


 Republic of the Philippines
SOCIAL SECURITY SYSTEM
 SS NUMBER SLIP
 35-1143801-6
 CUEVA, SWEET AIONESE MAE ARENAS
 03/01/1997



 Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID (UMID) CARD APPLICATION (E-1/E-6)
 MO0643IW202110079195 - Date/Time Generated: 07 October 2021 01:50:10 P

SS NUMBER		35-1143801-6	
LAST NAME		NAME	
CUEVA	SWEET AIONESE MAE	ARENAS	
DATE OF BIRTH (MMDDYYYY)		FACTS OF BIRTH	
03011997	PLACE OF BIRTH (CITY/MUNICIPALITY)	PROVINCE/STATE	(COUNTRY)
	CEBU CITY (CAPITAL)	CEBU	PHILIPPIN
FATHER'S NAME		MOTHER'S MAIDEN NAME	
ARENAS		OFQUERIA	
FIRST NAME		MIDDLE NAME	
SAMUEL		MORALES	
FIRST NAME		MIDDLE NAME	
MELANIE		HIBANADA	
DEMOGRAPHIC DATA			
HOME ADDRESS (PM, FLA, UNIT NO. & BLDG. NAME or HOUSELOT NO. & BLOCK)		CITY/TOWN/VILLAGE	
DAINTEE ST CLUSTER 5 DEC PHASE 3		CEBU	
MUNICIPALITY/DISTRICT/LOCALITY		POSTAL CODE	
IUMLOG		6045	
MARRIAGE STATUS		NATIONALITY	
MARRIED		FILIPINO	
HEIGHT (IN CENTIMETERS)		WEIGHT (IN KILOGRAMS)	
198		58	
DISTINGUISHING FEATURES		OTHER CARD APPLICANT DATA	
		PHONE NUMBER (AREA CODE + TEL. NO.)	
		MOBILE NUMBER (0995) 671-2386	
		EMAIL ADDRESS savinnaandrea cueva@gmail.com	
DEPENDENT(S)/BENEFICIARY/IES			
HOUSEHOLD	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
	CUEVA	MARVIN	ARRANGIEZ
BLOREN	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)
	SOMOSOT	SAN RAFAEL	ARENAS
	ARENAS	PRINCESS SAM	ARENAS
	CUEVA	SAVINNA ANDREA	ARENAS
	CUEVA	MARI ANDRE	ARENAS
NEAR BENEFICIARY/IES (if without spouse & child and parents are both deceased)			
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)
RELATIONSHIP			
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE			
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)	
Profession/Business		Foreign Address	
or Prof./Business Started			
Monthly Earnings		Monthly Earnings Are you applying for membership in the First-Paid Program?	
		Yes No	
		Monthly Income of Spouse	
PURPOSE OF APPLICATION			
EMPLOYMENT		PROFESSION/BUSINESS	
UMID CARD APPLICATION WITH ATM OPTION			
CARD AS ATM CARD (BANK NAME)		BANK BRANCH	
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION			
I certify that the information provided are true and correct.			
By consent to:			
collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updates of my ID card for processing and payment of my loans and SSS benefits;			
sharing of these data with SSS service providers to carry out the purposes stated above; and			
issuance of this application in the manner consistent with the Data Privacy Act.			

MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121289182168
REGISTRATION TRACKING NUMBER	921287263249

STATUS UNEMPLOYED/NOT YET EMPLOYED

CATEGORY

PERSONAL DETAILS

	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO. OF CHILDREN
	CUEVA	SWEET AICHENE MAE		ARENAS	<input type="checkbox"/>
	ARENAS	SAMUEL		MORALES	<input type="checkbox"/>
Spouse	OFQUEZA	MELANIE		HIBANADA	<input type="checkbox"/>
Self					<input type="checkbox"/>
As of Birth	CUEVA	SWEET AICHENE MAE		ARENAS	<input type="checkbox"/>
DOB/1987	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
	Single/Unmarried				
	CITIZENSHIP		SSS NUMBER		
	FILIPINO		GSIS NUMBER		
SLIDAN CITY, LANAO DEL NORTE	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER		
HT (cm) 160	WEIGHT (kg) 45.00		For AFP/ANP Employee, Serial/Badge No.		
ICE NUMBER (CRM)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For Dep'd Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS

ADDRESS			COUNTRY + AREA CODE + TELEPHONE NUMBER
Phase No.	Building Name	House No.	Home
		Street Name	Cell Phone
	Barangay DUMLOG		+63 (0927) 2250072
	Province/State/Country CEBU, PHILIPPINES		Business (Direct Line)
			Business (Trunk Line)
			Email Address
			savinnaandreaecueva@gmail.com

Building Name	Lot No.	Block No.	Phase No.
Street Name	Subdivision DECA HOMES 3		Barangay DUMLOG
	Province/State/Country CEBU, PHILIPPINES		ZIP Code 6045

ADDRESS PRESENT HOME ADDRESS

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

PRESENT EMPLOYMENT DETAILS						
EMPLOYER/BUSINESS NAME			EMPLOYMENT STATUS	TYPE OF WORK		
EMPLOYER/BUSINESS ADDRESS			INDUSTRY OF ASSIGNMENT			
Country	Building Name	Monthly Income		Base		
City	Street No.	Street Name	Allowance/Other		Pay No. Income	
State	Zip Code	OFFICE ASSIGNMENT				
Employer's Phone			DATE EMPLOYED			
Employer's Email			JOB CODE			

PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG FUND MEMBERSHIP		
EMPLOYER/BUSINESS NAME	OFFICE ASSIGNMENT	
EMPLOYER/BUSINESS ADDRESS	FROM	TO

MEMBER INFORMATION					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME RELATIONSHIP	DATE OF BIRTH

CERTIFICATION
I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize Pag-IBIG Fund to collect, record, organize, update, correct, use, disseminate, back, access or destroy my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

SIGNATURE OF INFORMANT _____ **DATE** _____

FOR Pag-IBIG FUND USE ONLY

RECEIVED BY	DATE
<i>[Signature]</i>	
Designation/Position	Branch/Unit

DISCLAIMER
Merely 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 requirements and comply with the documentary requirements, which is subject to verification and approval.

Application for Registration Information Update/Correction/Cancellation



BUREAU OF INTERNAL REVENUE
RDO # 082 CEBU CITY - SOUTH

TIN VERIFICATION QUERY RESULTS

TIN NO. 357-629-954

LAST NAME: CUEVA

FIRST NAME: SWEET ALONESE MAE

MIDDLE NAME: ARENAS

ADDRESS: TALISAY SANTA FE CEBU

BIRTHDAY: MARCH 01, 1997

TAXPAYER CLASSIFICATION: LOCAL EMPLOYEE

RDO CODE: 024

VERIFIED BY: ~~_____~~ 10/18/21

CRISTO B. BALDI
OFFICIAL



Ministry Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Page
(Copy for CG)

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

26

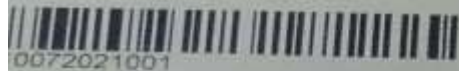
Province <u>Cebu</u>		Registry No. <u>97-5259</u>		
City/Municipality <u>Cebu City</u>				
CHILD	1. NAME <u>Sweet Siros Mae Ofgueria</u>		2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
	3. DATE OF BIRTH <u>March 1, 1997</u>			
	4. PLACE OF BIRTH <u>1038 R. Pasak, Portovenia Divis, Cebu City, Cebu</u>			
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify	
c. BIRTH ORDER <u>2nd</u> (Give births and fetal deaths including this delivery) (First, second, third, etc.)		d. WEIGHT AT BIRTH <u>3395</u> grams		
MOTHER	6. MAIDEN NAME <u>Melanie Honrada Ofgueria</u>		7. CITIZENSHIP <u>Phil.</u>	
	8a. Total number of children born alive: <u>3</u>		b. No. of children still living including this birth: <u>3</u>	
	9. OCCUPATION <u>H.W.</u>		10. Age at the time of this birth: <u>32</u> years	
	11. RESIDENCE <u>Pasak San Nicolas Cebu City, Cebu</u>			
FATHER	12. NAME <u>Samuel Morales Ofgueria</u>		13. CITIZENSHIP <u>Phil.</u>	
	14. OCCUPATION <u>Labour</u>		15. Age at the time of this birth: <u>43</u> years	
	16. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>October 17, 1987 Santa Fe Panayon Island, Cebu</u>			
17a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hebit (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		18. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at <u>5:49</u> o'clock <u>PM</u> on the date stated above.)		
Signature <u>Aurelia Arana</u> Name in Print <u>AURELIA ARANA</u> Title or Position <u>Midwife</u>		Address <u>Clay Brothers Road H. Centro</u> City/Municipality <u>Pasak San Nicolas</u> Date <u>March 1, 1997</u>		
Signature <u>Melanie Arana</u> Name in Print <u>Melanie Arana</u> Relationship to the child <u>mother</u>		Address <u>Pasak Portovenia</u> City/Municipality <u>Cebu</u> Date <u>March 1, 1997</u>		
Signature <u>[Signature]</u> Name in Print <u>[Name]</u> Title or Position <u>[Title]</u> Date <u>March 4, 1997</u>		Signature <u>[Signature]</u> Name in Print <u>[Name]</u> Title or Position <u>[Title]</u> Date <u>[Date]</u>		

For OCRC USE ONLY: Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41	97	03	059
42	7		
43	2	01	025
44	2	2	198
45	7		
46	0	0	3
47	0	0	3
48	2	2	0
49	2	2	1
50	0	3	0
51	2	2	1
52	0	3	0
53	0	3	0
54	2	2	0
55	2	2	0
56	2	2	0
57	1	1	0
58	4	9	4
59	1		
60	10	17	
61	1		
62	1		
63	1		
64	1		

4-999QLT-00885-BI001



0072021001

BReN
02217-A97F10R-0

Documentary
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[Signature]
CLAIRE D
National Statistic
Philippi

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

(to be accomplished in quadruplicate using black ink)

CERTIFICATE OF MARRIAGE

Municipal Form No. 97 (Revised January 2007) Registry No. **2018-57**

Province CEBU		City/Municipality SANTA FE	
1. Name of Contracting Parties		2. Name of Contracting Parties	
HUSBAND (First) MARVIN (Middle) ARRANGUEZ (Last) CUEVA		WIFE (First) SWEET AIGONESE MAE (Middle) OFQUERIA (Last) ARENAS	
3. Date of Birth		3. Date of Birth	
(Day) 28 (Month) MAY (Year) 1986 (Age) 32		(Day) 01 (Month) MARCH (Year) 1997 (Age) 21 & 3	
4. Place of Birth		4. Place of Birth	
(City/Municipality) Santayan (Province) Cebu Philippines		(City/Municipality) San Nicolas (Province) Cebu City Philippines	
5. Sex		5. Sex	
Male		Female	
6. Citizenship		6. Citizenship	
Filipino		Filipino	
7. Residence		7. Residence	
Talisay, Santa Fe, Cebu, Philippines		Talisay, Santa Fe, Cebu, Philippines	
8. Religion		8. Religion	
Roman Catholic		Roman Catholic	
9. Civil Status		9. Civil Status	
Single		Single	
10. Name of Father		10. Name of Father	
(First) Porferio (Middle) Yaulan (Last) Cueva		(First) Samuel (Middle) Morales (Last) Arenas	
11. Citizenship		11. Citizenship	
Filipino		Filipino	
12. Maiden Name of Mother		12. Maiden Name of Mother	
(First) Irenea (Middle) Arranguez (Last)		(First) Melanie (Middle) Hibanada (Last) Ofqueria	
13. Citizenship		13. Citizenship	
Filipino		Filipino	
14. Name of Person who Dies		14. Name of Person who Dies	
n/a		Mr. & Mrs. Samuel M. Arenas	
15. Relationship		15. Relationship	
Parents		Parents	
16. Residence		16. Residence	
Talisay, Santa Fe, Cebu, Philippines		Talisay, Santa Fe, Cebu, Philippines	
17. Place of Marriage		17. Place of Marriage	
STO. NINO ROMAN CATHOLIC PARISH (City/Municipality) Santa Fe (Province) Cebu		STO. NINO ROMAN CATHOLIC PARISH (City/Municipality) Santa Fe (Province) Cebu	
18. Date of Marriage		18. Date of Marriage	
(Day) 25 (Month) JUNE (Year) 2018		(Day) 25 (Month) JUNE (Year) 2018	
19. Time of Marriage		19. Time of Marriage	
3:00		3:00	

CERTIFICATION OF THE CONTRACTING PARTIES:
 These is to certify that I, **Marvin A. Cueva** and I, **Sweet Aigonese Mae O. Arenas** of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we have entered, a copy of which is hereto attached, / have not entered into a marriage settlement. IN WITNESS WHEREOF, we have signed (marked with our fingerprint) this certificate in quadruplicate this **25th** day of **June, 2018**.

MARVIN A. CUEVA (Signature of Husband)
SWEET AIGONESE MAE O. ARENAS (Signature of Wife)

CERTIFICATION OF THE SOLEMNIZING OFFICER:
 THIS IS TO CERTIFY THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age. I CERTIFY FURTHER THAT:
 a. Marriage License No. **215966** issued on **June 22, 2018** at **Santa Fe, Cebu**
 in favor of said parties was exhibited to me.
 b. no marriage license was necessary, the marriage being solemnized under Art. of Executive Order No. 209.
 c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.

REV. FR. ROY D. BUCAG Parish Priest (Religion/Religious Sect) **2016-27RE3XDEZPQ-2018** (Registry No. and Expiration Date, if possible)

(WITNESSES Print Name and Sign)
MANICO ILUSTRISIMO **POMPEO MONDEJAR** **GERHA MONDEJAR** **MERLY CABRERA**

RECEIVED BY: **MERLY D. GIMBERNA** (Signature) **ALEX V. LIMBAG** (Signature)
 Title or Position: **CLERK** (Title or Position) **MUR** (Title or Position)
 Date: **JUNE 29, 2018** (Date) **JUNE 29, 2018** (Date)

MARKS/ANNOTATIONS (If for LCRO/OCRO Use Only)

FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR
 01 01 60802244 60802244 08 08 111

MCM-00665-MI001 Lisa Grace



Handwritten signatures and names at the top of the page, including names like 'Rina', 'Mina', and 'Victoria Escara'.

AFFIDAVIT OF SOLEMNIZING OFFICER

I, _____ of legal age, Solemnizing Officer of _____ with address at _____ after having sworn to in accordance with law, do hereby depose and say:

- That I have solemnized the marriage between _____ and _____
- That I have solemnized the _____ of the contracting parties, and have found no legal impediment for them to marry as required by Article 34 of the Family Code.
 - That the marriage was performed in solemn form or at the point of death.
 - That the contracting parties _____ and _____ being at the point of death and physically unable to sign the foregoing certificate of marriage by signature or mark, one of the addresses in the marriage, sign the same or had by writing the dying party's name and beneath it, the address own signature preceded by the proposition "By"
 - That the witnesses of either party is in accord that there is no means of transportation to enable concerned party/parties to appear personally before the civil register.
 - That the marriage was among Muslims or among members of the Ethno-Cultural Communities and that the marriage was solemnized in accordance with their customs and practices.
- That I took the necessary steps to ascertain the ages and relationship of the contracting parties and that neither of them are under any legal impediment to marry each other.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth, whereof, I have affixed my signature below this _____ day of _____ at _____ Philippines.

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines, affiant who exhibited to me his Community Tax Cert. issued on _____ at _____

Signature of the Administering Officer _____ Position/Title/Designation _____

Name or Print _____ Address _____

AFFIDAVIT FOR DELAYED REGISTRATION OF MARRIAGE

I, _____ of legal age, single/married/divorced/widowed, with residence and postal address _____ after having duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of my marriage with _____ in _____ on _____ the marriage between _____ and _____ in _____
- That said marriage was solemnized by _____ (Solemnizing Officer's name) under
 - religious ceremony; civil ceremony; Muslim rite; other rite.
- That the marriage was solemnized:
 - a. with marriage license no. _____ issued on _____ at _____
 - b. under Article _____ (marriages of exceptional character).
- (If the applicant is either the wife or husband) That I am a citizen of _____ and my spouse is a citizen of _____ (if the applicant is other than the wife or husband) That the wife is a citizen of _____ and the husband is a citizen of _____
- That the reason for the delay in registering our/marriage is _____
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth, whereof, I have affixed my signature below this _____ day of _____ at _____ Philippines.

Signature Over Printed Name of Affiant _____

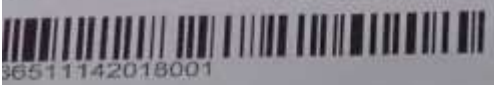
SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____ Philippines, affiant who exhibited to me his Community Tax Cert. issued on _____ at _____

Signature of the Administering Officer _____ Position/Title/Designation _____

Name or Print _____ Address _____

2-G0-400MCM-00665-MI001

AGE



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Documentary Stamp Tax Paid

Lisa Grace S. LISA GRACE S. National Statistician at Philippine St



OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH

Province: Cebu
 City/Municipality: Bantayan Registry No.: 011-018

CHILD

1. NAME (First) SAVINNA ANDREA (Middle) ARENAS (Last) ORNYA

2. SEX (Male / Female) FEMALE 3. DATE OF BIRTH (Day) 10 (Month) FEBRUARY (Year) 2018

4. PLACE OF BIRTH (Name of Hospital, Clinic, Dispensary, Home No., St., Barangay) (City/Municipality) (Province)

OPHO-BANTAYAN District Hospital, Bantayan, Cebu

5a. TYPE OF BIRTH (Single, Twin, etc.) single 5b. IF MULTIPLE BIRTH CHILD WAS (First, Second, Third, etc.) THIRD 5c. WEIGHT AT BIRTH (Pounds, Ounces) 5;100 grams

MOTHER

7. MAIDEN NAME (First) Sweet Aleneze Mae (Middle) ORQUERIA (Last) ARENAS

8. CITIZENSHIP Philippine 9. RELIGION/RELIGIOUS SECT Roman Catholic

10a. Total number of children born alive 3 10b. No. of children still living including this birth 3 10c. No. of children born alive but are now dead 0 11. OCCUPATION housekeeper 12. AGE at the time of this birth (Completed years) 20

13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)

Bantigue, Bantayan, Cebu, Philippines

FATHER

14. NAME (First) Marvin (Middle) ARRANGUEN (Last) QUEVA

15. CITIZENSHIP Philippine 16. RELIGION/RELIGIOUS SECT Roman Catholic 17. OCCUPATION Landing Collector 18. AGE at the time of birth (Completed years) 31

19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)

Bantigue, Bantayan, Cebu, Philippines

MARRIAGE OF PARENTS (If not married, complete Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year) NOT MARRIED 20b. PLACE (City / Municipality) (Province) (Country) NOT APPLICABLE

21a. ATTENDANT 1 Physician 2 Nurse 3 Midwife 4 Healer (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, etc.)
 I hereby certify that I attended the birth of the child who was born alive at 8:55 PM on the date of birth specified above.

Signature: [Signature] Address: OPHO-BDH
 Name in Print: LBS R. FEA, M.D. Date: Feb 19, 2018
 Title or Position: MEDICAL OFFICER-IV

22. CERTIFICATION OF INFORMANT
 I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature: [Signature] Signature: [Signature]
 Name in Print: Sweet Aleneze Mae Arenas Name in Print: Key G. Mendosa
 Relationship to the Child: Mother Title or Position: Record in-charge
 Address: Bantigue, Bantayan Date: Feb 19, 2018

23. PREPARED BY
 Signature: [Signature] Name in Print: MELAN E. PACQUIAO
 Title or Position: Mun. Civil Registrar
 Date: March 5, 2018

24. RECEIVED BY
 Signature: [Signature] Name in Print: MARY GRACE K. MAROLLAN
 Title or Position: Admin. Aide I
 Date: March 5, 2018

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
 Signature: [Signature] Name in Print: MELAN E. PACQUIAO
 Title or Position: Mun. Civil Registrar
 Date: March 5, 2018



REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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January 04, 2022

Certificate of Employment

This is to certify that **Sweet Aionese Mae A. Cueva** was an employee of Teleperformance Philippines from **October 26, 2021** to **December 30, 2021**. Sweet Aionese Mae held the position as **Customer Service Representative**.

This certificate is being issued upon the request of **Sweet Aionese Mae** for reference purposes.



Rachel Majito-Cacabelos
Vice President, Human Resources

This certificate is system-generated with an electronic signature. For employment verification, you may reach us via email at Philippines@teleperformance.com



Republic of the Philippines
Department of Justice
National Bureau of Investigation

23409900

NO. OF ID: A652CSAE79-LG389474

FAMILY NAME: ARENAS

MIDDLE NAME: OPQUERIA

ADDRESS: NATIONAL HOUSING AUTHORITY STO. NINO HOMES BARANGAY MARICABAN SANTA FE BANTA'YA

DATE OF BIRTH: March 03, 1997

CITIZENSHIP: FILIPINO

PURPOSE: MULTI-PURPOSE CLEARANCE

REMARKS: NO DEROGATORY RECORD

ISSUE DATE: September 27, 2023

ISSUE NAME: SWEET-AIONESE MAC

ISSUE SURNAME: CUEVA

PLACE OF BIRTH: CEBU CITY

CURRENT STATUS: MARRIED

SEX: FEMALE

Signature: *Eric B. Distor*
ERIC B. DISTOR
Officer-in-Charge

QR Code

Fingerprint

Date Printed: Wednesday, October 18, 2023 11:08 AM

Agency: CAGAYAN
CAGAYAN
CAGAYAN
CAGAYAN
CAGAYAN
CAGAYAN

Barcode: A652CSAE79-LG389474



University of San Jose - Recoletos

Office of the Registrar

Magdalen 9, Calo 020, 4000 Philippines

+632 251-0600 local 301-304

www.usj.edu.ph

registrar@usj.edu.ph

FAACSI ACCREDITED



AUTONOMOUS STATUS



University of San Jose - Recoletos

Office of the Registrar

Magdalen 9, Calo 020, 4000 Philippines

+632 251-0600 local 301-304

www.usj.edu.ph

registrar@usj.edu.ph

FAACSI ACCREDITED



AUTONOMOUS STATUS

October 25, 2021

TO WHOM IT MAY CONCERN:

This is to CERTIFY that on the basis of the records of this Office, **MS. SWEET AIGNESS MAE O. ARENAS** was officially enrolled in the School of Arts and Sciences of this University as a first year student during the 2nd semester of school year 2013-2014 taking up **BACHELOR OF SCIENCE IN PSYCHOLOGY (BS PSYCH)**.

This is to CERTIFY further that she was enrolled in the following subjects:

SUBJECT	DESCRIPTION	UNITS
Econ 1	Principles of Economics with Taxation & Labor Reform	3.0
English 1	Study and Thinking Skills	3.0
History 1	Philippine History and Geography	3.0
Humanities	Art Appreciation	3.0
IB 1	Basic Keyboarding & Word Processing	2.0
Math 1	College Algebra	3.0
Psych 1	General Psychology	3.0
Psych 1A	Historical and Philosophical Perspective of Psychology	3.0
Total Units:		24.0

This certification is issued upon the request of **Ms. Arenas** for employment purposes.

GUNT N. LIM
University Registrar

October 25, 2021

TO WHOM IT MAY CONCERN:

This is to CERTIFY that on the basis of the records of the Office, **MS. SWEET AIGNESS MAE O. ARENAS** was officially enrolled in the School of Arts and Sciences of this University as a first year student during the 2nd semester of school year 2013-2014 taking up **BACHELOR OF SCIENCE IN PSYCHOLOGY (BS PSYCH)**.

This is to CERTIFY further that she was enrolled in the following subjects:

SUBJECT	DESCRIPTION	UNITS
English 1	Study and Thinking Skills	3.0
Filipino 1	Komunikasyon sa Akademikong Papan	3.0
Guidance 1	Adjustment to College Life (Phase 1)	3.0
Li 1	The Literature of the Philippines	3.0
Phil 1	Logic	3.0
Pol So 1	Politics and Governance with Philippine Constitution	3.0
Psych 1	General Psychology	3.0
RelEd 1	Revelation and Faith	3.0
Zoo 1	General Zoology (lec)	3.0
Zool 1-L	General Zoology (lab)	2.0
Total Units:		28.0

This certification is issued upon the request of **Ms. Arenas** for employment purposes.

GUNT N. LIM
University Registrar

