

# Tourism Infrastructure & Enterprise Zone Authority

February 08, 2021
(Date)

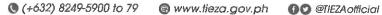
#### CLEARANCE

#### TO WHOM IT MAY CONCERN:

	This is to certify that #3057 EZRA NICOLE C. BASTO stationed at the					
	Corporate Planning Department has been cleared of all property/money					
accountabilities and of all special assignments, special reports, etc. required by existing office orders or instructions and that he/she has no pending administrative or any other case whatever according to the records of this Office. Clearance has been issued due to <b>DEATH</b> effective <b>January 21, 2021</b>						
	2 20 0 44 4/1		Flymon			
1.	ANNA LEAH R. BAYOT	2.				
			FRANCIS RANDY J. HORTELANO			
	Immediate Supervisor		Department Manager			
3.	ROSANNA M. OLGADO	4.	NIÑO RUPERTO F. AQUINO			
	Manager, Administrative Services Dept.		OIC, Legal Department			
5.	RODOLFO E. ANCHETA	6.	ANA RUTH L. MATEO			
	Manager, Financial Services Dept.		Manager, General Services Division			
a.	MYRNA A. SUAREZ	b.	CRISTETO G. OCAMPO			
	Manager, Treasury Division		Chairperson, ECOPT			
C.	NENITA R. MEDINA	d.	JOY M. BULAUITAN			
	President, TEA		Chairperson, Welfare Fund			
Re	commending Approval:					
	JOY M. BULAUITAN					
Sector Head ACOO for Administration & Finance Sector						
	Approved:					
	MARK T	. LA	PID			
Chief Operating Officer						

Note: This form must be accomplished in four (4) copies by the outgoing/leaving employees who shall retain the ORIGINAL and leave the other copies with the Human Resource Services Division.

of th & 7th Floors, Tower 1, Double Dragon Plaza, Double Dragon Meridian Park Macapagal Avenue corner EDSA Extension, Bay Area, Pasay City 1302, Philippines











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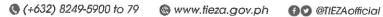
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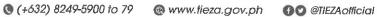
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Sector Head ACOO for Administration & Finance Sector					
Approved:					
MARK T. LAPID Chief Operating Officer					

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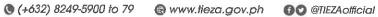
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1	Municipal Form No. 103	$r = m \cdot m \cdot n \cdot (\log^2 (n) \cdot \log^2 (n)$	(To be accomp	olished in quadruplicate using black			
1	(Revised January 2007)  Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL						
		ICATE OF					
	Brovince SULACAN		Registry	No.			
	MIN FE MAINE	75					
	Olty/Walliolpaney			2. SEX (Male/Female)			
	1. NAME (First) (Middle)	(Last)		PENIALE			
	ESPA NICOLE CUDAL	- BAS		,			
	3. DATE OF DEATH (Day, Month, Year) 4. DATE OF BIRTH (Day)	, <u>a</u>	AGE AT THE TIME OF IF 1 YEAR OR ABOVE [2] Completed years	DEATH (Fill-in below accdg, to age cate b. FUNDER 1 YEAR c. IF UNDER 24 1 [1] Months [0] Days Hours Min/s			
	6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House		, ,	7. CIVIL STATUS (Single/Married/Wide			
		1- HOSP / STO :	Roscini , City red plos Paul	Widower/Annulled/Divorced) (SINGLE			
	8. RELIGION/RELIGIOUS SECT 9. CITIZENSHIP			arangay, City/Municipality, Province, Cou			
	Reman Catholic Filipino	134 LI7 11	teritage itemes, L	orgos, maiolos, raut. 174			
a a	11. OCCUPATION 12. NAME OF FATHER (First,			OFMOTHER (First, Middle, Last)			
	THE CONTRACT OF THE PARTY OF TH	SASTO		MANDE STORE			
	(For ages 0 to 7 da	EDICAL CERTIFICAT ys, accomplish items	14-19a at the back)				
	19b. CAUSES OF DEATH (If the deceased is aged 8 days ar	nd over)	Inte	rval Between Onset and Death			
	I. Immediate cause : a. Catho formaran						
	Underlying cause : c						
	19c. MATERNAL CONDITION (If the deceased is female age			A Nana of the			
	a. pregnant, b. pregnant, in c. less than 42 days after d. 42 days to 1 year after e. None of the not in labour labour delivery delivery choices						
	19d. DEATH BY EXTERNAL CAUSES  a, Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) (Yes / No)						
	b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)						
	21a.ATTENDANT 2 Public	D)	216	. If attended, state duration(mm/dd/			
	1 Private Health 3 Hospital		thers Specify) Fr	om Jan 21 , 2021 To Jan 21 ,2			
	22 CERTIFICATION OF DEATH  I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that!						
	have not attended the deceased and that death occurr	red at <u>il : l0 ph -</u> am	n/pm on the date of dea	ath specified above.			
	a call	I the table	REVIEWED BY:				
	Name in Print OPER OF ACTURETION IND Aprile S	GORGION NO	Signature Over	Printed Name of Health Officer			
	Title or Position INTERNIST Physician (RUD) Address Minich Stv. Rosano city of habou		eignatoro e vot				
*	Date Jan.						
	(Rurial Cromotion if others enecify)	EMATION PERMIT	24b. TRANSFER PERMIT           Number				
	25. NAME AND ADDRESS OF CEMETERY OR CREMATORY						
	26. CERTIFICATION OF INFORMANT	27, PREP	ARED BY				
	I hereby certify that all information supplied are true at to my own knowledge and belief.	nd correct	Ĭ.	/			
(	Signature AMMA	Signature		1/14/			
	Name in Print RANA C BASTO	Name in	, , , , , , , , , , , , , , , , , , , ,	M-Santis			
	Relationship to the Deceased SISTER Labore		PositionRCG				
	Address BH LIA Heritage Homes City of mal	Date	<u>Š</u>	m. 11, 2021			
	Date Jan 2 ,2021	20 DECIS	STERED BY THE CIVIL F	REGISTRAR			
	28. RECEIVED BY Signature			COOTTON			
	Name in Print						
	Title or Position	Title or Po					