REQUIREMENTS

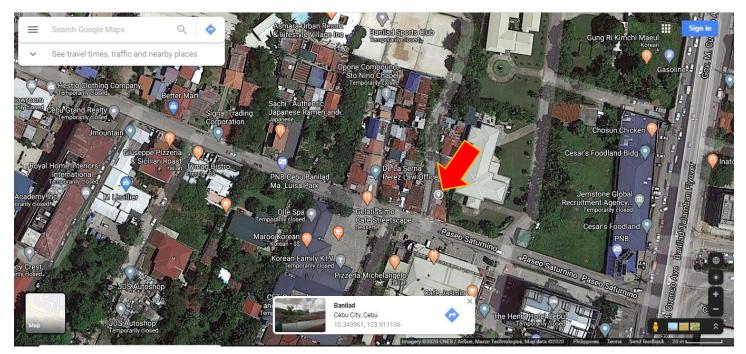
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-	Page 1 of 1, 1 Copy
(5 AT Addieps, Form Ho. 102 (To, be attomptisted in quedruplicate) (Pavined, Spruary 1903)	Copy for OCRG REMARKS/ANNOTATION
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH	
Place X before the appropriate answer in terms 2, 5e, 5b and 19ks.)	-
City/Municipality CEBU CITY Registry 06770	
CRY/Municipelity CEBU CITY (Lent)	For OURG LISE DREISLIC
ANGELA JANE CUBCUBAN	Population Bellinania Ila.
2. SEX3. DATE OF BIRTH (day) (menth) (year) 1 Mais _X 2 Female 20 MA.RCH 1999	TOTHE FALLED UP AT INC.
C 4. PLACE OF (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) H BIRTH House No., Street, Barangey)	4
I CEBU CITY MEDICAL CENTER, CEBU CITY, CEBU L Sa. TYPE OF SIRTH b IF-MULTIPLE BIRTH, CHILD WAS	निवागगताताताता
D X 1 Single 2 Twin 3 Chera, Specify	
c. BIRTH ORDER (live births and fetal deaths including this dailwary) d. WEIGHT AT BIRTH	
	467-1- (80
6. MAIDEN (Fing) (Last) NAME VERONICA MARAAGGA CUBOUBAN	2000131919
7. CITIZENSHIP	The second se
O 9a. Total number of b. the of children still C. No. of children	212111718
H alive: this birth: are now dead:	Star Sea
E 10. OCCUPATION 11. Age at the time of this birth: 34 years	There are a
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) SATURNINO ST., WANILAD, CEBU CITY, CEBU	
F 13. NAME (First) - (Middle) (Last) UNIXNOWA	A THE PARTY OF THE AREA
T 14. CITIZENSHIP N.A 15. RELIGION N.A.	
H E 16. OCCUPATION	
18 DATE AND PLACE OF MARRIAGE OF PARENTS of not married, accomposite Articlast of	- ACHAR AL
Acknowledgment/Admission of Peternity at the back.)	
199. ATTENDANT X_1 Physician 2 Nurse 3 Midwife	रिषिष्ट डार्म
A Hilot (Traditional Movime) 5 Others (Specify)	attendere a
It hereby cently that I strended the birth of the child who was born after at 3138 erdock ann/out on the date stated showe.	2 21 21 7 1 21 2
Signature	
This of Position HaDa Date MARCH 20, 1999 20. INFORMANT	
SUMMER CATCA CUBCURAN ADMIN SATURAIAO ST., BLAZ	Barran Prince 19
Perturbanahip to the croid And a state and	- sales as a state and
21. PREPARED BY 22. RECEIVED AT THE OFFICE OF THE CIVIL, REGISTRAR	TO NU
SIGNATO ELATAS S. THARES ADDRES ADDRES C. DENAPU	· reflos 1/4
Name market 20, 1999 The Produce APR U 5 100	
06815-D2-400ALA-00604-BI001 BRety 02217-A995107 6	2: a 1 Assesses
- WAGE	Lisa Brace & Persales LISA GRACE S. BERSALES, Ph.D.
BEST POSSIBLE IMAGE BEST POSSIBLE IMAGE UIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	In Control of Civil Registrar General Philippine Statistics Authority
5tamp Tax Paid	PROPERTY OF THE PROPERTY OF TH

1X1 PICTURE

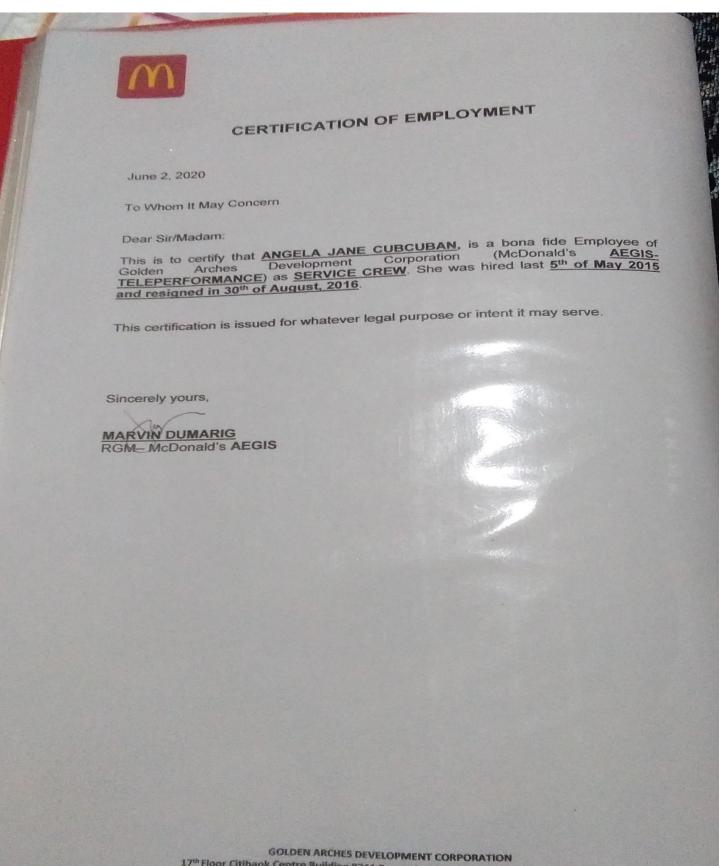


SKETCH OF THE RESIDENCE





COE

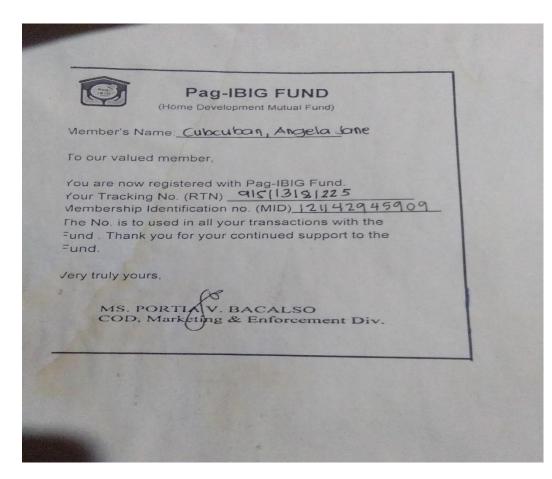


17th Floor Citibank Control Milding 2020 Passed of Royas Makati (jty, Metro, Manila 17th Floor Citibank Control Milding 2020 Passed of Royas Makati (jty, Metro, Manila 17th Floor Citibank South 2020 Passed of Royas Makati (jty, Metro, Manila 17th Floor Citibank South 2020 Passed of Royas Makati (jty, Metro, Manila 17th Floor Citibank South 2020 Passed of Royas Makati (jty, Metro, Manila 17th Floor Citibank South 2020 Passed of Royas Makati (jty, Metro, Manila 17th Floor Citibank South 2020 Passed of Royas Makati (jty, Metro, Manila 17th Floor Citibank South 2020 Passed of Royas Makati (jty, Metro, Manila 17th Floor Citibank South 2020 Passed of Royas Makati (jty, Metro, Manila

SSS

	Republic of th							f	(† P 🔚
	SOCIAL SEC		STOTEM						
Velcor	ne to My.SSS, ANGELA JANE	CUBCI	JBANI						
								Your password will expi	re on Nov 30, 2
		IOME	MEMBER INFO	INQUIRY	E-SERVICES	DAVAJENT DEEED	INCE NUMBER (PRN)	LOGOUT	
			HERIOCK INFO		Countous		NOL NORDEN (Print)	200001	
	Member Details								1
	C.R.N.		11-6430289-2						
	SS Number		-3671660-3		Dat	e of Birth	03-20-199	0	
	Member Name		BCUBAN, ANGEL	A JANE ?		e of Coverage	05-2015	-	
	-								-
	Address & Contact	Inform	nation						
	Local Home Address :								
	Local Mailing Address :			PA	SEO SATURNIN	O ST., MA. LUISA	RD. BANILAD CEBU	CITY (CAPITAL) CEBU 6	5000
	Landline :								
	Mobile :			09	222867387				
	Email Address :			50	congangela28@	gmail.com			
	Foreign Home Address :								
	Foreign Mailing Address	:							
	Sex:			F					
	Reporting Date:			06	-08-1915				
	Reporting ID:			03	-8723417-5				
	Latest ER ID:								
	Latest ER Name:			G	DLDEN ARCHES	DEVELOPMENT C	ORP		
	Claim Flag Status:			NC	CLAIM				
	SS Number Status:			SS	NUMBER ACTI	VE			
	Transferred to (New SS	Numbe	r):						
	Coverage Status:			CC	VERED EMPLOY	'EE			
	Change in Coverage Sta	tus:		NO	STATUS CHAN	GE			
	Date of Loan Disqualific	ation:							
	SS Number Withdrawal	Reason	:						Тор
	Record Location:			QU	JEZON CITY				

PAG-IBIG



PHILHEALTH

		10N 6000 81 (032) 233 7871		MDR
MEMBER INFORMATION	MEMBER	DATA RECORD		
PhilHealth Identification Number (PIN) Member Category Sub-Category	120514176154 FORMAL ECONOM PRIVATE	IY NHTS	Coverage	
	FRIVATE	Effectiv	vity Period	
CUBCUBAN, ANGELA JANE - PASEO SATURNINO ST MA LUISA ROAD, BANILAD, CEBU CITY, CEBU 6000				
Foreign Address N/A		Sex Date of Birth Place of Birth	Female 03/20/1999 CEBU CITY, CEBU	
Contact No. (Foreign) N/A (Local) 0923 4538166		Civil Status Tax Identification Number	SINGLE	
Business Address Telephone Number 8 Tax Identification Number 0	30LDEN ARCHES DE 17F CITIBANK CTR PASI 3154708 200121242118	EVELOPMENT CORPORAT EO DE ROXAS, MAKATI CITY	ION FOURTH DIST	
PIN Surname	Given Name	Middle Name	Sex Relatio	n Date of Birth
		WILL	IAM O. CHAVEZ	

TIN #-323663451