Mu	midpal Form No. 102 rvisal January 1993)		(fo b	e accomplished in quadruplicate	(Copy for OC	
170	OFFICE OF CERTIFI	public of the Philip THE CIVIL REGIST CATE OF LIV	oines RAR (BENERAL IRTH) REMARKS/ANNOTATION	
B	ovince RE Lange del Ne	accurately and legibly.	ne 2, 5a,		400-000	
	ty/Municipality Lo2a			Registry No. 2011 - 143	LATE REGISTRATION	
	1. NAME (First)	(Midd	lle)	- (Leat)	W. M. Commission	
	2. SEX	3. DATE	DE BIRT	H (day) (month) (was)		
C	1 Male 2 Fel	nale		H (day) (month) (vass) 1999		
H	4. PLACE OF (Name of Hospi BIRTH House No., Stre	tal/Clinic/Institution/ set, Barangay)		nicipality) (Province)		
L D	5a. TYPE OF BIRTH 1 Single 2 T		LTIPLE	DIO Losse del Serte BIRTH, CHILD WAS 2 Second Others, Specify	201110110	
-	5th (first, seco	nd fetal deaths ding this delivery) nd, third, etc.)	the Person of Street, or other Designation of the last	GHT AT BIRTH	2	
	8 MAIDEN (First) NAME ROSALIE	(Middle)	-	(Last)	2 30 72	
М	7. CITIZENSHIP		B. REI	LGION - Bible Boptint		
O T H	The state of the s	No. of children still living including this birth:	5_	C. No. of children born silvs but see now dead: QO	03309	
R	10. OCCUPATION 11. Age at the time of this birth: 31					
	The second secon	treet, Barangay)	(City/Mu	nicipality) (Province)		
FA	13. NAME (First)	NAME (First) (Middle) - (Last)				
Т	14. CITIZENSHIP	-	15. RE	LIGION	1	
HER	16. OCCUPATION		T	7. Age at the time of this birth:		
		RRIAGE OF PARENTS on of Paternity at the bac of Morried	S (M not	years married, accomplish Affidavit, of	00000000	
	19a. ATTENDANT 1 Physician Hilot (Traditional Midwin	/	e rs (Speci	fy) 3 Midwite	Z20 37	
	19b. CERTIFICATION OF BIRTY I hereby certify that I attended am/pm on the date stated above.		yas bom (allyo at o'clorik	03509	
	Signature	Addr	029	(Decapidal)		
1	Name in Print PELAGIA CABALI Title or Position - Traditional Mi 20. INFORMANT					
5	Signature ATTAX Varne in Print MARY AND T. AB					
F	Pelationship to the childAustio					
	21. PREPARED BY	Signa	THE	ED AT THE OPPICE OF CIVIL RESIDENCE	- c <mark>2</mark>	
		NEC 1	in Print-	MARICHA NE SANCYEZ, I	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

06974-92-400JRA-00788-BI003

BEST POSSIBLE IMAGE

BReN 03509-A97ZW03-2

Documentary

Lisa Graco S. Bersales LISA GRACE S. BERSALES, Ph.D. National Statistician and Civil Registrar General

STICE	
For bythe before 3 August 1988/on or after 3 August 1988	
	Marabata Nasar Marabata Tida Libia Libia L
AFFIDAVIT OF ACKNOWLEDGMENTIAL	
- Уел,	and
parents parent of the child mentioned in this Certificate of	Live Birth, do hereby solemnly swear that the
information contained herein are true and correct to the best of	our/my knowledge and belief.
(Signature of Father)	(Signature of Mother)
[Market : 18 Hard : 19 1] 기계 12 Hard 1	
Community Tax No Date Issued	Community Tax No.
Place Issued	Date Issued
Trace issued	· Place Issued
SUBSCRIBED AND SWORN to before me this	day of, Philippines.
at	, Philippines.
(Signature of Administering Officer)	(Title/Designation)
(Name in Print)	(Address)
	(Account)
Not applicable for births before 27 February 1931	^ .
Z z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	
AFFIDAVIT FOR DELAYED REGIS	
(Either the person himself if 18 years old or over, or father/me	other/guardian may accomplish this affidavit.)
- I, Mary Are T. Abollo	, of legal_age, single/married
and with residence and postal address at Horonding, Le	13 138/16 GOL NAPTO
after having been duly sworn to in accordance with law, do	hereby depose and say:
1. That I am the applicant for the delayed	registration of the birth of
KAPHLEEN ARETLA	
2. That I/he/she was born on December 30, 1997.	at Iclo, Lowon del Marte
 That I/he/she was born on December 30, 1997. That I/he/she was attended at birth by Lelogi. 	o Coballere (D) who resides at
4. That I/he/she is a citizen of the Philipping	
4. That I/he/she is a citizen of the Philippines 5. That my/his/her parents were married on	
a that my/ms/net parents were infamed on	The state of the s
not married I	but was acknowledge by my/his/her father whose
name is	and the state of t
6. That the reason for the delay in registering my/hi	is/her birth was due to meelingues
7. That a copy of my/his/her birth certificate is need	ded for the purpose ofrecards
In the second se	
8 (For the applicant only) That I am married to	
(For the father/mother/guardian) That I am	theauntin of the said person.
	Abbila
	MARY AND T. ABELLA
	(Signature of Afflant)
	Community Tax No. 00637432
	Date Issued January 19, 2011
	Place Issued Lolo, Louge del Norte
SURSCRIBED AND SWORN to before me this 28th	day of Jonuary , 2011
at Lalde fande del Nerte	, Philippines.
VIIIV	Municipal Civil Registror
(Signature of Administering Officer)	
	(Title/Designation)
MARICHU M. SANCHÈZ, MBA., MA.	Lolo, Longe del Nerte
(Name in Print)	, (Address)

06974-92-400JRA-00788-BI003

BEST POSSIBLE IMAGE

BReN 03509-A97ZW03-2 Lisa Strace & Bersales.
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General



OCCUPATIONAL STATUS MEMBERSHIP CATEGORY

MEMBER'S DATA FORM (MDF)

EMPLOYED

EMPLOYED - PRIVATE

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

121192587229

REGISTRATION TRACKING NUMBER 917045757483

		LAST NAME		FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAM	
MEMBER ABELL		ABELLA KATHLEEN						
FATHER								
MOTHER (Maiden Name)		VIERNES		ROSALIE		TIGLEY		
SPOUSE (if Married) MEMBER'S NAME AS APPEARING IN THE BIRTH AE CERTIFICATE		ABELLA KATHLEEN						
DATE OF BI	RTH		MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)			
	12/30/1997		Single/Unmarried		SSS NUMBER			
	PLACE OF BIRTH ALA, LANAO DEL NORTE		CITIZENSHIP FILIPINO		GSIS NUMBER			
SEX FEMALE	HEIGHT(cm.) WEIGHT(kg.)		PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUME	BER		
	COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code			
				ADDRESS AND CONTACT DE		7. 4)		
PERMANEN	T HOME ADDR	ESS		ADDRESS AND CONTACT DE	cou	NTRY + AREA CODE + TELEF	PHONE NUMBER	
		ESS	Building Name	ADDRESS AND CONTACT DE		NTRY + AREA CODE + TELEF	PHONE NUMBER	
Unit/Room No		ESS Phase No.	Building Name House No.	ADDRESS AND CONTACT DE	cou		PHONE NUMBER 17) 6854001	
Unit/Room No Lot No. Subdivision	., Floor Block No.		±0.0		номе	+63 (099		
Unit/Room No Lot No. Subdivision PUROK FAL	Block No.		House No.	Street Name	HOME CELLPHONE	+63 (099 CT LINE)		
Unit/Room No Lot No. Subdivision PUROK FAL Municipality/C	Block No.		House No. Barangay MARANDING Province/State/Country	Street Name	HOME CELLPHONE BUSINESS (DIREC	+63 (099 OT LINE) IK LINE)		
Unit/Room No Lot No. Subdivision PUROK FAL Municipality/C LALA ZIP Code 9211	Block No.	Phase No.	House No. Barangay MARANDING Province/State/Country	Street Name	HOME CELLPHONE BUSINESS (DIRECTION BUSINESS (TRUM	+63 (099 OT LINE) IK LINE)	7) 6854001	
Unit/Room No Lot No. Subdivision PUROK FAL Municipality/C LALA ZIP Code 9211	Block No. CATA Reference of the control of the co	Phase No.	House No. Barangay MARANDING Province/State/Country	Street Name	HOME CELLPHONE BUSINESS (DIRECTION BUSINESS (TRUM	+63 (099 OT LINE) IK LINE)	7) 6854001	
Unit/Room No Lot No. Subdivision PUROK FAL Municipality/C LALA ZIP Code 9211 PRESENT H	Block No. CATA Reference of the control of the co	Phase No.	House No. Barangay MARANDING Province/State/Country	Street Name PHILIPPINES	HOME CELLPHONE BUSINESS (DIRECTION BUSINESS (TRUM E-MAIL ADDRESS	+63 (099 OT LINE) IK LINE)	7) 6854001	
Unit/Room No Lot No. Subdivision PUROK FAL Municipality/C LALA ZIP Code 9211 PRESENT H Unit/Room No	Block No. CATA Sty HOME ADDRESS J., Floor	Phase No. S Building Name	House No. Barangay MARANDING Province/State/Country	Street Name PHILIPPINES Lot no. Block no. Subdivision ISLA VERDE	HOME CELLPHONE BUSINESS (DIRECTION BUSINESS (TRUM E-MAIL ADDRESS Phase No. Barangay	+63 (099 OT LINE) IK LINE)	7) 6854001	

OCCUPATION	1000 1000 1000 1000 1000 1000 1000 100	PRESENT EMPLOYMENT DE	- Control of the last of the l	The second secon	(VI
CASHIERS		PRESENT EMPLOYMENT DE		THE STATE OF THE S	10000 personal parameters
		EMPLOYMENT STATUS	TYPE OF	WORK	
EUD: 0.15		CONTRACTUAL			
EMPLOYER/BUSINESS NAME					
TERRANOVA		COUNTER			
EMPLOYER/BUSINESS ADDRESS	YER/BUSINESS ADDRESS			OF ASSIGNMENT	
Unit/Room No., Floor					
100F	Building Name		MANNING	AGENCY	
	Block No. Phase No. House No. Street Name				
Lot No. Block No. Phase No.			MONTHLY INCOME		
			Basic		
Subdivision					
	Barangay		Allowances/Others Total Mo. Income		
Municipality/City					
TALISAY CITY	Province .		OFFICE ATT		
State/Country(if abroad)	CEBU		OFFICE ASS	IGNMENT	70.00
PHILIPPINES			3/	SM CITY CEB	и
		ZIP Code	DATE EMPLO	OYED	
		6045			
				NOV 2016	
MPLOYER/BUSINESS NAME	PREVIOUS EMPLOYM	ENT FROM DATE OF T			FIEVRO BERNESS OF THE STREET
MPLOYER/BUSINESS ADDRESS		ENT FROM DATE OF Pag-IBIO	·	OFFICE ASSIGNMEN	то
MPLOYER/BUSINESS ADDRESS			· ·	OFFICE ASSIGNMEN	
MPLOYER/BUSINESS ADDRESS		HEIRS		OFFICE ASSIGNMEN	
MPLOYER/BUSINESS ADDRESS		HEIRS MIDDLE NAME N	O MIDDLE	OFFICE ASSIGNMENT	
MPLOYER/BUSINESS ADDRESS		HEIRS MIDDLE NAME N		OFFICE ASSIGNMEN	то
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MPLOYER/BUSINESS ADDRESS STNAME FIRST NAME	NAME EXTENSION	HEIRS MIDDLE NAME N	O MIDDLE AME	OFFICE ASSIGNMENT FROM FROM RELATIONSHIP	TO DATE OF BIF
MPLOYER/BUSINESS ADDRESS STNAME FIRST NAME	NAME EXTENSION	HEIRS MIDDLE NAME N	O MIDDLE AME	OFFICE ASSIGNMENT FROM FROM RELATIONSHIP	TO DATE OF BIF
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MPLOYER/BUSINESS ADDRESS STNAME FIRST NAME	NAME EXTENSION CERTIFY THAT THE INFORMATION GI	HEIRS MIDDLE NAME N	O MIDDLE AME	FROM RELATIONSHIP ARE TRUE AND CORRECT.	DATE OF BIF
MPLOYER/BUSINESS ADDRESS STNAME FIRST NAME	NAME EXTENSION CERTIFY THAT THE INFORMATION GI	HEIRS MIDDLE NAME N. [VEN AND ALL STATEMENTS I	O MIDDLE AME J MADE HEREIN	FROM RELATIONSHIP ARE TRUE AND CORRECT.	DATE OF BIF
MPLOYER/BUSINESS ADDRESS STNAME FIRST NAME	NAME EXTENSION	HEIRS MIDDLE NAME N	O MIDDLE AME J MADE HEREIN	FROM RELATIONSHIP ARE TRUE AND CORRECT.	DATE OF BIF
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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.



Republic of the Philippines SOCIAL SECURITY SYSTEM PERSONAL RECORD

SS NUMBER

06-3916840-7

NO SUPPORTING

FOR ISSUANCE OF SS NUMBER THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT WWW.SSS.gov.ph. PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM, PRINT ALL INFORMATION IN CAPITAL LETTERS AND PART I - TO BE FILLED OUT BY THE REGISTRANT USE BLACK INK ONLY. DATE OF BIRTH (MMDDYYYY) A. PERSONAL DATA TAX IDENTIFICATION NUMBER (IF ANY) (LAST NAME) ATH LEEN NAME (CITY, COUNTRY, if born outside the Philippines) CIVIL STATUS Others Legally Separated PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) SEX ☐ Widowed ☐ Married Single Female LANA Male (SUBDIVISION) LALA RELIGION NATIONALITY (STREET NAME) MP7157 (HOUSE/LOT & BLK. NO.) ILIPIMO (RM./FLR./UNIT NO. & BLDG. NAME) ZIP CODE (COUNTRY) HOME ADDRESS TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.) (CITY/MUNICIPALITY) (BARANGAY/DISTRICT/LOGALITY) MISA SAN ISIDEU E-MAIL ADDRESS nabella 18 a Jahar con (SUFFIX) MOBILE/CELLPHONE NUMBER (MIDDLE NAME) Kethler (FIRST NAME) 0497685 (SUFFIX) (LAST NAME) (MIDDLE NAME) FATHER (FIRST NAME) Check this box if using additional shee OSALIE (LAST NAME) MOTHER'S MAIDEN NAME DATE OF BIRTH (MMDDYYYY) B. DEPENDENT(S)/BENEFICIARY/IES (SUFFIX) (MIDDLE NAME) (LAST NAME) DATE OF BIRTH (MMDDYYYY (SUFFIX) SPOUSE (MIDDLE NAME) (FIRST NAME) (LAST NAME CHILD/REN 3. DATE OF BIRTH (MMDDYYYY) RELATIONSHIP OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (SUFFIX) (LAST NAME) C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spi OVERSEAS FILIPINO WORKER (OFW) SELF-EMPLOYED (SE) Foreign Address Monthly Income of Working Spouse (P) Profession/Business I agree with my spouse's membership with S Are you applying for membership Year Prof./Business Started in the Flexi-Fund Program? SIGNATURE OVER PRINTED NAME OF WORKING SPO Monthly Earnings □ NO YES Monthly Earnings Registrant is required to affix fingerprints. D. CERTIFICATION I certify that the information provided in this form are true and correct. (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.) RIGHT INDEX RIGHT THUMB KATHLEEN MOLLA SIGNATURE PART II - TO BE FILLED OUT BY SSS RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICEOFFICE/FOREIGN OFFICE) RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) WORKING SPOUSE'S MSC (FOR MEMBERS SER VICES SECTION BUSINES'S CODE SOCIAL SEC NWS) (FOR SE) SIGNATURE OVER PRINTED NAME DATE APPROVED MSC SIGNATURE OVER PRINTED NAME MONTHLY SS CONTRIBUTION FOR SE/OFW/NWS) REVIEWED BY (FOR SE/OFW/NWS) (MSS. BRANCH/SERVICE OFFICE) HY C. BOLIC FLEXI-FUND APPLICATION DATE & TIME T OF PAYMENT



Republic of the Philippines

Cebu Normal Aniversity

Osmeña Boulevard, 6000 Cebu City, Philippines University Charter: Republic Act No. 8688

Accredited State University: Accrediting Agency of Chartered Colleges & Universities of the Philippines, Inc. (AACCUP)

Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

KATHERN ABELLA

STUDENT IDENTIFICATION NUMBER: 17-000381

having satisfactorily completed the prescribed Pour-year full-time Program of Instruction using English as medium, upon recommendation of the Baculty of Cebu Normal University, duly confirmed by the Board of Regents,

and by Authority of the Republic of the Philippines, is hereby granted the DEGAREE of

BACHELOR OF ARTS IN PSYCHOLOGY

and the Signatures of the President, the Dean, and the Registrar are hereunto affixed. with all the Rights, Honors, and Privileges thereunto appertaining. In testimony where of the Seal of the Cebu Normal University

Given in Cebu City, Philippines this 20th day of August, 2020.

FLORDELYNN E. ESCARDA, BSC, DPA, D. Jur. MILAGRÓS M. GREIF, Ph.D.

FILOMENAT. DAYAGBIL, Ed.D., CESE Iniversity President

SDF-URO-105-013 -00

University Registrar (Luciversity Registrar



Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

8/F, Golden Peak Tower, Gorordo Ave.,cor. Escario St., Cebu City 6000 (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : 120255964130

Member Category

: FORMAL ECONOMY

NHT\$ Coverage

Effectivity Period

Sub-Category

: PRIVATE

ABELLA, KATHLEEN

SAN ISIDRO, TALISAY, CEBU 6045

Foreign Address

: N/A

Sex

: Female

Date of Birth

: 12/30/1997

Place of Birth

: LALA, LANAO DEL NORTE

Contact No. (Foreign) (Local)

: N/A

Civil Status

: SINGLE

Tax Identification Number:

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN)

Name of Employer/Organized Group

019000020740

Business Address

RIMINI ITALIA CORPORATION U403 LV LOCSIN BLDG AYALA AVE COR MAKATI AVE, SAN LORENZO, MAKATI CITY, FOURTH DIST.

Telephone Number

7518951

Tax Identification Number

222838779

DEPENDENT INFORMATION

PIN Relation Date of Birth Surname Given Name Middle Name Sex

*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

Republika ng Pilipinas Kagawaran ng Pananalapi Kawanihan ng Rentas Internas

Certificate of Compensation Payment/Tax Withheld

2316

For the Year			2 For	r the Peri	od			1
(YYYY) ► 2017. Part I Employee Information			THE RESIDENCE OF THE PERSON NAMED IN	THE RESERVE OF THE PERSON NAMED IN	(MM/DD)	02 01	To (MM/DD)	_06 08
Taxpayer		_	Part IV	-В с	Jetails of Compe	nsation Income	and Tax Withheld from P	resent Employe
Identification No. • 336, 58 Employee's Name (Last Name, First Name,		5 RDO Code		IN-TAXA	BLE/EXEMP	T COMPENS	SATION INCOME	
ABELLA, KATHLEEN	mode (tallie)	047	32 Ba	sic Salary		32	26 420 08	
Registered Address	6,	A Zip Code			inimum Wage ge Earner (MW		36,429.08	
SAN ISIDRO TALISAY CITY			33 Ho	liday Pay	(MWE)	33	047.70	
B Local Home Address	6	C Zip Code		ertime Pa		34	947.70	
D Foreign Address		E Zip Code	4 "	CI OFFICE E	th (mrss=)	, J.	0.00	
	Ĭ	L LID COUG	35 Nig	tht Shift E	Differential (M	WE) 35	4.58	
Date of Birth (MM/DD/YYYY) 8	Telephone Number		36 Ha	zard Pay	(MWE)	36	0.00	
12 30 1997				h Month I		37	0.00	
Exemption Status Single	Married		and	Other B	enefits	L	3,268.12	
Is the wife claiming the additional exemption Yes	for qualified depende	ent children?	38 De	Minimis E	Benefits	38	0.00	
Name of Qualified Dependent Children	11 Date of Birth (M	M/DD/YYYY)	1					
			7000 TUNGS NO		PHIC & Pag- s, & Union Du	50,000,000,000,000,000,000,000,000,000,	2,788.30	
			20055556	nployee sh			15.0	and the second
Ctalling					ther Forms o	1 40	0.00	
Statutory Minimum Wage rate per day	366	.00		mpensatio			0.00	
Statutory Minimum Wage rate per month	9,540	6.50			axable/Exemp	ot 41	43,437.78	
Minimum Wage Earner whose comp withholding tax and not subject to in	pensation is exempt for	rom		2.00	OMPENSAT	TON INCOM		
rt II Employer Information (F				GULAR				
dentification No. > 222. 83	8 7.79	0000	42 Bas	ic Salary		42	0.00	Marie and the second
Employer's Name			42 0			43	0.00	
RIMINI ITALIA CORPORATION Registered Address	17	A Zip Code	43 Rep	presentati	ion			
UNIT 403 LV LOCSIN BLDG 6752		1,223	44 Trai	nsportatio	on	44		
COL Make impleyers A LO Recort III Employer Information	dery Englover	4	45 Cos	t of Living	g Allowance	45		and the street of the street
Taxpayer	(Previous)		46 Fixe	d Housin	g Allowance	46	nyangeweren weren de	
dentification No. Employer's Name		(E. 10 E. 10	47 Othe	ers (Spec	ify)		26 B 20 B	
			47A	A DESCRIPTION OF		17/	0.00	
Registered Address	20	A Zip Code	47B			47B		
rt IV-A Summary			AND DESCRIPTION OF	PLEMEN	NTARY			
Gross Compensation Income from 21			46 Con	nmission		48		
Present Employer (Item 41 plus Item 55) Less: Total Non-Taxable/ 22	43,437.78		49 Prof	it Sharing		49		
Exempt (Item 41) Taxable Compensation Income 23 from Present Employer (Item 55)	43,437.78		F0 F	- In-struct	- Di-			
Add: Taxable Compensation 24 Income from Previous Employer	0.00		Feet		na Director's	50		
Gross Taxable 25 Compensation Income	0.00			able 13th Other Be	Month Pay	51	0.00	
Less: Total Exemptions 26	50,000.00		52 Haza		ricins	52		
Less: Premium Paid on Health 27 and/or Hospital Insurance (If applicable)	0.00		JE TIGE	ald I av				
Net Taxable 28 Compensation Income	0.00		53 Ove	rtime Pay	1	53		
Tax Due 29	0.00	WINDS	54 Othe	ers (Spec	ify)		ile de la companya d	
Amount of Taxes Withheld 30A Present Employer 30A			54A			54A		
30B Previous Employer 30B	0.00		54B			54B		
	0.00	V			Compensati	on 55	0.00	
Total Amount of Taxes Withheld 11 As adjusted We declare, under the penalties of perjury, the	0:00 hat this certificate has be	een made in oo	Inco ad faith, ve	erified by u	s, and to the be	est of our know	0.00 ledge and belief, is true	and correct
pursuant to the provisions of the Matienal Interna	Revenue Code, as am	ended, and the	regulations	s issued u	nder authority t	hereof.		
56 SUSANMICHELE	TV GO		Date Sign	ied		1		
Present Employer/ Authorized Agent Sig		ime				ШШ		
CONFORME:			Date Sign	ied	TTT			
XATHLEEN AB	ELLA					1 1 1 1	Amount	Doid



Republic of the Philippines Department of Justice National Bureau of Investigation



ature and thumbprint appearing below applied for NBI Clearance and the results is as follows

A140LK4N79-LG347234

FAMILY NAME

ABELLA

MIDDLE NAME

ADDRESS

SAN ISIDRO TALISAY CITY CEBU

DATE OF BIRTH

December 30, 1997

CITIZENSHIP

FILIPINO

MULTI-PURPOSE CLEARANCE

ESTIGATION NA

REMARKS

NO RECORD ON FILE

VALID UNTIL May 28, 2022 FIRST NAME
KATHLEEN

HUSBAND'S SURNAME

PLACE OF BIRTH.

LALA LANAO DEL NORTE

CIVIL STATUS SINGLE

GENDER FEMALE

SIGNATURE



Date Printed: Friday, May 28, 2021 11:17 AM

Agency CASID

LG

DATID caballeror2 BIOID caballeror2

O R Date 05/28/2021 12:53:18 PM

INTID

DST PAID

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ERIC B. DISTOR

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