

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

(a) Civil Registrar-General No.

(b) Local Civil Registrar No. 612 (969)

Province: _____

City or Municipality: Manila

1. PLACE OF BIRTH

a. PROVINCE

b. CITY OR MUNICIPALITY

Manila

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ST. ANNE'S HOSPITAL

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?

Yes No

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE

Rizal

b. CITY OR MUNICIPALITY

Makati

c. NUMBER AND STREET

4096 Gen. Mascardo, Makati Rizal

d. IS RESIDENCE INSIDE CITY LIMITS?

Yes No

e. IS RESIDENCE ON A FARM?

Yes No

3. NAME (Type or print)

First

LIDALIZA

Middle

FISALBON

Last

ESPARCIA

4. Sex

5a. THIS BIRTH

Female SINGLE TWIN TRIPLET

5b. IF TWIN OR TRIPLET, WAS CHILD

1st 2nd 3rd

6. DATE OF BIRTH

Month July Day 11 Year 1969

7. NAME

First

David

Middle

Teves

Last

Esparcia

8. RELIGION

Catholic

9. NATIONALITY

Filipino

10a. RACE

Brown

9. Age (At time of this birth)
Years 33

10. BIRTHPLACE

Tangbo, Samboan, Cebu

11a. USUAL OCCUPATION

Employee (Firestone)

11b. KIND OF BUSINESS OR INDUSTRY

12. MOTHER'S NAME

First

Elizabeth R.

Middle

Fisalbon

Last

12a. RELIGION

Catholic

12b. NATIONALITY

Filipino

12c. RACE

Brown

13. Age (At time of this birth)
Years 33

14. BIRTHPLACE

Samboan, Cebu

15. PARTURITION DELIVERIES TO MOTHER

(Do not include this birth) 8

c. How many children are now living? 7

d. How many other children were born alive but are now dead? 1

e. How many fetal deaths (abuses born dead any time after conception)? 0

16. INFORMANT'S SIGNATURE: DAVID ESPARCIA

a. NAME IN PRINT:

David Esparcia

b. ADDRESS

17. Mother's Usual Address: (Number, Street, City or Municipality, Province)

4096 Gen. Mascardo, Makati Rizal

ATTENDANT AT BIRTH

I hereby certify that I attended the birth of this child who was born at 5:21 o'clock P. M. on the date specified.

Signature: NOEMI TBSTA, M.D.

a. NAME IN PRINT:

NOEMI TBSTA, M.D.

b. ADDRESS:

2309 del Pan, Sta. Ana, Ala.

18. WITNESSES IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURES:

b. NAME IN PRINT:

c. TITLE OR POSITION:

d. DATE:

19. DATE SIGNED BY ATTENDANT AT BIRTH: 7-22-69

20. TITLE OF ATTENDANT AT BIRTH:

M.D.

MIDWIFE

NURSE

OTHER (Specify)

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

22. LENGTH OF PREGNANCY

38 Completed Weeks

23. WEIGHT AT BIRTH

7 Lbs.

24. Date and Time of Birth (at or nearest) (City or Municipality)

January 3, 1959

(City) Samboan (Province) Cebu

25. SIGNATURE OF CIVIL REGISTRAR

Signature: LEONIL G. PENA

Name in Print:

Clerk

Title or Position:

Date: July 22, 1969



foran

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR
MUNTINLUPA, METRO MANILA (4th District)

October 17, 1997

TO WHOM IT MAY CONCERN:

We certify that, among others, the following facts of birth appear in our Register of Births on page 0068 of book number 067:

Registry number	: 97-6800
Date of Registration	: October 13, 1997
Population Reference No.	: 7603-A97V710-5
Name of child	: KHEYZIA MICHOLE E. BAUTISTA
Sex	: Female
Date of birth	: October 07, 1997
Place of birth	: MUNTINLUPA, METRO MANILA (4th District)
Name of mother	: LIDA LIZA F. ESPARCIA
Citizenship of mother	: FILIPINO
Name of Father	: FRANCISCO L. BAUTISTA
Citizenship of father	: FILIPINO
Date of marriage of parents	: February 25, 1995
Place of marriage of parents:	MUNTINLUPA, METRO MANILA (4th District)

This certification is issued to MR. & MRS. BAUTISTA upon his/her request.

Verified by:

E. B. Muñoz

ELMO B. MUÑOZ
REGISTRY OFFICER III

W. Delphin
WILHELMINA N. DELFIN
REGISTRY OFFICER IV

Amount paid : 10.00
O.R. Number :
Date Paid : 17th October 1997

Note: A mark, erasure or alteration of any entry invalidates this certification.



(Copy for OCRG)

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.)

Province <u>CEBU</u>		Registry No. <u>2084244</u>
City/Municipality <u>SAMBOAN</u>		
1. NAME (First) (Middle) (Last) <u>YVES ZYAMNZE</u> <u>ESPARCIA</u>		
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>17</u> <u>SEP.</u> <u>2004</u>
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay <u>POBLACION</u> <u>SAMBOAN</u> <u>CEBU</u>		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		5b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>4TH.</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3459</u> grams
6. MAIDEN NAME (First) (Middle) (Last) <u>LIDALIZA</u> <u>YSALBON</u> <u>ESPARCIA</u>		
7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>R.C.</u>
9a. Total number of children born alive: <u>04</u>		9b. No. of children still living including this birth: _____
		9c. No. of children born alive but are now dead: <u>00</u>
10. OCCUPATION <u>HOUSEKEEPER</u>		11. Age at the time of this birth: <u>32</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>POBLACION</u> <u>SAMBOAN</u> <u>CEBU</u>		
13. NAME (First) (Middle) (Last) <u>N/A</u> <u>N/A</u> <u>N/A</u>		
14. CITIZENSHIP <u>N/A</u>		15. RELIGION <u>N/A</u>
16. OCCUPATION <u>N/A</u>		17. 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 <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input checked="" type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____		
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>7:40 P.M.</u> o'clock am/pm on the date stated above. Signature <u>JACARITA L. TOGAO</u> Address <u>POBLACION, SAMBOAN, CEBU</u> Name in Print _____ Date <u>09-23-2004</u> Title or Position <u>REM</u>		
20. INFORMANT Signature _____ Address <u>POBLACION, SAMBOAN, CEBU</u> Name in Print <u>LIDALIZA F. YSALBON</u> Relationship to the child <u>MOTHER</u> Date <u>09-23-2004</u>		
21. PREPARED BY Signature _____ Name in Print <u>JACARITA L. TOGAO</u> Title or Position <u>REM</u> Date <u>09-23-2004</u>		
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ZORILLO B. SINGAL</u> Title or Position <u>MCR</u> Date <u>09-23-2004</u>		

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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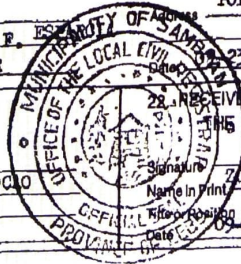
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04307-FE-400ADT-00325-BI002
BEST POSSIBLE IMAGE

BReN
02240-B04SH01-9

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



T400043074000032510172011002
GH800278538

Documentary
Stamp Tax Paid



Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

FOR POSTING (put out completely, accurately and legibly. Use ink or typewriter. Do not use correction fluid. Place X below the appropriate answer in items 2, 5a, 5b and 19a.)

REMARKS/REMARKS
OCT 13 1997
MURTI LUYA, METRO MANILA

Province Metropolitan Manila City/Municipality City of Marikina Registry No. 97-6800

FOR OCR USE ONLY:
Population Reference No. 7603-A97V710-5

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

1. NAME Raylene Mabele (First) Reynolds (Middle) Bautista (Last)

2. SEX Female 3. DATE OF BIRTH (day) (month) (year)
7 October 1997

4. PLACE OF BIRTH (Name of Hospital, Clinic, Institution, etc.) (City/Municipality) (Province)
Marikina Lungsod Center Marikina Met

5a. TYPE OF BIRTH Single b. IF MULTIPLE BIRTH, CHILD WAS 1st
1 Single 3 Twin 2 Other, Specify 3 Others, Specify 3

c. BIRTH ORDER (Give births and fetal deaths including this delivery)
1st (First, second, third, etc.) 3.8 Kg (grams)

6. MAIDEN NAME Mabele (Middle) Bautista (Last)

7. CITIZENSHIP GENERAL OFFICE OF THE CIVIL REGISTRAR GENERAL Philippine 8. RELIGION Ruby

9a. Total number of children still born alive but are now dead: 0
9b. Total number of children born alive: 1

10. OCCUPATION Employee 11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
10 Cervantes Com. 1 Div. 1 Marikina City Marikina Met

13. NAME (First) (Middle) (Last)
Raylene M Bautista

14. CITIZENSHIP Philippine 15. RELIGION Ruby

16. OCCUPATION Employee 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.)
February 25, 1995 San Roque Church Alabang Munt. City

19a. ATTENDANT Physician 3 Nurse, 3 Midwife
1 Physician 3 Others (Specify)

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 6:25 a.m. o'clock and/poor on the date stated above.)

20. INFORMANT
Signature Dr. Estelle Reyes Address Murtinlupa Lungsod Center
Name in Print Med. Officer VI Date 10-7-97
Title or Position

Signature W. Helwin N. Debes
Name in Print REGISTRAR GENERAL
Title or Position 10-7-97 Date

21. PREPARED BY W. Helwin N. Debes 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature W. Helwin N. Debes Date 10-7-97

Signature W. Helwin N. Debes Date 10-7-97

Name in Print W. Helwin N. Debes Title or Position REGISTRAR GENERAL

Date 10-7-97



8F/9F/10F TGU Tower

Jose Maria Del Mar Avenue

Cebu IT Park, Lahug

Cebu City, Philippines 6000

March 9, 2018

CERTIFICATE OF EMPLOYMENT

This is to certify that **Ms. Lidaliza E. Bautista** is an employee of Convergys Philippines Inc., an affiliate of Convergys Corporation, the global leader in outsourced customer care.

Ms. Bautista was hired on December 05, 2007 and is currently holding the position of Customer Support Associate I. She is receiving an annual gross compensation of PESOS: Two Hundred Fifty Three Thousand Five Hundred Ninety Two and Eighty Two Centavos (Php 253,592.82) and other monthly allowances listed below.

- Transportation Allowance = 1,500.00
- Meal Allowance = 1,000.00
- Rice Allowance = 1,000.00

This certification is being issued upon the request of Ms. Bautista for Personal loan application.


Finzy Reika Sacay
HR Generalist

Note: The payroll frequency is bi-weekly and the formula to derive the bi-weekly rate is as follows: (monthly rate x 12 months) / 261

You may email HROperationsCPSITGU@convergys.com for employment verification purposes.



CERTIFICATION

TO WHOM IT MAY CONCERN:

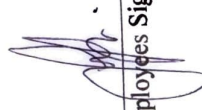
This is to certify that **LIDALIZ F. ESPARCIA** is an employee of **Sprint International, Inc.**, since **MARCH 16, 1996 up to July 10, 2000**, holding as a **Secretary/Data Analyst**.

This certification is being issued upon the request of the said employee for application purpose only.

Given this **August, 2000** at **Muntinlupa City, Philippines**.

SPRINT INTERNATIONAL, INC.,


JAIME C. LUBIANO
Personnel Manager



Employee's Signature



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **190511268390** NHTS Coverage :
 Member Category : FORMAL ECONOMY Effectivity Period :
 Sub-Category : PRIVATE

BAUTISTA, LIDALIZA ESPARCIA

174 ESCALTAN ZN POBLACION, BASAK,
 SAMBOAN, CEBU 6027

Foreign Address : N/A Sex : Female
 Date of Birth : 07/11/1969
 Place of Birth : MANILA
 Civil Status : MARRIED
 Tax Identification Number : NE

Contact No. (Foreign) : N/A
 (Local) : NE

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 230474000900
 Name of Employer/Organized Group : CONVERGYS PHILIPPINES INC
 Business Address : 8F SLC BLDG 6797 AYALA AVE, BEL-AIR, MAKATI CITY, FOURTH DIST.

Telephone Number : 91655670
 Tax Identification Number : 205366921000

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
122528466727	BAUSTITA	KHEYZIA MICHOLE	E	Female	Daughter	10/7/1997
122528466735	BUATISTA	ELIZAETH	E	Female	Daughter	11/8/2000
122528466743	ESPARCIA	KIETH ZIAMYNE	F	Male	Son	9/17/2004

*** NOTHING FOLLOWS ***

WILLIAM O. CHAVEZ
 Regional Vice President
 PRO - VII Cebu City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makinabang ng benepisyo, magbigay ng kopya sa ~~ospital~~ **ospital**. 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.

6/27/2018 10:06:36 AM 20416504

/ 30150109 / 5/4/2001

2/27/2018



C E R T I F I C A T I O N

March 25, 1992


This certifies that **Ms. Lidaliza F. Esparcia** satisfactorily completed the **COMPUTER LITERACY PROGRAM, COBOL PROGRAMMING PROFICIENCY** and **DBASE PROGRAMMING PROFICIENCY** here at **Systems Technology Institute (Alabang)**.

Her grades are as follows:

COMPUTER LITERACY PROGRAM	85 %
COBOL PROGRAMMING PROFICIENCY	80 %
DBASE PROGRAMMING PROFICIENCY	85.68 %
DBASE FUNDAMENTALS	88 %
DBASE PROGRAMMING	86 %
ADVANCED DBASE PROGRAMMING	84 %

This certification is issued upon the request of

Ms. Esparcia for whatever legal purpose it may serve.



MARILYN A. ESTOESTA
TC REGISTRAR
STI-ALABANG



HYATT TAXI SERVICES INCORPORATED

TOYOTA ALABANG BUILDING, ZAPOTE ROAD COR. CONCHA CRUZ DRIVE,
LAS PINAS, METRO MANILA TEL. NO. 802-1991; 801-2656 FAX NO. 802-01-43


October 19, 1995

C E R T I F I C A T I O N

TO WHOM IT MAY CONCERN:

This is to certify that MISS LIDALIZA F. ESPARCIA has been employed with this Company as Encoder from February 11, 1995 up to August 11, 1995.

This certification is being issued to Miss Esparcia for whatever legal purpose it may serve her best.


A. VERONICA G. LIBIRAN
Accounting Manager



PHILIPPINE CHRISTIAN UNIVERSITY
MANILA, PHILIPPINES

OFFICE OF THE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

Name ESPARCIA, LIDALIZA F. Date April 30 19 93
 Date of Admission 1st Semester, 1989-90 Address 70 CARMINA CPD. CUPANG MUNTINLUPA C
 Entrance Data Form 137-A Date of Honorable Dismissal Metro Manila
 Degree Earned BACHELOR OF SCIENCE IN COMPUTER SCIENCE (BSCS) NCEE Score: 84%
 Date of Graduation March 21, 1993 S. O. Major -X-
1-32:0723 s. 1993
Dated April 7, 1993

SESSION	COURSE NUMBER	DESCRIPTION TITLE	GRADES		CRF-DITS
			FINAL	RE-EXAM.	
1st Sem. 1989-90	CS-	PHILIPPINE CHRISTIAN UNIVERSITY			
	H-	Intro to Computer Science	3.00		3
	M-	Philippine History and Culture	2.50		3
	Phil-	College Algebra	2.00		3
	Pay-	Philosophy and Ethics	2.25		3
	Eng-	General Psychology	2.00		3
	PE-	Communication Skills I	1.75		3
	Eng-	Physical Education	(3.00)		3
	M-	Communication Skills II	1.75		1
	NS-	Trigonometry	2.75		3
2nd Sem. 1989-90	Soc-	General Sociology w/ Family Planning	1.75		3
	CS-	Fundamentals of Programming	3.00		3
	Phil-	Christian Ethics	2.25		3
	PS-	Phil. Gov't w/ New Constitution	1.75		3
	PE-	Physical Education	1.75		2
	NS-	Chemistry I	2.00		3
	Eco-	Principles of Economics w/ LRT	2.00		3
	PE-	Physical Education	1.50		2
	CS-	File Organization and Process	2.00		3
	NS-	Physics I	2.50		3
1st Sem. 1990-91	Stat-	Probability and Statistics	2.25		3
	CS-	Data Structures	2.50		3
	Eng-	Technical Writing	2.00		3
	PE-	Physical Education	2.00		3
	M-	Math Analysis I	3.00		3
	Eng-	Intro to Literature	2.25		3
	NS-	Chemistry II	1.75		3
	M-	Symbolic Logic	2.00		3
	CS-	Structure of Programming Language	1.75		3
	H-	Rizal's Life and Works	2.00		3
2nd Sem. 1990-91	Eng-	Speech and Oral Communication	2.75		3
	CS-	Logic Design and Switching	2.75		3
	M-	Math Analysis II	1.50		3
	CS-	Filipino I	2.50		3
	Eng-	System Analysis & Design	2.25		3
	NGT-	Principles of Management	2.25		3
	Soc-	Contemporary National Development w/ FP	1.50		3
	CS-	Computer System Architecture	2.50		3

NOTE: One unit of credit is one hour lecture or recitation each week for a period of a complete semester.
 NOTE: Any erasure or alteration on this record invalidates the whole transcript.

GRADING SYSTEM

1.00 = 99 - 100	2.25 = 84 - 80
1.25 = 96 - 98	2.50 = 81 - 83
1.50 = 93 - 95	2.75 = 78 - 80
1.75 = 90 - 92	3.00 = 75 - 77
2.00 = 87 - 89	4.00 = 70 - 74 (conditional)
	5.00 = 69 and below (failure)

NOT VALID

WITHOUT SEAL

[Signature]
F. P. DE GUZMAN

REGISTRAR

Prepared by: *[Signature]*
D. C. Tacabay

Checked by: *[Signature]*



PHILIPPINE CHRISTIAN UNIVERSITY
MANILA, PHILIPPINES

OFFICE OF THE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

Name

ESPARCIA, LIDALIZA F.

Page 2

(continuation)

SESSION	COURSE NUMBER	D E S C R I P T I V E T I T L E	GRADES		CREDITS	
			FINAL	RE-EXAM.		
2nd Sem. 1991-92	M-Phil-	Discrete Math	2.50		3	
	Phil-	Intro to Bible	2.00		3	
	Fil-	Filipino II	1.25		3	
	Hgt-	Personnel Management	1.50		3	
	M-	Math Analysis III	3.00		3	
	CS-	Computer Graphics	2.50		3	
	CS-	Advanced Special Topics	3.00		3	
	CS-	Software Engineering	1.75		3	
	CS-	Operations Research	1.25		3	
	CS-	Management Info System	1.75		3	
1st Sem. 1992-93	CS-	Financial System	2.50		3	
	NS-	Physics II	2.75		5	
	CS-	Database Management System	2.00		3	
	CS-	Artificial Intelligence	2.75		3	
	CS-	Interfacing and Communication	1.50		3	
	CS-	Computer Operating System	2.00		3	
	CS-	Partnership & Corporation	2.00		3	
	Law-	ENTRY BELOW THIS LINE NOT VALID	2.00		3	
	2nd Sem. 1992-93					

CREDITS : One unit of credit is one hour lecture or recitation each week for a period of a complete semester.
 NOTE : Any erasure or alteration on this record invalidates the whole transcript.

GRADING SYSTEM

NOT VALID	1.00 = 99 - 100	2.25 = 84 - 86
	1.25 = 96 - 98	2.50 = 81 - 83
	1.50 = 93 - 95	2.75 = 78 - 80
	1.75 = 90 - 92	3.00 = 75 - 77
WITHOUT SEAL	2.00 = 87 - 89	4.00 = 70 - 74 (conditional)
		5.00 = 69 and below (failure)

F. L. De Guzman
F. L. DE GUZMAN
 REGISTRAR

Prepared by: *D. E. Tacaloy* Checked by: *Geal*

REPUBLIC OF THE PHILIPPINES
Unified Multi-Purpose ID

CRN-01111-2513501-1

SURNAME
BAUTISTA

GIVEN NAME
LIDALIZA

MIDDLE NAME
ESPARCIA

SEX F **DATE OF BIRTH** 1969/07/11

ADDRESS
174 ESCALTAM ZONE POBLACION
SAMBOAN CEBU PHL 6027





REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

BAUTISTA, LIDALIZA ESPARCIA

TIN: 152-760-028 000

Syby apt., 1st St., La Guardia
Lahug, Cebu City 6000

BIRTH DATE: 07/11/1969
ISSUE DATE: 07/14/2011

Lidaliza
SIGNATURE




Pag-IBIG
LOYALTY CARD

LIDALIZA E. BAUTISTA
MID No. 1010-0132-1770

2*35017*1500*10731*00*3108*18*195






PhilHealth
Your Partner in Health

19-051126839-0
PhilHealth Number

BAUTISTA, LIDALIZA ESPARCIA

Name *Lidaliza*
Signature *Lidaliza*




- Present this card when availing of discounts or rewards.
- Use of this card is governed by Terms and Conditions embodied under Pag-IBIG Fund's agreements with its partner establishments and in the Pag-IBIG Loyalty Card Agreement. This card is non-transferable.
- If found, please return to any Pag-IBIG Fund branch.
- For inquiries, please visit your nearest Pag-IBIG Fund branch or call (02) 724-4244 (standard rates apply).

www.pagibigfund.gov.ph



IMPORTANT

1. The number on this card is your permanent PhilHealth Number
2. Use the name and PhilHealth Number as indicated in this card in all your transactions with PhilHealth.
3. In case of loss of this card, Please notify PhilHealth and apply for a replacement. Do not apply for a new number.

- This card bears your permanent Taxpayer Identification Number (TIN). Always indicate your TIN on all returns / documents filed with the BIR.
- Report immediately to your Revenue District Officer, the loss of this card and change of name or address.
- Any person who secures and / or uses more than one TIN shall be criminally liable and shall be punishable by fine and imprisonment