



Republic of the Philippines  
Department of Finance  
Bureau of Internal Revenue

# APPLICATION FOR REGISTRATION

Enter all required information in CAPITAL LETTERS using BLACK ink. Mark all applicable boxes with an "X". One copy must be filed with the BIR and one held by the taxpayer.

BIR Form No.

# 1904

January 2018 (ENCS)

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

773-323-855

1 PhilSys Number (PSN) <small>(If Applicable)</small>	2 Taxpayer Identification Number (TIN)	3 Date of Registration <small>(MM/DD/YYYY)</small>	4 RDO Code
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### Part I - Taxpayer Information

5 Taxpayer Type

<input type="checkbox"/> E.O. 98 (Filipino Citizen)	<input type="checkbox"/> One-Time Transaction - Foreign National	<input type="checkbox"/> Passive Income Earner Only
<input type="checkbox"/> E.O. 98 (Foreign National)	<input type="checkbox"/> Non-Resident Foreign Corporation	
<input type="checkbox"/> One-Time Transaction - Filipino Citizen	<input type="checkbox"/> Non-Resident Foreign Partnership	

6 Foreign TIN (if any)      7 Country of Residence

8 Taxpayer's Name [If Individual: Last Name, First Name, Middle Name, Suffix, Nickname]

ESTAÑO      KRISTINA ANNE      MANTILLA           KITKAT

9 Taxpayer's Name [If Non-Individual, Registered Name]

10 Taxpayer's Name [If ESTATE, ESTATE of (First Name, Middle Name, Last Name, Suffix)] [If TRUST, FAO: (First Name, Middle Name, Last Name, Suffix)]

11 Local/Registered Address

Unit/Room/Floor/Building No.      Building Name/Tower

Lot/Block/Phase/House No.      Street Name

06062      PIPAY      Barangay

VILLA CORITO      WASHINGTON      Municipality/City

Town/District

SURIBAO      SURIBAO      Province

8400      ZIP Code

12 Principal Foreign Address (indicate complete foreign address)

13 Date of Birth/Organization  
(MM/DD/YYYY)

14 Contact Number  
(Phone/Mobile No.)

15 Date of Arrival in the Philippines  
(MM/DD/YYYY)

16 Municipality Code  
(To be filled-up by BIR)

03/3/1998      09981919884      / /     

17 Mother's Maiden Name      18 Father's Name

ANNIE D. MANTILLA      BONIFACIO L. ESTAÑO

19 Gender      20 Email Address

Male  Female      k a e b 4 1 1 2 @ g m a i l . c o m

### Part II - Transaction Details

21 Purpose of TIN Application

A Dealings with Banks       B Dealings with Government Agencies       C Tax Treaty Relief

### Part III - Withholding Agent/Accredited Tax Agent Information

22 Taxpayer Identification Number (TIN)      23 RDO Code

24 Withholding Agent/Accredited Tax Agent's Name (Last Name, First Name, Middle Name for Individual)/(Registered Name for Non-Individual) (if different from taxpayer)

25 Registered Address (Sub-street, Building/Street, Barangay, City/Municipality, Province)

25A ZIP Code

26 Contact Number (Phone/Mobile No.)      27 Email Address

28 Declaration

I declare, under the penalties of perjury, that this application 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. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

KRISTINA ANNE M. ESTAÑO  
TAXPAYER AUTHORIZED REPRESENTATIVE  
(Signature over Printed Name)

Title/Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt



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

#### Required Attachments/Documents:

- A. For Individual - Any identification issued by an authorized government body (e.g. Birth Certificate, Passport, Driver's License) that shows the name, address and birthdate of the applicant  
- Passport (in case of Non-Resident Alien not engaged in trade or business)
- B. For Non-Individual - Any official document issued by an authorized government body (e.g. government agency (tax authority) thereof, or a municipality) that includes the name of the non-individual and the address of its principal office in the jurisdiction in which the non-individual was incorporated or organized (e.g. Articles of Incorporation, Certificate of Residency)





Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



17644520

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  
E235CK5E89-SC1543687

VALID UNTIL  
January 04, 2022

FAMILY NAME  
ESTANO

FIRST NAME  
KRISTINA ANNE

MIDDLE NAME  
MANTILLA

HUSBAND'S SURNAME

ADDRESS  
06062 PIPAY ST VILLA CORITO SUBDIVISION BGRY WASHINGTON SURIGAO CITY

DATE OF BIRTH  
March 31, 1998

PLACE OF BIRTH  
SURIGAO CITY

CITIZENSHIP  
FILIPINO

CIVIL STATUS  
SINGLE

PURPOSE  
MULTI-PURPOSE CLEARANCE

REMARKS  
NO RECORD ON FILE



SIGNATURE

GENDER  
FEMALE



Date Printed: Monday, January 04, 2021 10:23 AM

Agency	SC	DATID	pacultadj
CASID	pacultadj	BIOID	pacultadj
O R No	MPNETN85F8	RECID	
O R Date	01/04/2021 10:21:03 AM	INTID	
DST PAID		PRTIID	pacultadj



E235CK5E89-SC1543687

ERIC B. DISTOR  
NBI Director - OIC



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



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E235CK5E89-SC1543687

ERIC B. DISTOR  
NBI Director - OIC

**PERSONAL COPY**





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-6)**

Transaction Number: MO0364IW202012292604 Date/Time Generated: 29 December 2020 03:49:25 PM

SS NUMBER <b>34-9944100-2</b>			
NAME			
(LAST NAME) <b>ESTAÑO</b>	(FIRST NAME) <b>KRISTINA ANNE</b>	(MIDDLE NAME) <b>MANTILLA</b>	(SUFFIX)
FACTS OF BIRTH			
DATE OF BIRTH (MMDDYYYY) <b>03311998</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>SURIGAO CITY (CAPITAL)</b>	(PROVINCE/STATE) <b>SURIGAO DEL NORTE</b>	(COUNTRY) <b>PHILIPPINES</b>
			SEX <b>FEMALE</b>
FATHER'S NAME (LAST NAME) <b>ESTAÑO</b>	(FIRST NAME) <b>BONIFACIO</b>	(MIDDLE NAME) <b>LUMBAY</b>	(SUFFIX)
MOTHER'S MAIDEN NAME (LAST NAME) <b>MANTILLA</b>	(FIRST NAME) <b>ANNIE</b>	(MIDDLE NAME) <b>BERENGUEL</b>	(SUFFIX)
DEMOGRAPHIC DATA			
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) <b>06062</b>		(STREET NAME) <b>PIPAY STREET</b>	(SUBDIVISION) <b>VILLA CORITO SUBDIVISION</b>
(BARANGAY/DISTRICT/LOCALITY) <b>WASHINGTON (POB.)</b>	(CITY/MUNICIPALITY) <b>SURIGAO CITY (CAPITAL)</b>	(PROVINCE) <b>SURIGAO DEL NORTE</b>	POSTAL CODE <b>8400</b>
			COUNTRY CODE <b>0063</b>
CIVIL STATUS <b>SINGLE</b>	HEIGHT (IN CENTIMETERS) <b>160</b>	WEIGHT (IN KILOGRAMS) <b>53</b>	DISTINGUISHING FEATURE/S
OTHER CARD APPLICANT DATA			
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER <b>(0998) 191-9884</b>	EMAIL ADDRESS <b>kae64112@gmail.com</b>	
DEPENDENT(S)/BENEFICIARY/IES			
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			
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE			
SELF-EMPLOYED (SE) Profession/Business  Year Prof./Business Started  Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address  Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse  Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION			ESTIMATED MONTHLY SALARY
PURPOSE <b>FOR EMPLOYMENT</b>	PROFESSION/BUSINESS		
UMID CARD APPLICATION WITH ATM OPTION			
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION			
<p>1. I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank.</p> <p>4. I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.</p>			

JAN 07 2021

8:20 AM



**MEMBER DATA RECORD**

**MEMBER INFORMATION**

PhilHealth Identification Number (PIN) : **182507862676**  
 Member Category : INFORMAL ECONOMY NHTS Coverage :  
 Sub-Category : INFORMAL SECTOR Effectivity Period :

**ESTAÑO, KRISTINA ANNE MANTILLA**

06062 PIPAY STREET VILLA CORITO,  
 WASHINGTON (POB.), SURIGAO CITY,  
 SURIGAO DEL NORTE 8400

Foreign Address : N/A Sex : Female  
 Date of Birth : 03/31/1998  
 Place of Birth : SURIGAO CITY, SURIGAO DEL NORTE  
 Contact No. (Foreign) : N/A Civil Status : SINGLE  
 (Local) : Tax Identification Number :

**EMPLOYER/ORGANIZED GROUP INFORMATION**

Philhealth Number (PEN/POGN) : N/A  
 Name of Employer/Organized Group : N/A  
 Business Address : N/A  
 Telephone Number : N/A  
 Tax Identification Number : N/A

**DEPENDENT INFORMATION**

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NO DECLARED DEPENDENT/S \*\*\*

\*\*\* NOTHING FOLLOWS \*\*\*

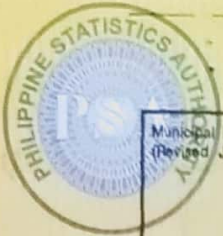
*msl*  
2021

**MICHAEL JIBSON C. HERNANDEZ**  
 ACTING REGIONAL VICE PRESIDENT  
 PRO CARAGA Butuan City

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





(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION	
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <b>CERTIFICATE OF LIVE BIRTH</b> (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>Surigao del Norte</u>			Registry No. <u>98-1411</u>		
City/Municipality <u>Surigao City</u>					
1. NAME (First) (Middle) (Last) <u>KRISTINA ANNE MANTILLA ESTANO</u>		2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>31</u> <u>March</u> <u>1998</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Caraga Regional Hospital Surigao City Surigao del Norte</u>		5a. TYPE OF BIRTH <u>X</u> 1 Single <u>    </u> 2 Twin <u>    </u> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>n/a</u> 1 First <u>    </u> 2 Second <u>    </u> 3 Others, Specify <u>    </u>	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>second</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>6 lbs. &amp; 6 oz.</u> grams		41 <u>9801411</u>	
6. MAIDEN NAME (First) (Middle) (Last) <u>ANNIE BERENGUEL MANTILLA</u>		7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>	
9a. Total number of children born alive: <u>two(2)</u>		b. No. of children still living including this birth: <u>two(2)</u>		c. No. of children born alive but are now dead: <u>none</u>	
10. OCCUPATION <u>Employee / Council Executive</u>		11. Age at the time of this birth: <u>35</u> years		48 <u>1</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Lot 3, Block 9, Pipay St., Villa Corito Subdiv., Surigao City SIN</u>		13. NAME (First) (Middle) (Last) <u>BONIFACIO LUMBAY ESTANO</u>		14. CITIZENSHIP <u>FILIPINO</u>	
15. RELIGION <u>ROMAN CATHOLIC</u>		16. OCCUPATION <u>Bank Employee / LGO III</u>		17. Age at the time of this birth: <u>37</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>September 17, 1994 - Surigao City</u>					
19a. ATTENDANT <u>X</u> 1 Physician <u>    </u> 2 Nurse <u>    </u> 3 Midwife <u>    </u> 4 Hilot (Traditional Midwife) <u>    </u> 5 Others (Specify) <u>    </u>					
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>3:00 am</u> o'clock <u>am</u> /pm on the date stated above. Signature <u>[Signature]</u> Address <u>Ozano-Ceniza Hts., Subdiv., Surigao City</u> Name in Print <u>LEVILLA C. BONCAROS, M.D.</u> Date <u>March 31, 1998</u> Title or Position <u>OB/GYN</u>					
20. INFORMANT Signature <u>[Signature]</u> Address <u>Lot 3, Block 9, Pipay St., Villa Corito Subdiv., Surigao City</u> Name in Print <u>BONIFACIO L. ESTANO</u> Date <u>March 31, 1998</u> Relationship to the child <u>Father</u>					
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>BONIFACIO L. ESTANO</u> Title or Position <u>Registrar</u> Date <u>March 31, 1998</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>JUSTA L. OZAN</u> Title or Position <u>Registration Officer</u> Date <u>4/3/98</u>		
				49 <u>2</u> 50 <u>310393</u>	
				56 <u>67249</u>	
				61 <u>1</u>	
				62 <u>02</u> 64 <u>2892</u>	
				68 <u>1</u> 69 <u>1</u>	
				70 <u>02</u> 72 <u>02</u> 74 <u>00</u>	
				76 <u>203</u> 79 <u>35</u>	
				81 <u>27249</u>	
				86 <u>1</u> 87 <u>0280</u>	
				88 <u>XJ7</u> 91 <u>37</u>	
				93 <u>1</u>	
				94 <u>1</u>	

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BEST POSSIBLE IMAGE



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HK000988630

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06724-A98FX02-4

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*

LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121278355148
REGISTRATION TRACKING NUMBER	921024545185

### INSTRUCTIONS

- Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- All fields marked with asterisk (\*) are mandatory.
- On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
- The "NAME EXTENSION" shall refer to JR., II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
- On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
- For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS		<input type="checkbox"/> EMPLOYED	<input checked="" type="checkbox"/> UNEMPLOYED/NOT YET EMPLOYED
*MEMBERSHIP CATEGORY			
MANDATORY		VOLUNTARY	
<input type="checkbox"/> EMPLOYED PRIVATE	<input type="checkbox"/> SELF-EMPLOYED (SE)	<input type="checkbox"/> EMPLOYED FOREIGN GOVERNMENT	<input type="checkbox"/> MEMBER OF COOPERATIVE/ TRADE UNION
<input type="checkbox"/> EMPLOYED GOVERNMENT	<input type="checkbox"/> PROFESSIONAL/BUSINESS OWNER	<input type="checkbox"/> BARANGAY OFFICIAL/EMPLOYEE	<input type="checkbox"/> OVERSEAS FILIPINO IMMIGRANT
<input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)	<input type="checkbox"/> JOB ORDER PERSONNEL	<input type="checkbox"/> NON-WORKING SPOUSE	<input type="checkbox"/> OTHERS, <i>Please specify</i>
	<input type="checkbox"/> OTHER EARNING GROUPS (OEGs)	<input type="checkbox"/> MEMBER OF RELIGIOUS GROUP	
		<input type="checkbox"/> PENSIONER/INVESTOR/LESSOR	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION <i>(e.g. Jr., II)</i>
*MEMBER	ESTAÑO	KRISTINA ANNE	
FATHER	ESTAÑO	BONIFACIO	
*MOTHER <i>(Maiden Name)</i>	MANTILLA	ANNIE	
*SPOUSE <i>(If Married)</i>			
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ESTAÑO	KRISTINA ANNE	MANTILLA
*DATE OF BIRTH	*MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
0 3 3 1 1 9 9 8	<input checked="" type="checkbox"/> Single/Unmarried <input type="checkbox"/> Widow/er <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated		7 7 3 3 2 3 8 5 5
*PLACE OF BIRTH <i>(City/Municipality/Province/Country)</i> <i>(Please indicate country if born outside the Philippines)</i>	*CITIZENSHIP		SSS/GSIS NUMBER
SURIGAO CITY, SURIGAO DEL NORTE	FILIPINO		3 4 9 9 4 4 1 0 0 2
*SEX	HEIGHT	WEIGHT	EMPLOYEE NUMBER
<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	160 (cm)	53 (kg)	
COMMON REFERENCE NUMBER (CRN) <i>(If Available)</i>	PROMINENT DISTINGUISHING FACIAL FEATURES <i>(Ex. Moles, Scars, etc.)</i>		For AFP/PNP Employee, Serial/Badge No.
	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT <i>(If payment of MS is not thru payroll deduction)</i>		For DepEd Employee, Division Code-Station Code
	<input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
ADDRESS AND CONTACT DETAILS			
*PERMANENT HOME ADDRESS			<i>(Indicate country code if abroad)</i>
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No	Street Name
		06062	PIPAY
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>
VILLA CORITO	WASHINGTON	SURIGAO CITY	SURIGAO DEL NORTE
ZIP Code			
8400			
*PRESENT HOME ADDRESS			COUNTRY + AREA CODE TELEPHONE NUMBER
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No. House No	Street Name
			J PANIS
Subdivision	Barangay	Municipality/City	Province/State/Country <i>(if abroad)</i>
KASAMBAGAN		CEBU CITY	CEBU
ZIP Code			
6000			
*PREFERRED MAILING ADDRESS			Home
<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			Cell Phone
			0998 1919884
			Business (Direct Line)
			Business (Trunk Line) Local
			Email Address
			kae64112@gmail.com




PRESENT EMPLOYMENT DETAILS <i>(If with more than one (1) employer, use separate sheet and follow format below)</i>			
*OCCUPATION	EMPLOYMENT STATUS <input type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Part-time/Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Project-based		TYPE OF WORK <i>(For OFW only)</i> <i>(Pls. specify country of assignment)</i> <input type="checkbox"/> Land-based _____ <input type="checkbox"/> Sea-based _____
*EMPLOYER/BUSINESS NAME <i>(For Formally Employed, OFW and Self-employed Professional/Business Owner)</i>		MONTHLY INCOME Basic _____ + _____ Allowances/Others _____ = _____ Total Mo. Income _____	
*EMPLOYER/BUSINESS ADDRESS <i>(For Formally Employed, OFW and Self-employed Professional/Business Owner)</i> Unit/Room No., Floor      Building Name      Lot No., Block No., Phase No.      House No.		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
Street Name	Subdivision	Barangay	DATE EMPLOYED <i>(Month, Year)</i>
Municipality/City	Province	State/Country <i>(If abroad)</i>	ZIP Code

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG Fund MEMBERSHIP <i>(Use another sheet if necessary)</i>			
EMPLOYER/BUSINESS NAME METHOD LABORATORY LANGUAGE CENTER INCORPORATED		OFFICE ASSIGNMENT      CEBU CITY <input type="checkbox"/> Head Office <input checked="" type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS 28 EMILIO OSMEÑA ST BRGY GUADALUPE CEBU CITY		FROM      TO 0 7    2 0 1 9    0 1    2 0 2 0 <i>m m    y y y y    m m    y y y y</i>	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM      TO _____ <i>m m    y y y y    m m    y y y y</i>	
EMPLOYER/BUSINESS NAME		OFFICE ASSIGNMENT <input type="checkbox"/> Head Office <input type="checkbox"/> Branch _____	
EMPLOYER/BUSINESS ADDRESS		FROM      TO _____ <i>m m    y y y y    m m    y y y y</i>	

HEIRS <i>(In case of death, Fund benefits shall be divided among the member's heirs in accordance with the New Civil Code as amended by the New Family Code) (Use another sheet if necessary)</i>						
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <i>(Check only if applicable)</i>	RELATIONSHIP	DATE OF BIRTH
				<input type="checkbox"/>		_____ <i>m m    d d    y y y y</i>
				<input type="checkbox"/>		_____ <i>m m    d d    y y y y</i>
				<input type="checkbox"/>		_____ <i>m m    d d    y y y y</i>
				<input type="checkbox"/>		_____ <i>m m    d d    y y y y</i>

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.

  
 \_\_\_\_\_  
 SIGNATURE OF MEMBER

01/24/2021  
 \_\_\_\_\_  
 DATE

FOR Pag-IBIG FUND USE ONLY			
RECEIVED BY	DATE		
_____	_____	_____	_____
<i>Signature over Printed Name</i>	<i>Designation/Position</i>	<i>Branch/Unit</i>	

**DISCLAIMER**

Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.

# KRISTINA ANNE ESTAÑO

## First Semester 2020-2021 > Undergraduate > UP Cebu

### ▼ Class Grades - First Semester 2020-2021

Class	Description	Units	Grading	Grade	Grade Points
HRM 102	Intro to Hotel Management	3.00	Numeric Grade	<b>150</b>	4.500
MGT 187	Operations Management	3.00	Numeric Grade	<b>200</b>	6.000

### ▼ Term Statistics - First Semester 2020-2021

	From Enrollment	Cumulative Total
<b>Units Toward GPA:</b>		
Taken	6.000	176.000
Passed	6.000	158.000
<b>Units Not for GPA:</b>		
Taken		17.000
Passed		5.000
In Progress		3.000
<b>GPA Calculation</b>		
<b>Total Grade Points</b>	10.500	426.750
<b>/ Units Taken Toward GPA</b>	6.000	176.000
<b>= GPA</b>	<b>1.750</b>	<b>2.425</b>



