



Republic of the Philippines
Department of Justice
National Bureau of Investigation



44119765

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. N163JHIN20-ND4858258	VALID UNTIL December 20, 2025
FAMILY NAME NAPARATE	FIRST NAME HANNAH SHANTAN
MIDDLE NAME	HUSBAND'S SURNAME
ADDRESS PLARIDEL ST BRGY CAMBARO MANDAUE CITY CEBU	PLACE OF BIRTH MANDAUE CITY CEBU
DATE OF BIRTH October 09, 2002	CIVIL STATUS SINGLE
CITIZENSHIP FILIPINO	
PURPOSE MULTI-PURPOSE CLEARANCE	
REMARKS NO RECORD ON FILE	



SIGNATURE
Hannah Shantan Naparate

GENDER
FEMALE



N163JHIN20-ND4858258

[Signature]
JUDGE JAIME B. SANTIAGO (RET.)
Director

Date Printed: Friday, 20 December 2024 04:35 pm
Agency ND4 DATID minguezj
CASID minguezj BIOID minguezj
D.R. No. 3C2N4CLS RECID
O.R. Date 12/20/2024 4:17:02 pm INTID
DST PAID PRTID minguezj



BILL TO : HA: 20/25 [Signature]

Priority No.	0023
SO No.	483917
S.O Date	12/26/2024
Terms	30 Days
Amount Due	P800.00

[000160] IPLOY STAFFING SOLUTIONS
 16th floor, One Montage, Archbishop Reyes Ave, Cebu City, Cebu, Cebu City
 (Capital), Cebu
 09177097074 / 09171575430

PATIENT INFORMATION

PATIENT ID : 113999	GENDER : Female
PATIENT NAME : NAPARATE, HANNAH SHANTAN, -	BIRTHDATE : 10/09/2002
PATIENT ADDRESS : J. ALCANTARA, Sambag I (Pob.), Cebu City (Capital), Cebu	AGE : 22
MOBILE NO. : .	CIVIL STATUS : Single
EMAIL ADDRESS : hannahshantannaparate@gmail.com	SC/PWD ID :
REQUESTING PHYSICIAN :	HMO CARD NO. :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS	PATIENT STATUS : FOR EMPLOYMENT
RESULT DELIVERY : DELIVERY	

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME »PE e, CHEST XRAY, CBC, UA, SE <i>received</i> DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

Bio Done
Rizuku

SUMMARY OF CHARGES	
TOTAL SALES	: 800.00
VARIABLE SALES	: 0.00
V-A-T	: 0.00
SC/PWD DISCOUNT	: 0.00
AMOUNT DUE	: 800.00

PREPARED BY: Juvelyn N. Ursal	ACKNOWLEDGED BY: [Signature] NAPARATE, HANNAH SHANTAN Signature Over Printed Name	VALIDATED BY: [Signature] Over Printed Name
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REPUBLIC OF THE PHILIPPINES
PROVINCE OF CEBU
MUNICIPALITY OF MINGLANILLA
BARANGAY VITO
TEL. NO. 402-0139

OFFICE OF THE PUNONG BARANGAY

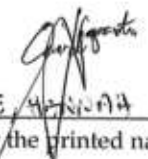
BARANGAY CLEARANCE

To Whom It May Concern:

This is to certify that HANNAH SHANTAN NAPARTE, of legal age, Filipino citizen, single/married/widow/widower, with residence and postal address at Purok Bayabas, Sitio Tagaytay, Barangay Vito, Minglanilla, Cebu, and whose signature and C.T.C. number, appear.

This clearance is issued upon the request of the above-mentioned person in connection with his/her application for EMPLOYMENT purposes.

Done and issued this 8th day of January 2025 at Barangay Vito, Minglanilla, Cebu, Philippines.


HANNAH SHANTAN NAPARTE
Signature over the printed name of the Applicant


HON. BERNARDO B. SELLORIA
Punong Barangay

Res. Certificate No.:
Date Issued: January 8, 2025
Paid under O.R. No.: 7470941
Amount Paid: P80.00

Note: THIS CLEARANCE IS VALID FOR THE PURPOSE STATED HEREIN. ANY MARK, ERASURE OR ALTERATION OF ANY ENTRY INVALIDATES THIS CLEARANCE. NOT VALID WITHOUT OFFICIAL DRY SEAL.



CERTIFICATE OF EMPLOYMENT

This is to certify that Hannah Shantan Naparate was an employee of Foundever Asia, Inc. from April 15, 2024 to October 14, 2024 as Employee.

This certification is issued for whatever legal purpose it may serve, pending completion of employee clearance and release of all claims and accountabilities.

Issued on October 13, 2024.

A handwritten signature in black ink, appearing to read "csdaez".

Cherrlyne S. Daez
HR Shared Services, Sr. Manager

FOUNDEVERCOE102024-1260246

This electronically generated document shall be valid for all intents and purposes under the Rules on Electronic Evidence. It shall have the same force and effect as that of an original document. Any electronic or digital signature appearing on this document shall be admissible in evidence as the functional equivalent of the signature of a person on a written document.

Residencional Sketch





Republika ng Pilipinas
Republic of the Philippines
 Kagawaran ng Edukasyon
 Department of Education

REMIYON VII
 REGION VII

SANGAY NG MANDAUE CITY
 DIVISION OF MANDAUE CITY



MANDAUE CITY COMPREHENSIVE NATIONAL HIGH SCHOOL

Panahunayan nito sa si
 This certifies that

HANNAH SHANTAN NAPARATE

Learner Reference Number (LRN): 122078130071

ay kaniya ayon ng nakatutop na mga kinakailangan sa pagtatapos ng Senior High School
 has satisfactorily completed the requirements for graduation in Senior High School

ACADEMIC TRACK
ACCOUNTANCY, BUSINESS, AND MANAGEMENT STRAND

KATIBAYAN
DIPLOMA

Nilagdaan sa Siyudad ng Mandaue, Cebu, Pilipinas nitong Ika-10 ng Hulyo, 2021.
 Signed in Mandaue City, Cebu, Philippines on the 10th day of July, 2021.

MARILOU E. SABARIBAG
 Pangalawang Puntal
 Deputy Principal

NIMFA D. BONGAO EDD, CESO V
 Pangalawang na Tagapamantala ng mga Papanatilihan
 Schools Division Superintendent



002217-B22ZF0V-4

Municipal Form No. 102
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

if accomplished or quadruplicate using (SAR) 140

Province **CEBU** Registry No. **2022 22289**
City/Municipality **CEBU CITY**

1. NAME (First) (Middle) (Last)
GALADRIEL **NAPARATE**
2. SEX (Male/Female) 3. DATE OF BIRTH (Day) (Month) (Year)
FEMALE **15** **DECEMBER** **2022**
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
SAINT ANTHONY MOTHER & CHILD HOSPITAL, BASAK SAN NICOLAS, CEBU CITY, CEBU
5a. TYPE OF BIRTH (Single/Twin/Triplet, etc.) 5b. IF MULTIPLE BIRTH CHILD WAS (First/Second/Third, etc.) 5c. BIRTH ORDER (First child with last name of mother or with father's name) (First/Second/Third, etc.) 5d. WEIGHT AT BIRTH (Pounds) (Grams)
SINGLE **N.A.** **FIRST** **2500** grams

7. MOTHER'S NAME (First) (Middle) (Last)
HANNAH SHANTAN **NAPARATE**
8. CITIZENSHIP 9. RELIGION/RELIGIOUS SECT
FILIPINO **BORN AGAIN**
10a. Total number of children born alive 10b. No. of children still living including this birth 10c. No. of children born alive but are now dead 10. OCCUPATION 11. AGE at the time of the last completion year
1 **1** **0** **NONE** **20**
12. RESIDENCE (House No. or Barangay) (City/Municipality) (Province) (Country)
PURUK BAYAS, TAGAYTAY, VITO **MINGLANILLA** **CEBU** **PHILIPPINES**

14. NAME (First) (Middle) (Last)
UNKNOWN
15. CITIZENSHIP 16. RELIGION/RELIGIOUS SECT 17. OCCUPATION 18. AGE at the time of the last completion year
N.A. **N.A.** **N.A.** **N.A.**
19. RESIDENCE (House No. or Barangay) (City/Municipality) (Province) (Country)
N.A. **N.A.** **N.A.**

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Single Status/Declaration of Single Status of Parents at the back.)
20a. DATE (Month) (Day) (Year) 20b. PLACE (City/Municipality) (Province) (Country)
NOT APPLICABLE **NOT APPLICABLE**

21. ATTENDANT
 1. Physician 2. Nurse 3. Midwife 4. Other (Traditional Birth Attendant) 5. Others (Specify)

22. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)
I hereby certify that I attended the birth of the child who was born alive at **08:50 A.M.** on the date of birth specified above.

Signature: *[Signature]* Address: **SANCHO - BASAK, SAN NICOLAS**
Name in Print: **DR. BENJAMIN JR. B. BALADRO** **CEBU CITY, CEBU**
Title or Position: **Medical Officer III** Date: **DECEMBER 15, 2022**

23. CERTIFICATION OF INFORMANT (I hereby certify that all information supplied are true and correct to my own knowledge and belief)
Signature: *[Signature]* 23. PREPARED BY
Name in Print: **HANNAH SHANTAN NAPARATE** Signature: *[Signature]*
Relationship to the Child: **Mother** Name in Print: **JUVY MAE O. AUGUSTO**
Address: **Purok Bayas, Tagaytay, Vito, Minglanilla, Cebu** Title or Position: **Nurse II**
Date: **December 15, 2022** Date: **December 15, 2022**

24. RECEIVED BY
Signature: *[Signature]* 25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Name in Print: **LUZ H. B. CUGAY** Signature: *[Signature]*
Title or Position: **Administrative Aide III** Name in Print: **PHILIPP A. MEGABON**
Date: **DEC 23 2022** Title or Position: **REGISTRATION OFFICER IV**
Date: **DEC 23 2022**

REMARKS/ANNOTATIONS (For LCRO/DCRG Use Only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
8 9 10 11 12 13 14 15 16 17 18 19