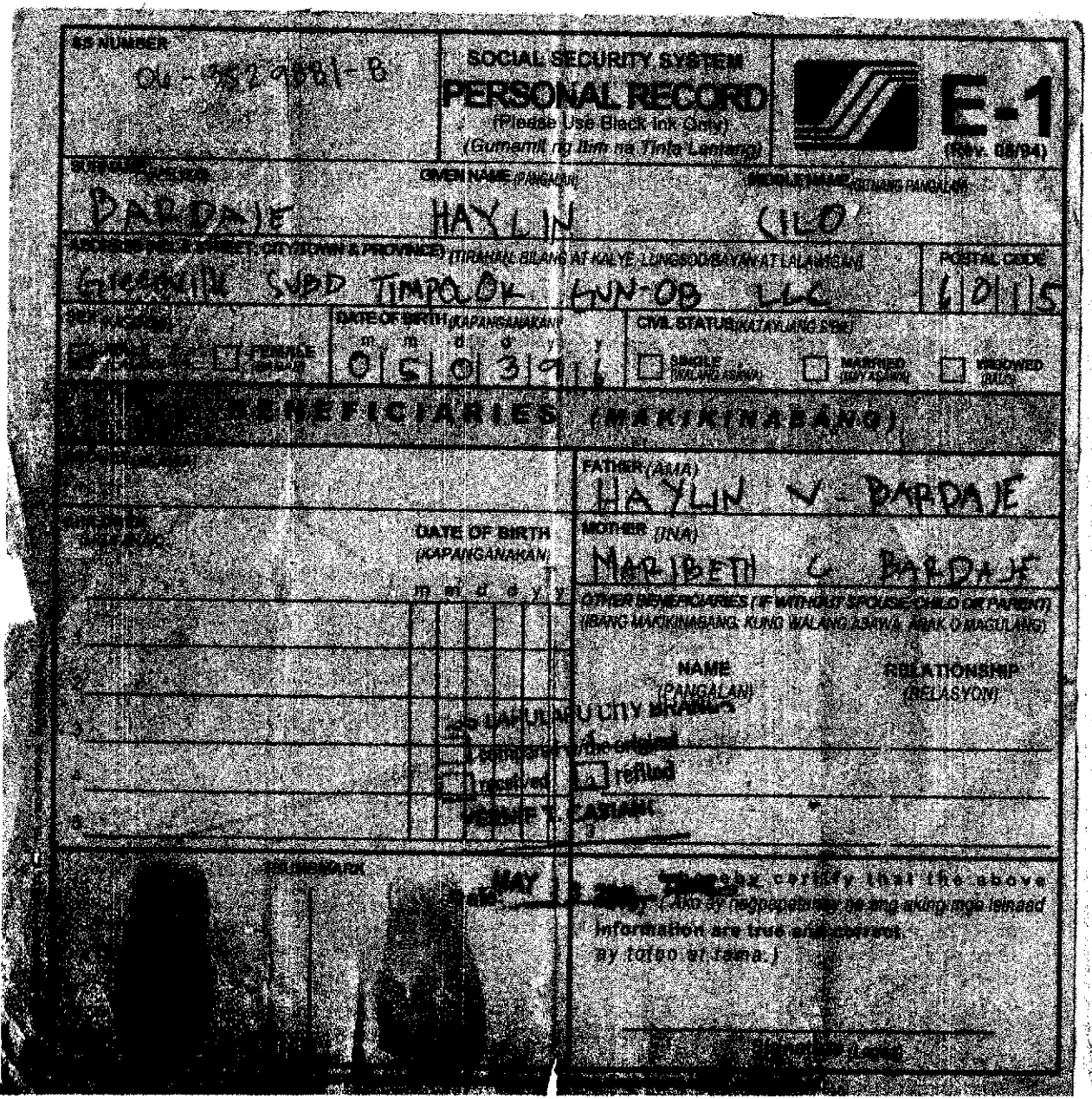

SS NUMBER: 04-3529881-8

SOCIAL SECURITY SYSTEM
PERSONAL RECORD
(Please Use Black Ink Only)
(Gumamit ng Itim na Tinta Lamang)

E-1 (Rev. 08/94)

SURNAME (APELYIDO): BARDAJE
GIVEN NAME (PANGALAN): HAYLIN
MIDDLE NAME (GITNANG PANGALAN): CILO

ADDRESS (NO. & STREET, CITY/TOWN & PROVINCE) (TIRAHAN, BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN): Greenville SUBD TIMPOLOK ENN-OB LLC
POSTAL CODE: 6015

SEX (KASARIAN): ☐ MALE (LALAKI) ☐ FEMALE (BABAE)
DATE OF BIRTH (KAPANGANAKAN): m m d d y y — 0 5 0 3 9 6
CIVIL STATUS (KATAYUANG SIBIL): ☐ SINGLE (KALANG ASAWA) ☐ MARRIED (MAY ASAWA) ☐ WIDOWED (BALO)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA):
FATHER (AMA): HAYLIN V. BARDAJE
MOTHER (INA): MARIBETH C. BARDAJE

CHILDREN (MAKIKINABANG)
DATE OF BIRTH (KAPANGANAKAN): m m d d y y

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG, KUNG WALANG ASAWA, ANAK O MAGULANG)

	NAME (PANGALAN)	RELATIONSHIP (RELASYON)
1		
2		
3		
4		
5		

☒ LAHULAPU CITY BRANCH
☐ compared w/the original
☐ received ☐ refiled
VERNIE T. CASIANI

THUMBMARK

Date: MAY 13 2004

I hereby certify that the above information are true and correct. (Ako ay nagpapatunay na ang aking mga leinaad ay totoo at tama.)

Signature (Lagda)

320-267-655

BUREAU OF INTERNAL R
REVENUE DISTRICT N
CEBU CITY NORTH
CLIENT SUPPORT SEC
TIN VERIFICATION

TIN: 320 267 655
LAST NAME: Bardaje
FIRST NAME: Haylin
MIDDLE NAME: Cilo
DATE OF BIRTH: May 3, 199
RDO: 043
TAXPAYER CLASSIFICATION: LOCA EMP
OCT

Jonathan E. Bacaling
Taxpayer Service Section

BIR Authorized Signatur

NOTE: PLEASE READ/ PALIHUG BAS
Please present BIRTH CERTIFICATE or II
Document showing NAME and BIRTHDA