REPUBLIC OF THE PHILIPPINES COMMISSION ON HIGHER EDUCATION

## OHOL NORTHERN STAR COLLEGE

Founded 1996

Ubay, Bohol

To Whomsoever These Presents May Come

#### Greetings

Be it known that the Board of Trustees, by authority of the Republic of the Philippines and on recommendation of the Faculty has conferred upon

# Evan Rhea G. Jugarap who has fulfilled all the requirements of the degree of

### Bachelor of Secondary Education

(Major in English)

S.O. 50-140102-0144 s. 2018

March 07, 2018

with all the rights, honors and privileges as well as the obligations and responsibilities thereunto appertaining. In testimony whereof, we have hereto subscribed our names and affixed the seal of the College. Given in the Municipality of Ubay. Bohol, Philippines, this 24th day of March, 2018.

MR. NORRIS C. OCULAM Chairman, Board of Trustees LEONARDA D. LOAYON, Ed. D. President





#### MEMBER'S DATA FORM (MDF)

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#### INSTRUCTIONS

- 2. Type or print all entries in BLOCK or CAPITAL LETTERS.
- 3. All fields marked with asterisk (\*) are mandatory.
  4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED"
- 5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
- 1. 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.

  3. Type of print all entries in BLOCK and ASTALL ACCOUNTS AND ASSALL ACCOUNTS
  - 7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a

  - 8. 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.

    9. 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	□EMPLOYED		THEMPLOYED MOTIVET	TMBL OVED				
THE STATE OF THE S	DEMPLOYED		■ UNEMPLOYED/NOT YET EMPLOYED					
MANDATORY		*MEMBERS	HIP CATEGORY					
	☐ JOB ORDER I	IAL/BUSINESS OWNER	VOLUNTARY  ☐ EMPLOYED FOREIGN GO ☐ BARANGAY OFFICIAL/EM ☐ NON-WORKING SPOUSE ☐ MEMBER OF RELIGIOUS ☐ PENSIONER/INVESTOR/L	TRADE UNION  OVERSEAS FILIPINO IMMIC  GROUP  OTHERS, Please specify				
PERSONAL DETAILS								
NAME	LAST NAME	E FIRST N.	AME NAME EXTENS (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)			
*MEMBER	JUGARAP	EVAN R	HEA	GEGUINTO				
FATHER	JUGARAP	ANGEL	то	BOAQUIN				
*MOTHER (Maiden Name)	GEGUINTO	WILM	A	ESPACIO				
*SPOUSE (If Married)								
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	JUGARAP	EVAN R	HEA	GEGUINTO				
*DATE OF BIRTH  0 4 0 5 1 9 9  m m d d y y y y  *PLACE OF BIRTH (City/Municipality. (Please indicate country if born outside to UBAY, BOHOL	y /Province/Country)	*CITIZENSHIP	Nidow/er  Annulled .egally Separated	TAXPAYER IDENTIFICAT SSS/GSIS NUMBER	ION NUMBER (TIN)			
	VEIGHT  42 (kg) (CRN)	(Ex. Moles, Scars, etc.)  MOLE ON T  FREQUENCY OF MEM  PAYMENT (If payment of  Monthly	HE RIGHT CHEEK  MBERSHIP SAVINGS (MS) MS is not thru payroll deduction) Semi-Annually Annually	For AFP/PNP Employee, Se For DepEd Employee, Divisi				
ADDRESS AND CONTACT DETAILS								
*PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name		No., Phase No. House No	Street Name PUROK-7B	(Indicate country code if abroa COUNTRY + AREA CODE Home	d) TELEPHONE NUMBER			
Subdivision Barangay KATARUNGA	Municipality/C N UBAY	ity Province/State/Country BOHOL	y (if abroad) ZIP Code 6315	Cell Phone 0678502				
*PRESENT HOME ADDRESS Unit/Room No., Floor Building Name	Lot No., Block	No., Phase No. House No	Street Name PUROK-7B	Business (Direct Line)				
Subdivision Barangay KATARUNGA	Municipality/Ci N UBAY	ty Province/State/Country BOHOL	y (if abroad) ZIP Code <b>6315</b>	Business (Trunk Line) Email Address	Local			
*PREFERRED MAILING ADDRESS  Present Home Address Permanent Home Address Employer/Business Address    Present Home Address   Permanent Home Address								

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

	PRESENT	EMPLOYMENT DE	TAILS (If with more than	one (1) employer, use separa	te sheet and follow for	mat bo(.is)
*OCCUPATION		EMPLOYMENT STA			TYPE OF WO	RK (For OFW only) (Pls. specify country of assignment)
		Permanent/Regular Casual	Contractual Project-based	☐ Part-time/ Temporary	☐ Land-based☐ Sea-based	
*EMPLOYER/BUSINE	ESS NAME (For For	mally Employed, OFW and S	Self-employed Profession	al/Business Owner)	MONTHLY INC Basic	COME
*EMPLOYER/BUSINE	ESS ADDRESS (Fo	or Formally Employed, OFW	and Self-employed Profe	essional/Business Owner)	Allowances/0	Others
Unit/Room No., Floor	Build	ling Name	Lot No., Block No., Ph	nase No. House No.	Total Mo. Inc	
Street Name	Subo	division	Barangay		OFFICE ASSI	
					☐ Head Office	
Municipality/City	Prov	ince	State/Country (If abroa	ad) ZIP Code	DATE EMPLO	YED (Month, Year)
	PREVIOUS E	EMPLOYMENT FROM	I DATE OF Pag-IB	IG Fund MEMBERS	The second second second	A STATE OF THE PARTY OF THE PAR
EMPLOYER/BUSIN	ESS NAME				OFFICE ASSIG	
					☐ Head Office	
EMPLOYER/BUSIN					m m y OFFICE ASSIG	y y y m m y y y y
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20,2,000					☐ Head Office	Branch
EMPLOYER/BUSIN	IESS ADDRESS				FROM	ТО
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HEIRS (In case of death	h, Fund benefits shall be	divided among the member's h	eirs in accordance with the	New Civil Code as amended b	y the New Family Code	) (Use another sheet if necessary)
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)	RELATIONSHIP	DATE OF BIRTH
JUGARAP	JOMARE		GEGUIENTO		BROTHER	1 0 3 1 1 9 9 9 m m d d y y y y
JUGARAP	ROMEL		GEGUINTO		BROTHER	1 1 0 5 1 9 9 7 m m d d y y y y
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						m m d d y y y y
I HEF	REBY CERTIFY TH	AT THE INFORMATIO	N GIVEN AND ALL	STATEMENTS MADE	HEREIN ARE TR	RUE AND CORRECT.
				05/19/		
		SIGNATUI	RE OF MEMBER	DAT	E	
		F	FOR Pag-IBIG FUN	D USE ONLY		
RECEIVED BY						DATE
Signature	over Printed Nam		Designation/Position		nch/Unit	
Signature	. STOLL INTOGRAM			5/0		

#### **DISCLAIMER**

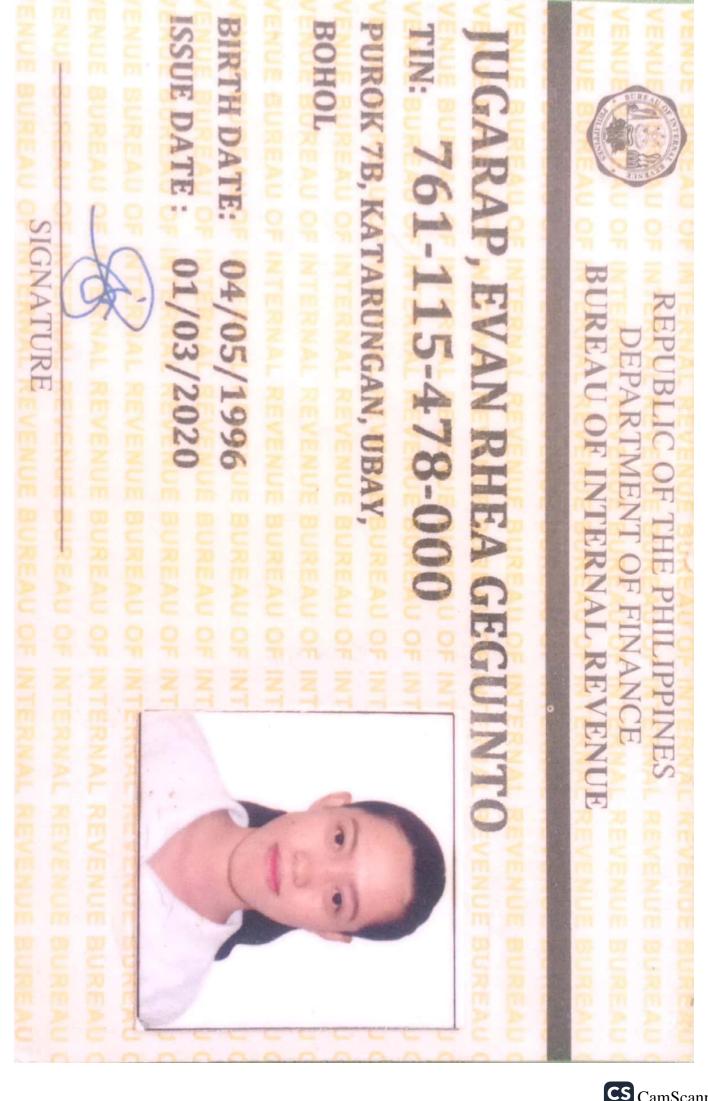
Membership registration with the Fund does not automatically qualify a Pag-IBIG member to avail of the Fund's various loan programs. A Pag-IBIG member must satisfy the eligibility requirements and comply with the documentary requirements, which is subject to verification and approval.





Basic Information			
Name of Applicant:	JUGARAP, EVAN RHEA GEGUINTO		
Date of Birth:	04/05/1996 (mm/dd/yyy)		
Gender:	FEMALE		
Marital Status:	SINGLE		
Nationality:	FILIPINO	•	
Religion:	CHRISTIAN		
Place of Birth:	UBAY BOHOL PHILIPPINES		
Home Address:	PUROK-7B KATARUNGAN UBAY BOHOL 6315		
Telephone No:			
Mobile No:	(0921) 067-8502		
Email Address:	jrheaeve@gmail.com		
Name of Father:	JUGARAP, ANGELITO BOAQUIN		
Name of Mother:	GEGUINTO, WILMA ESPACIO		
Beneficiary(ies)			
Other Beneficiary/les:	JUGARAP, ROMEL GEGUINTO (Brother)	11/05/1	996
	JUGARAP, JOMARE GEGUIENTO (Brother)	10/31/1	996
Purpose of Application			
Purpose:	FOR EMPLOYMENT		***
Applicant's Certification			
EVAN KHEA LATER Signature Over Pr		LEFT THUMB MARK	RIGHT THUMB MARK
	/ TO BE FILLED OUT	BY SSS	
MARIFE BAR	SON AMORA JUN 1 12	018 Time 727/	Anusov S.

1 1 X X		Page 1 of 2, 1 Copy
TATIS		
		(Copy for OCRG)
No.	Municipal Form No. 102 (To be accomplished in quadruplicate)	REMARKS/ANNOTATION
E	OFFICE OF THE CIVIL REGISTRAN GENERAL	
	CERTIFICATE OF LIVE BIRTH  (Fill out completely, accurately and legibly, use ink or typowritet.  Flace X before the appropriate answer in items 2, 5a, 5b and 19a.)	
William .	Province Bohol Bohol	Late
	City/Municipality Ubay 780 (E-96)	1 934
	1. NAME (First) (Middle) (Last) (CECUINTO JUGARAP)	For OCRG USE ONLY: Population Reference No.
	2. SEX 3. DATE OF BIRTH. (day). (month) (year).  1. Male X 2 Female 3. DATE OF BIRTH. (day). (month) (year).  05. APT11 1996	TO BE FILLED UP AT THE
	C 4. PLACE OF (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) H BIRTH House No., Street, Barangay)	OFFICE OF THE CIVIL REGISTRAR
Thursday, and	Katarungan, Ubay, Bohol	41
	Sa. TYPE OF BIRTH  X 1 Single 2 Twin 1 First 2 Second  3 Triplet, etc. 3 Others, Specify	
		48.
	First (first, second, third, etc.) 2175 grams	Ap 50
	6. MAIDEN (First) (Madio):1/2 (Leas) C NAME WIIMA ESPACIO COM- GECUINTO	2 050496
	7. CITIZENSHIP Filipino 8. REUGION CENTROLLO ROMAN CAtholic	100 AUG 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	O 9a. Total number of	124 48
	H alive: this birth: are now dead:	The state of the s
	R Housewife of this birth 25 years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) Katarungan, Ubay, Bohol	62 (A)
	F 13. NAME (First) - (Middle) (Last) - (Middle) - (Last) - (Middle) - (Last) - (Middle) - (Last) - (Middle) -	69
	14. CITIZENSHIP Filipino 15. RELIGION Catholic	
	E 16. OCCUPATION 17. Age at the time of this birth: 28	770 72 74
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of	CV CV DO
	Acknowledgment/Admission of Paterality at the back) 4- Upay, Bohol	
	19a, ATTENDANT  1 Physician 2 Nurse 3 Midwite	220 25
	T_4 Hilot (Traditional Midwife)5 - Others (Specify)	4 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	19b. CERTIFICATION OF BIRTH  Thereby certify that l'attended the birth of the child who was born alive at 3:45 FM o'clock	112445
	am/pm on the data stated above.  Signature Address Fatima, Ubay, Bohol	在海上的市场中的市场,在海南南部的市场上,1000年间,1
	Name in Print ROSLTA REYES  Title of Position Hilot Date May 17, 1996	
	20. INFORMANT	The state of the s
	Manager ANGELITO B. JUGAFAP Bohol	4 1 2 3
	Relationship to the child Father Date May 17, 1996	P(1089)
	21. PREPARED BY 22. RECEIVED AT THE OFFICE OF	13 4 4 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5
	Signature CHARUTE G. BALANT Signature ZENEN B. PAREDES Name in Print. Name in Print.	12-148
	Name in Print Registration Officer II Marno a Print Figure . Civil Registr Title or Position Ray 17, 1996 Date May , 1996	©4 009 G
		HILL HILL HILL HILL HILL HILL HILL HILL
		0 . 10.
04122- BEST POSSIBLE IMAG	21-400JTC-00387-BI004 BReN 6 01246-A96H501-1	Carelet Y. Z-
III III III III IIII		CARMELITA N. ERICTA Administrator and Civil Registrar General
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Z6000037742	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



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- This card bears your permanent Taxpayer Identification Number with the BIR. (TIN). Always indicate your TIN on all returns / documents filed
- of this card and change of name or address Report immediately to your Revenue District Officer, the loss
- · Any person who secures and / or uses more than one TIN shall ımprisonmeni be criminally liable and shall be punishable by fine