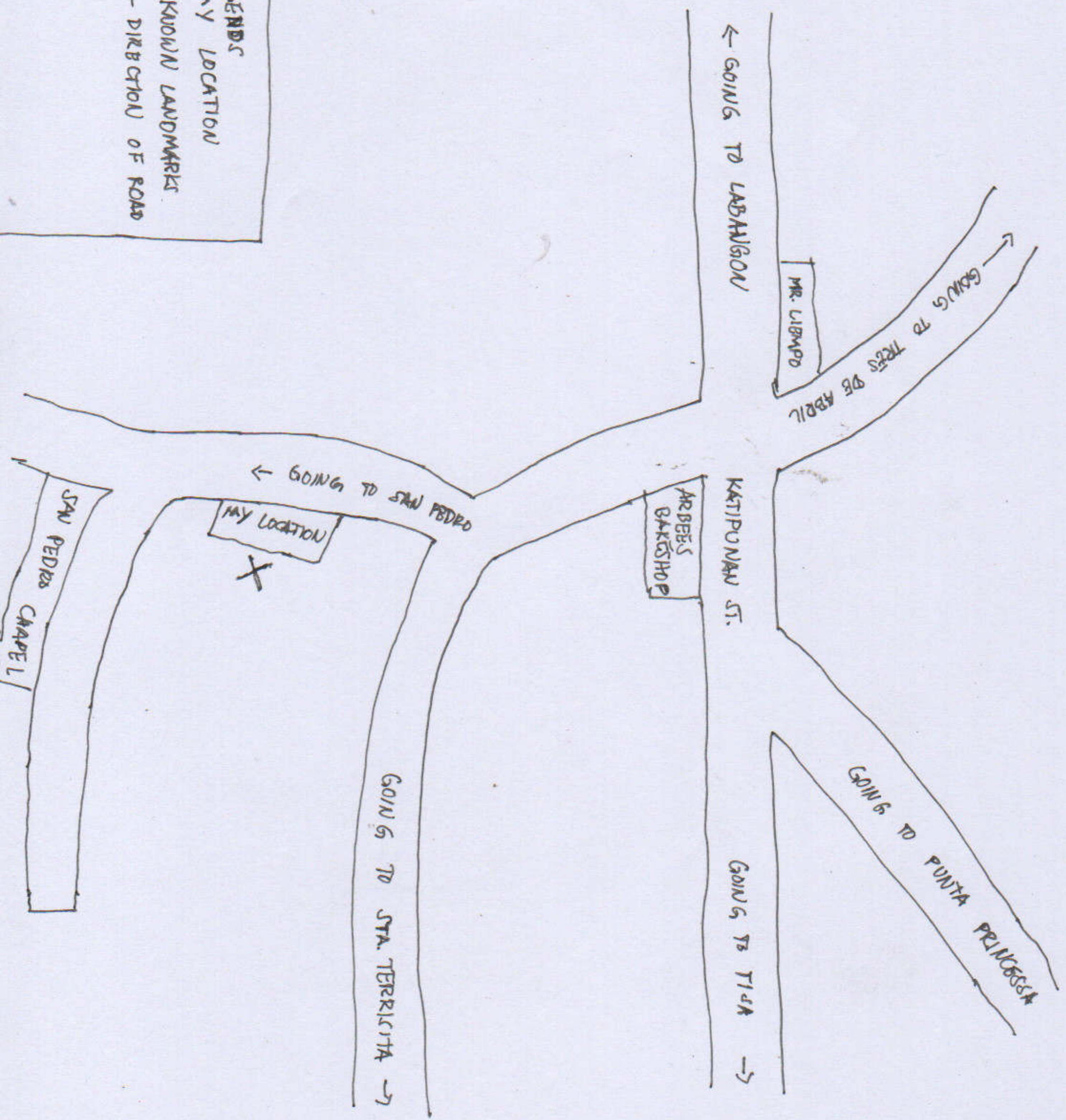
F PACAÑA ST SITIO SAN PEDRO TISA CEBU CITY,  
CEBU - 6000



1 2 0 2 5 8 0 2 7 1 8 9

**INFORMAL ECONOMY**

LEGENDS  
 X - MY LOCATION  
 □ - KNOWN LANDMARKS  
 ← → ↗ ↘ - DIRECTION OF ROAD





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
 PERSONAL RECORD  
 FOR ISSUANCE OF SS NUMBER**

06-42645360

SS NUMBER

GOV. 01214 (09-2015)

**THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.**  
 PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

**PART I - TO BE FILLED OUT BY THE REGISTRANT**

**A. PERSONAL DATA**

NAME: LAST NAME: DAELAN FIRST NAME: KEVIN (MIDDLE NAME): (SUFFIX): DATE OF BIRTH (MMDDYYYY): 05 23 2010

SEX:  Male  Female CIVIL STATUS:  Single  Married  Widowed  Legally Separated  Others TAX IDENTIFICATION NUMBER (IF ANY):

NATIONALITY: FILIPINO RELIGION: ROMAN CATHOLIC PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines): CEBU CITY

HOME ADDRESS (RM FLR UNIT NO & BLDG NAME): (HOUSE/LOT & BLK NO): (STREET NAME): (SUBDIVISION): F. RACANA

BRANCH/DISTRICT LOCALITY: (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY) ZIP CODE: 715A CEBU PHILIPPINES 6000

MOBILE/CELL PHONE NUMBER: 09 23 109 2564 E-MAIL ADDRESS: Kevin daelan co @ gmail. com TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.):

FATHER: (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX): CONTADO ARNEL RODRIGUEZ

MOTHER'S MAIDEN NAME: (LAST NAME) (FIRST NAME) (MIDDLE NAME) (SUFFIX): DAELAN IMELDA MAUTUBIG

**B. DEPENDENT(S)/BENEFICIARY(IES)**  Check this box if using additional sheet.

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.

**C. 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 Profit/Business Started Monthly Earnings: Are you applying for membership in the Flexi-Fund Program?  YES  NO

Monthly Income of Working Spouse (P): I agree with my spouse's membership with SSS.

SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE

**D. CERTIFICATION**

I certify that the information provided in this form are true and correct.  
 (if registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

KEVIN DAELAN  
 PRINTED NAME

[Signature]  
 SIGNATURE

04/03/2019  
 DATE



**PART II - TO BE FILLED OUT BY SSS**

ADDRESS CODE (FOR SE):	WORKING SPOUSE & MSC (FOR NWS):	RECEIVED BY (REPRESENTATIVE OFFICE PARTNER AGENT):	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE):
	<input type="checkbox"/>		JOHN CARLO O. BARTILUIN
MONTHLY CONTRIBUTION (FOR SE/OFW):	APPROVED MSC (FOR SE/OFW/NWS):	SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED CERTIFIED PHOTOCOPIED COPY
<input type="checkbox"/>	<input type="checkbox"/>		APR 02 2019
START OF PAYMENT (FOR SE/OFW):	FLEXI-FUND APPLICATION (FOR OFW):	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE):	SIGNATURE OVER PRINTED NAME DATE & TIME
	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
		SIGNATURE OVER PRINTED NAME	DATE & TIME



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Application for Registration

BIR Form No.  
**1904**  
January 2000 - ENCS

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

742 078 287 000

New TIN to be issued if applicable  
(To be filed up by BIR)

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

1 Taxpayer Type <input type="checkbox"/> One-Time Taxpayer <input type="checkbox"/> E.O. 98	2 Classification <input type="checkbox"/> Individual <input type="checkbox"/> Non-individual	3 Date of Registration (To be filed up by BIR) MM/DD/YYYY
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**Part I Taxpayer Information**

4 TIN (For Taxpayer with existing TIN)	5 RDO Code (To be filed up by BIR)	6 Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
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7 Taxpayer's Name (Last Name, First Name, Middle Name, if individual/Registered Name, if non-individual)  
**DALLAN, KEVIN**

8 Civil Status <input checked="" type="checkbox"/> Single/Widow/Widower/Legally Separated (No dependents) <input type="checkbox"/> Head of the Family <input type="checkbox"/> Single with qualified dependent <input type="checkbox"/> Widow/Widower with qualified dependent <input type="checkbox"/> Legally separated with qualified dependent <input type="checkbox"/> Benefactor of a qualified senior citizen (RA No. 7432) <input type="checkbox"/> Married	9 Spouse Information 9A Spouse Taxpayer Identification Number 9B Spouse Name Last Name First Name Middle Name
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10 Date of Birth Date of Organization (MM/DD/YYYY)	11 Telephone Number	12 Municipality Code (To be filed up by Df)
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13 Local Address (Please indicate complete address) <b>F. PAGAÑA ST. BERIBO SAN PEDRO CHANEL SITIO SAN PEDRO TISA CEBU CITY</b>	14 Zip Code <b>6000</b>
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15 Foreign Address (Please indicate complete address)	16 Zip Code
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17 Contact Person/Accredited Tax Agent (if different from taxpayer)	18 Telephone Number
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19 One-time Transactions (To be filed up by one-time taxpayer only)

<input type="checkbox"/> A Sale, Assignment and/or Disposal of Shares of Stocks	<input type="checkbox"/> B Sale, Assignment and/or Disposal of Real Property(ies) classified as Capital Asset	<input type="checkbox"/> C Sale, Assignment and/or Disposal of Real Property(ies) classified as Ordinary Asset
<input type="checkbox"/> D Donation of Properties	<input type="checkbox"/> E Transfer of Properties by Succession (Death)	<input type="checkbox"/> F Others (Specify)

20 Tax Types (Choose only the tax types that are applicable to you)

	FORM TYPE (To be filed up by the BIR)	ATC (To be filed up by the BIR)
<input type="checkbox"/> Withholding Tax		
<input type="checkbox"/> Capital Gains Tax - Real Property		
<input type="checkbox"/> Capital Gains Tax - Stocks		
<input type="checkbox"/> Documentary Stamp Tax		
<input type="checkbox"/> Donor's Tax		
<input type="checkbox"/> Estate Tax		
<input type="checkbox"/> Miscellaneous Tax (Specify)		
<input checked="" type="checkbox"/> Non-Taxable (under EO 98)		
<input type="checkbox"/> Others (Specify) <b>LTD</b>		

21 Declaration  
I declare, under the penalties of perjury, that this form 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.

**KEVIN DALLAN**  
TAXPAYER/AUTHORIZED AGENT  
(Signature over printed name)

\_\_\_\_\_  
TIN DEPOSITION OF SIGNATORY

Stamp of Receiving Office and Date of Receipt

Attachments complete? (To be filed up by BIR)  
 Yes  No

- ATTACHMENTS: (Photocopy only)**
- For Payor of Capital Gains Tax (Stock, Real Estate):
    - Birth Certificate or any document showing name, address and birth date of taxpayer-applicant
    - Deed of Sale
  - For Payor of Transfer Tax:
    - Donor's Tax:
      - Birth Certificate or any document showing name, address and birth date of the taxpayer (donor)
    - Estate Tax:
      - Death Certificate
  - For Payor of Final Tax on Winnings:
    - Certificate from paying company/person
  - For Vehicle Real estate:
    - Birth Certificate or any document showing name, address and birth date of the applicant
    - Cash Invoice or Official Receipt or Deed of Sale
  - For Other Attachments:
    - Birth Certificate or any document showing name, address and birth date of the applicant

**POSSESSION OF MORE THAN ONE TAXPAYER IDENTIFICATION NUMBER (TIN) IS CRIMINALLY PUNISHABLE PURSUANT TO THE PROVISIONS OF THE NATIONAL INTERNAL REVENUE CODE OF 1997, AS AMENDED.**