

(Copy for OCR)



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 RE Lanao del Norte Registry No. 2011-103

City/Municipality Lola

1. NAME (First) (Middle) (Last)
KACHLAGEN ABELLA

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
30 December 1997

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay Lola Lanao del Norte

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (live births and fetal deaths including this delivery) 5th (first, second, third, etc.) d. WEIGHT AT BIRTH
3175 grams

6. MAIDEN NAME (First) (Middle) (Last)
ROSALIE TIGLEY ABELLA

7. CITIZENSHIP Filipino 8. RELIGION Bible Baptist

9a. Total number of children born alive: 05 b. No. of children still living including this birth: 05 c. No. of children born alive but are now dead: 00

10. OCCUPATION Housekeeper 11. Age at the time of this birth: 31 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Lola Lanao del Norte

13. NAME (First) (Middle) (Last)
Lola Lanao del Norte

14. CITIZENSHIP 15. RELIGION 34

16. OCCUPATION 17. Age at the time of this birth: _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Not Married

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife
X 4 Hilot (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at _____ o'clock
am/pm on the date stated above.

Signature _____ Address _____
Name in Print PELAGIA CABALLERO (Date) _____
Title or Position Traditional Midwife Date _____

20. INFORMANT
Signature _____ Address Moranding, Lola, Lanao del Norte
Name in Print MARY ANN T. ABELLA
Relationship to the child Auntie Date 28 January 2011

21. PREPARED BY
Signature _____
Name in Print ALFREDO T. GUSANE
Title or Position CSA-IP
Date 28 January 2011

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature _____
Name in Print MARICRU N. GARCIA
Title or Position Municipal Registrar
Date 10 Feb. 2011

REMARKS/ANNOTATION

LAT & REGISTRATION

[Redacted]

2011010

2

2 3012

03509

1

053175

1 34

050500

720 31

03509

[Redacted]

[Redacted]

2

4

06974-92-400JRA-00788-B1003

BEST POSSIBLE IMAGE



BREN
03509-A97ZW03-2

Documentary

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121192587229
REGISTRATION TRACKING NUMBER	917045757483

OCCUPATIONAL STATUS		EMPLOYED			
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE			
PERSONAL DETAILS					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ABELLA	KATHLEEN			<input type="checkbox"/>
FATHER					<input type="checkbox"/>
MOTHER (Maiden Name)	VIERNES	ROSALIE		TIGLEY	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ABELLA	KATHLEEN			<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
12/30/1997	Single/Unmarried		SSS NUMBER		
PLACE OF BIRTH	CITIZENSHIP		GSIS NUMBER		
LALA, LANA DEL NORTE	FILIPINO		EMPLOYEE NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	156.00	56.00			
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 DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor		Building Name		HOME	
Lot No.	Block No.	Phase No.	House No.	Street Name	CELLPHONE
					+63 (0997) 6854001
Subdivision		Barangay		BUSINESS (DIRECT LINE)	
PUROK FALCATA		MARANDING		BUSINESS (TRUNK LINE)	
Municipality/City		Province/State/Country		E-MAIL ADDRESS	
LALA		LANAO DEL NORTE, PHILIPPINES		ruthyliciouss@gmail.com	
ZIP Code					
9211					
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot no.	Block no.	Phase No.	
House No.	Street Name	Subdivision	Barangay		
		ISLA VERDE	SAN ISIDRO		
Municipality/City	Province/State/Country		Zip Code		
TALISAY CITY	CEBU, PHILIPPINES		6045		
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			



E-1

COV-01214 (09-2015)

Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD
FOR ISSUANCE OF SS NUMBER

NO SUPPORTING DOCUMENT(S) SUBMITTED

SS NUMBER

06-3916840-7

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) ABELLA (FIRST NAME) KATHLEEN (MIDDLE NAME) _____ (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) 14 20 1987

SEX Male Female Single Married Widowed Legally Separated Others _____ TAX IDENTIFICATION NUMBER (IF ANY) _____

NATIONALITY FILIPINO RELIGION BAPTIST PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) LALA, LANAO DEL NORTE (CITY, COUNTRY, if born outside the Philippines) _____

HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME) _____ (HOUSE/LOT & BLK. NO.) _____ (STREET NAME) _____ (SUBDIVISION) _____

(BARANGAY/DISTRICT/LOCALITY) SAN ISIDRO (CITY/MUNICIPALITY) TALISAY CITY (PROVINCE) CEBU (COUNTRY) PHILS. ZIP CODE 6045

MOBILE/CELLPHONE NUMBER 09976554001 E-MAIL ADDRESS kathleenabella18@yahoo.com (MIDDLE NAME) _____ (SUFFIX) _____

FATHER (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____

MOTHER'S MAIDEN NAME (LAST NAME) ABELLA (FIRST NAME) ROSALIE (MIDDLE NAME) TIGLEY (SUFFIX) _____

B. DEPENDENT(S)/BENEFICIARY/IES

SPOUSE (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (SUFFIX) _____ DATE OF BIRTH (MMDDYYYY) _____

CHILD/REN (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. _____

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE)
Profession/Business _____
Year Prof./Business Started _____
Monthly Earnings P

OVERSEAS FILIPINO WORKER (OFW)
Foreign Address _____
Monthly Earnings P

Are you applying for membership in the Flexi-Fund Program? YES NO

NON-WORKING SPOUSE (NWS)
SS No./Common Reference No. of Working Spouse _____
Monthly Income of Working Spouse (P) _____
I agree with my spouse's membership with SSS YES NO
SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____

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.)

KATHLEEN ABELLA PRINTED NAME [Signature] SIGNATURE 1-12-17 DATE

Registrant is required to affix fingerprints.

[Fingerprint] RIGHT THUMB [Fingerprint] RIGHT INDEX

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE) _____ WORKING SPOUSE'S MSC (FOR NWS) P

MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P APPROVED MSC (FOR SE/OFW/NWS) P

START OF PAYMENT _____ FLEXI-FUND APPLICATION _____

RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) _____
SIGNATURE OVER PRINTED NAME _____ DATE & TIME _____

RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) _____
SIGNATURE OVER PRINTED NAME _____ DATE _____

SOCIAL SECURITY SYSTEM
MEMBER'S SERVICES SECTION
RECORDS & ADMINISTRATION

JAN 12 2017

JIM C. BOLIC DATE & TIME



Republic of the Philippines

Cebu Normal University

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. (AACCCUP)

Qualifications Statement

TO ALL PERSONS TO WHOM THIS QUALIFICATIONS STATEMENT MAY COME

Be it known that

KATHLEEN ABELLA

STUDENT IDENTIFICATION NUMBER: 17-000381

having satisfactorily completed the prescribed Four-year full-time Program of Instruction using English as medium, upon recommendation of the Faculty of Cebu Normal University, duly confirmed by the Board of Regents, and by Authority of the Republic of the Philippines,

is hereby granted the
DEGREE of

BACHELOR OF ARTS IN PSYCHOLOGY

with all the Rights, Honors, and Privileges thereunto appertaining.

In testimony whereof the Seal of the Cebu Normal University

and the Signatures of the President, the Dean, and the Registrar are hereunto affixed.

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

FLORELYNN E. ESCARDA, BSC, DPA, D. Jur.

University Registrar

MILAGROS M. GREIF, Ph.D.

College Dean

FILOMENA T. DAYAGBIL, Ed.D., CESE

University President



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
www.philhealth.gov.ph

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120255964130**
Member Category : FORMAL ECONOMY NHTS Coverage :
Sub-Category : PRIVATE Effectivity Period :

ABELLA, KATHLEEN
SAN ISIDRO, TALISAY, CEBU 6045

Foreign Address : N/A Sex : Female
Date of Birth : 12/30/1997
Place of Birth : LALA, LANA O DEL NORTE
Contact No. (Foreign) : N/A Civil Status : SINGLE
(Local) : Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 019000020740
Name of Employer/Organized Group : RIMINI ITALIA CORPORATION
Business Address : 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	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

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



Certificate of Compensation Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld

Fill in all applicable spaces. Mark all appropriate boxes with an "X"

1 For the Year (YYYY) **2017**

2 For the Period
From (MM/DD) **02 01** To (MM/DD) **06 08**

Part I Employee Information

3 Taxpayer Identification No. **336 589 077 0000**

4 Employee's Name (Last Name, First Name, Middle Name) **ABELLA, KATHLEEN** 5 RDO Code **047**

6 Registered Address **SAN ISIDRO TALISAY CITY** 6A Zip Code

6B Local Home Address 6C Zip Code

6D Foreign Address 6E Zip Code

7 Date of Birth (MM/DD/YYYY) **12 30 1997** 8 Telephone Number

9 Exemption Status
 Single Married

9A Is the wife claiming the additional exemption for qualified dependent children?
 Yes No

10 Name of Qualified Dependent Children 11 Date of Birth (MM/DD/YYYY)

12 Statutory Minimum Wage rate per day **366.00** 12

13 Statutory Minimum Wage rate per month **9,546.50** 13

14 Minimum Wage Earner whose compensation is exempt from withholding tax and not subject to income tax

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

Amount	
A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
32 Basic Salary/ Statutory Minimum Wage Minimum Wage Earner (MWE)	32 36,429.08
33 Holiday Pay (MWE)	33 947.70
34 Overtime Pay (MWE)	34 0.00
35 Night Shift Differential (MWE)	35 4.58
36 Hazard Pay (MWE)	36 0.00
37 13th Month Pay and Other Benefits	37 3,268.12
38 De Minimis Benefits	38 0.00
39 SSS, GSIS, PHIC & Pag-ibig Contributions, & Union Dues (Employee share only)	39 2,788.30
40 Salaries & Other Forms of Compensation	40 0.00
41 Total Non-Taxable/Exempt Compensation Income	41 43,437.78

Part II Employer Information (Present)

15 Taxpayer Identification No. **222 838 779 0000**

16 Employer's Name **RIMINI ITALIA CORPORATION**

17 Registered Address **UNIT 403 LV LOCSIN BLDG 6752 AYALA AVE** 17A Zip Code **1223**

B. TAXABLE COMPENSATION INCOME REGULAR

42 Basic Salary	42 0.00
43 Representation	43
44 Transportation	44
45 Cost of Living Allowance	45
46 Fixed Housing Allowance	46
47 Others (Specify)	47A 0.00
47B	47B

Part III Employer Information (Previous)

18 Taxpayer Identification No.

19 Employer's Name

20 Registered Address 20A Zip Code

Part IV-A Summary

21 Gross Compensation Income from Present Employer (Item 41 plus Item 55)	21 43,437.78
22 Less: Total Non-Taxable/Exempt (Item 41)	22 43,437.78
23 Taxable Compensation Income from Present Employer (Item 55)	23 0.00
24 Add: Taxable Compensation Income from Previous Employer	24 0.00
25 Gross Taxable Compensation Income	25 0.00
26 Less: Total Exemptions	26 50,000.00
27 Less: Premium Paid on Health and/or Hospital Insurance (If applicable)	27 0.00
28 Net Taxable Compensation Income	28 0.00
29 Tax Due	29 0.00
30 Amount of Taxes Withheld	
30A Present Employer	30A 0.00
30B Previous Employer	30B 0.00
31 Total Amount of Taxes Withheld As adjusted	31 0.00

SUPPLEMENTARY

48 Commission	48
49 Profit Sharing	49
50 Fees Including Director's Fees	50
51 Taxable 13th Month Pay and Other Benefits	51 0.00
52 Hazard Pay	52
53 Overtime Pay	53
54 Others (Specify)	54A
	54B
55 Total Taxable Compensation Income	55 0.00

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of our 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.

56 **SUSAN MICHELLE TY GO**
Present Employer/ Authorized Agent Signature Over Printed Name

Date Signed

57 **KATHLEEN ABELLA**
Employee Signature Over Printed Name

Date Signed

CTC No. of Employee Place of Issue

Date of Issue

Amount Paid



Republic of the Philippines
Department of Justice
National Bureau of Investigation



22069277

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.
A140LK4N79-LG347234

FAMILY NAME
ABELLA

MIDDLE NAME
NA

ADDRESS
SAN ISIDRO TALISAY CITY CEBU

DATE OF BIRTH
December 30, 1997

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
May 28, 2022

FIRST NAME
KATHLEEN

HUSBAND'S SURNAME

PLACE OF BIRTH
LALA LANA DEL NORTE

CIVIL STATUS
SINGLE



SIGNATURE

GENDER
FEMALE



A140LK4N79-LG347234

Eric B. Distor
ERIC B. DISTOR
Officer-in-Charge

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

Agency	LG	DATID	caballeror2
CASID	caballeror2	BIOD	caballeror2
O.R. No.	J8NAI8K7	RECID	
O.R. Date	05/28/2021 12:53:18 PM	INTID	
DST PAID		PRTID	caballeror2

