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Republic of the Philippines
 Office of the Civil Registrar General
 National Statistics Office
 EDSA corner Times St.
 West Triangle, Quezon City 1104

CERTIFICATION OF BIRTH

TO WHOM IT MAY CONCERN:

We certify that, among others, the following facts of birth appear in the records of this Office:

Registry number	: 92-03799
Date of registration	: August 5, 1992
Name of child	: AARON DE GUZMAN FELLER
Sex	: Male
Date of birth	: July 27, 1992
Place of birth	: Mabalacat District Hospital, Mabalacat, Pampanga
Name of mother	: Alice L. De Guzman
Citizenship of mother	: Filipino
Name of father	: Thomas Feller
Citizenship of father	: German
Date of marriage of parents	: October 17, 2001
Place of marriage of parents	: Angeles City

This certification is issued to Alice G. Feller
 upon his/her request, for the purpose of records.

Verified and prepared by:

Elizabeth A. Aquino
ELIZABETH A. AQUINO
 Clerk II *11/21/92*

Josephine F. Bulanga
JOSEPHINE F. BULANGA
 Registration Officer II

06104-34-100AGT-00033-BI001

BEST POSSIBLE IMAGE



T100061041000003309172016001

BReN
 05409-A92NT04-4

Documentary
 Stamp Tax Paid

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
 National Statistician and Civil Registrar General
 Philippine Statistics Authority



REPUBLIC OF THE PHILIPPINES
COMMISSION ON HIGHER EDUCATION

HOLY ANGEL UNIVERSITY

Angeles City

upon the recommendation of the Faculty
has awarded to

AARON FELLER y DE GUZMAN

20044091

the Degree of

BACHELOR OF SCIENCE IN COMPUTER ENGINEERING


with all the rights, honors and privileges thereunto appertaining. In witness whereof, the
Seal of the University and the signatures of the President and the Dean are hereunto affixed.

Given at Angeles City, Philippines on 19 April 2016



Maria Doris C. Bacamante
MARIA DORIS C. BACAMANTE
Dean, College of Engineering & Architecture

Luis Maria R. Dalingo
DR. LUIS MARIA R. DALINGO
University President

BIR Form No. 2316 January 2018 (ENCS)		Certificate of Compensation Payment/Tax Withheld For Compensation Payment With or Without Tax Withheld		 2316 01/18ENCS	
Fill in all applicable spaces. Mark all appropriate boxes with an "X".					
1 For the Year (YYYY) 2 0 2 0		2 For the Period From (MM/DD) 0 1 0 6 To (MM/DD) 1 2 3 1			
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer			
3 TIN 3 3 1 - 8 0 1 - 1 6 9 -		A. NON-TAXABLE/EXEMPT COMPENSATION INCOME			
4 Employee's Name (Last Name, First Name, Middle Name) FELLER, AARON DE GUZMAN		5 RDO Code		Amount	
6 Registered Address 24-14 Camelia St. Timog Park Angeles City Pampanga		6A ZIP Code 2 0 0 9		27 Basic Salary (including the exempt P250,000 & below) or the Statutory Minimum Wage of the MWE 0.00	
6B Local Home Address Apt. A Jasmin St. Hensonville Angeles City Pampanga		6C ZIP Code 2 0 0 9		28 Holiday Pay (MWE) 0.00	
6D Foreign Address				29 Overtime Pay (MWE) 0.00	
7 Date of Birth (MM/DD/YYYY) 0 7 2 7 1 9 9 2		8 Contact Number		30 Night Shift Differential (MWE) 0.00	
9 Statutory Minimum Wage rate per day				31 Hazard Pay (MWE) 0.00	
10 Statutory Minimum Wage rate per month				32 13th Month Pay and Other Benefits (maximum of P90,000) 90,000.00	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax				33 De Minimis Benefits 30,526.93	
Part II - Employer Information (Present)				34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only) 14,814.00	
12 TIN 0 0 7 - 5 8 2 - 9 3 6 - 0 0 0 0				35 Salaries and Other Forms of Compensation 1,836.41	
13 Employer's Name SFA Semicon Philippines Corporation				36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35) 137,177.34	
14 Registered Address Panday Fira Ave. cor. Creekside Road, Clark Freeport Zone, Philippines		14A ZIP Code 2 0 0 9		B. TAXABLE COMPENSATION INCOME REGULAR	
15 Type of Employer <input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer				37 Basic Salary 247,622.45	
Part III - Employer Information (Previous)				38 Representation 0.00	
16 TIN				39 Transportation 0.00	
17 Employer's Name				40 Cost of Living Allowance (COLA) 0.00	
18 Registered Address		18A ZIP Code		41 Fixed Housing Allowance 0.00	
Part IVA - Summary				42 Others (specify) 42A 0.00 42B 0.00	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50) 495,696.98				SUPPLEMENTARY	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36) 137,177.34				43 Commission 0.00	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50) 358,519.64				44 Profit Sharing 0.00	
22 Add: Taxable Compensation Income from Previous Employer, if applicable 0.00				45 Fees Including Director's Fees 0.00	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22) 358,519.64				46 Taxable 13th Month Benefits 27,113.17	
24 Tax Due 21,703.93				47 Hazard Pay 0.00	
25 Amount of Taxes Withheld 25A Present Employer 21,703.93 25B Previous Employer, if applicable 0.00				48 Overtime Pay 83,784.02	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B) 21,703.93				49 Others (specify) 49A 0.00 49B 0.00	
I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/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. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.				50 Total Taxable Compensation Income (Sum of Items 37 to 49B) 358,519.64	
51 MR. KANG, DAEKYU Present Employer/Authorized Agent Signature over Printed Name				Date Signed 0 1 1 1 2 0 2 1	
CONFORME: 52 FELLER, AARON DE GUZMAN Employee Signature over Printed Name				Date Signed	
CTC/Valid ID No. of Employee 07-051055501-3 Place of Issue				Date Signed	
To be accomplished under substituted filing					
I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.				I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.	
53 MR. KANG, DAEKYU Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)				54 FELLER, AARON DE GUZMAN Employee Signature over Printed Name	



MEMBER'S DATA FORM (MDF)

REGISTRATION TRACKING NO.

9102 8431 2046

FOR HDMF USE ONLY

Pag-IBIG MID No.

1211 8391 0215

INSTRUCTIONS

- Submit this form in two (2) copies.
- Type or print all entries in BLOCK or CAPITAL LETTERS.
- The "NAME EXTENSION" shall refer to I, II, III and the like.
- Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
- Accomplish only the "PERMANENT HOME ADDRESS" if it is different with the "PRESENT HOME ADDRESS".
- On the "BENEFICIARIES" portion, the provision on the Intestate Succession, as provided in the New Family Code shall be observed.
 - SINGLE - Mother, Father, Brother and/or Sister
 - MARRIED - Spouse, Son, Daughter, Mother and Father
- Upon submission of this form, present at least one (1) valid ID.
- For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPF110] and submit to the concerned HDMF Branch.

MEMBERSHIP CATEGORY

MANDATORY

- ☐ EMPLOYED PRIVATE
☐ EMPLOYED GOVERNMENT
☐ EMPLOYED PRIVATE HOUSEHOLD

VOLUNTARY

- ☐ OVERSEAS FILIPINO WORKER (OFW)
☐ EMPLOYED
☐ SELF-EMPLOYED
☐ INDIVIDUAL PAYOR

OTHER PROGRAMS (VOLUNTARY)

- ☐ MODIFIED Pag-IBIG II (Cir. 276 dtd. 2/3/10)
☐ Pag-IBIG II (Cir. 72 dtd. 10/23/89)
☐ POP (Cir. 98 dtd. 10/2/91)
☐ POP (Cir. 98-C dtd. 1/28/04)

	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
MEMBER	FELLER	AARON		DE GUZMAN	<input type="checkbox"/>
FATHER	FELEF	THOMAS			<input checked="" type="checkbox"/>
MOTHER (Maiden Name)	DE GUZMAN	ALICE		LOTEYRO	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME APPEARING IN BIRTH CERTIFICATE					<input type="checkbox"/>

DATE OF BIRTH

07 / 27 / 1992

CIVIL STATUS

- ☒ Single ☐ Widower ☐ Annulled
☐ Married ☐ Legally Separated

TAXPAYERS IDENTIFICATION NUMBER (TIN)

PLACE OF BIRTH (City/Municipality/Province/Country)

DAU MARAAGAT PAMPANGA

CITIZENSHIP

FILIPINO

SEX

- ☒ Male
☐ Female

HEIGHT

1.74 (m)

WEIGHT

72 (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES (Ex. Moles, Scars, etc.)

COMMON REFERENCE NUMBER (CRN)/UNIFIED MULTI-PURPOSE ID NO. (if Available)

SSS/GSIS NUMBER

EMPLOYEE NUMBER

For AFP/PNP Employee, Serial/Badge No.

For DECS Employee, Division Code-Station Code

PRESENT HOME ADDRESS

Unit/Room No., Floor		Building Name	
Lot No.	Block No.	Phase No.	House No.
24-14		CAMELIA ST.	
Subdivision		Barangay	
TIMOG PARK			
Municipality/City		Province	
ANGELES CITY		PAMPANGA	
State/Country (if abroad)		ZIP Code	
		2009	

CONTACT DETAILS

(Indicate country code if abroad)

COUNTRY + AREA CODE TELEPHONE NUMBER

Home

Cell Phone

Business (Direct Line)

Business (Trunk Line) Local

Email Address



MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **070510555013**

Member Category : FORMAL ECONOMY

Sub-Category : PRIVATE

NHTS Coverage :

Effectivity Period :

FELLER, AARON DE GUZMAN

24 19 CAMCLI ST TIMOG PARK, SANTO
DOMINGO, ANGELES CITY, PAMPANGA
2009

Foreign Address : N/A

Sex : Male

Date of Birth : 08/05/1992 07/27/92

Place of Birth : MABALACAT, PAMPANGA

Contact No. (Foreign) : N/A

Civil Status : SINGLE

(Local) :

Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 200154300001

Name of Employer/Organized Group : CLARK DATA CENTER INC

Business Address : 7374 GIL PUYAT AVE, CLARK FREEPORT ZONE, PAMPANGA

Telephone Number : 045 5995244

Tax Identification Number : 210004912457

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

HENRY V. ALMANON

Branch Manager

PRO - III Branch A

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa ospital. *Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and avallment of benefits.)*

This is a system generated report. Signature is not required.

10/4/2016 4:22:33 PM 20478905 20478905 / 10/4/2016

Republic of the Philippines
SOCIAL SECURITY SYSTEM
SS NUMBER SLIP

SS Number: 34-6254532-0

FELLER, AARON DE GUZMAN

Birthdate: 07/27/1992

