

Manila Form No. 102  
(Revised, 1988)

## REPUBLIC OF THE PHILIPPINES

## CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly in ink or typewriter)

(This is accomplished in triplicate)

## LOCAL CIVIL REGISTRY

0942630

PROVINCE \_\_\_\_\_ CITY / MUNICIPALITY \_\_\_\_\_ MANILA

1. NAME (First) (Middle) (Last) LOCAL CIVIL REGISTRY

EUGENE SERGIO CASTRO LOS SANTOS

2. SEX (Place X on appropriate answer) 3. DATE OF BIRTH (Day) (Month) (Year)

 Male 2 Female

13 7 1987

4. PLACE OF (Name of Hospital / Institution; if not in hospital, give street / barangay) (City/Municipality) (Province)

Medical Center Manila

5. TYPE OF BIRTH (Place X on appropriate answer) 6. IF MULTIPLE BIRTH, CHILD AS

 1 Single  2 Twin  3 Three or more1 First  2 Second  3 Third  4 Fourth

7. NATIONALITY

8. NAME (First) (Middle) (Last) NATIONALITY

9. NAME (First) (Middle) (Last) NATIONALITY

10. NAME (First) (Middle) (Last) NATIONALITY

11. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill in "N/A" or "Accredgment of the book")

July 12, 1986 Manila

13. CERTIFICATE OF ATTENDANT AT BIRTH

I hereby certify that I attended the birth of the child who was born alive at 1:15 P.M. on the 10th day of July, 1987.

Signature \_\_\_\_\_  
 Name in print JOSE RELACION M.D.  
 Title or position Obstetrician

Address Medical Center Manila  
 1122 San. Luis St. Ermite Manila  
 Date July 10, 1987

14. INFORMANT

Signature \_\_\_\_\_  
 Name in print IRENE C. DE LOS SANTOS  
 Relationship to child Mother

Address 2304 Zafiro St. San Andres  
 Bukid Pin.  
 Date July 11, 1987

15a. PREPARED BY

Signature \_\_\_\_\_  
 Name in print TERRSITA E. GUEVARA  
 Title or position Head, Record  
 Date July 11, 1987

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature \_\_\_\_\_  
 Name in print \_\_\_\_\_  
 Title or position \_\_\_\_\_  
 Date \_\_\_\_\_

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

0820

(Important: Informant should also provide information for Items 17 to 25 to be filled out of the Office of the Local Civil Registrar)

Registration Status

PROVINCE \_\_\_\_\_ CITY / MUNICIPALITY \_\_\_\_\_ MANILA

17. Weight of Birth (In grams) 3084 3 0 8 4 18. Birth Order or Child, sex, name, date of birth, season

First 6/1 20

19. Total Number of Children Born 0/1 b. How many children are now living, including this birth? 0/1 c. Any children born alive but now dead? 0/0

Alive 1 22 1 24 25

20. Usual Occupation Housewife 22 6 21. Age of the child at the time of his birth 1 9 1 9

22. Usual Residence (Barangay) (City/Municipality) (Province) 341/499

2364 Zafiro St. San Andres Bukid MM

33

23. Usual Occupation Businessman 425 4 1 1 24. Age of the child at the time of his birth 3 2 0

36 41

25. Attendant at Birth (Place X on appropriate answer)  Physician  Nurse  Midwife  Others

43

Sex Date of Birth Place of Birth Mother's Nationality Father's Nationality

M 1 0 0 7 8 7 3 9 0 8 1 1

F 45 46

NAME OF CHILD

EUGENE SERGIO C. DE LOS SANTOS



For births before 3 August 1988/on or after 3 August 1988

## AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, EUGENE SERGIO C. DE LOS SANTOS and MARY ANN C. SALVADOR, parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

Eugene de los Santos  
 (Signature of Father)

 Community Tax No. 27635609  
 Date Issued FEB. 09, 2010  
 Place Issued O. C. CITY HBL
S. Salvador  
 (Signature of Mother)

 Community Tax No. 27635605  
 Date Issued FEB. 09, 2010  
 Place Issued O. C. CITY HBL

 SUBSCRIBED AND SWORN to before me this 09 day of February, 2010, at \_\_\_\_\_

 (Signature of Administering Officer)  
J. P. L.  
 (Name in Print) J. P. L.

ATTY. EECILIC LUMANTAO

 NO. 11-A  
 UNTIL FEB. 22, 2010  
 ATTORNEY IN FACT  
 1B-III (Title/Designation)  
 PIG NO. 3186945 I-05-10 B-L  
 MCLENU. (Date/Year)

Not applicable for births before 27 February 1931

## AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit)

I, MARY ANN C. SALVADOR, of legal age, single/married and with residence and postal address at 286 D. TUazon St. BRGY. MANTESA O.C., after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of CIAN DE LOS SANTOS.
2. That I/he/she was born on DEC. 31, 2009 at ST. TERESA HOSPITAL.
3. That I/he/she was attended at birth by DRA. CARMEN CUSTODIO who resides at \_\_\_\_\_.
4. That I/he/she is a citizen of \_\_\_\_\_.
5. That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_.  
 not married but was acknowledge by my/his/her father whose name is EUGENE SERGIO DE LOS SANTOS.
6. That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_.
7. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_.
8.  (For the applicant only) That I am married to \_\_\_\_\_.  
 (For the father/mother/guardian). That I am the \_\_\_\_\_ of the said person.

S. Salvador  
 (Signature of Affiant)

 Community Tax No. 27635605  
 Date Issued FEB. 09, 2010  
 Place Issued O. C. CITY HBL

 SUBSCRIBED AND SWORN to before me this 9 day of February, 2010, at \_\_\_\_\_, Philippines.

 (Signature of Administering Officer)  
J. P. L.  
 (Name in Print) J. P. L.

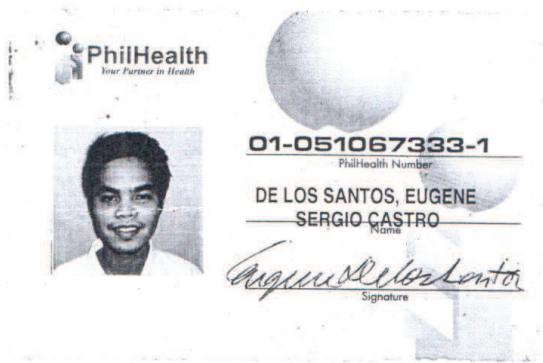
ATTY. EECILIC LUMANTAO

 NO. 11-A  
 UNTIL FEB. 22, 2010  
 ATTORNEY IN FACT  
 1B-III (Title/Designation)  
 PIG NO. 3186945 I-05-10 B-L  
 MCLENU. (Date/Year)

 TO CERTIFY THAT THIS  
 IS A TRUE COPY  
 DATED FEB. 09, 2010



Municipal Form No. 102 (Revised January 1993) <span style="float: right;">(Copy for OCG)</span> Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL <span style="float: right;">VALID UNTIL DECEMBER 2010</span> <b>CERTIFICATE OF LIVE BIRTH</b> <small>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)</small>				REMARKS/ANNOTATION
Province	Metro Manila			
City/Municipality	Quezon City			2010-12980
1. NAME (First) Gian Dibea (Middle) Salvador (Last) De Los Santos 2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female 3. DATE OF BIRTH (day) (month) (year) 31 December 2009 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) Sta. Teresita General Hospital, 100 D. Tuazon St., QC 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 (live births and fetal deaths including this delivery) (First, second, third, etc.) First 2977 grams 6. MAIDEN NAME (First) Mary Ann (Middle) Carbonell (Last) Salvador 7. CITIZENSHIP Filipino 8. RELIGION Catholic 9a. Total number of children born <input type="checkbox"/> 1 b. No. of children still living including <input type="checkbox"/> 1 this birth: _____ Alive: _____ c. No. of children born alive but <input type="checkbox"/> 0 are now dead: _____ 10. OCCUPATION Employee Hotel 11. Age at the time of this birth: 24 years 12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) 286 D. Tuazon St., Brgy. Manresa, QC 13. NAME (First) Eugene Sergio (Middle) Castro (Last) De Los Santos 14. CITIZENSHIP Filipino 15. RELIGION Catholic 16. OCCUPATION College Student 17. Age at the time of this birth: 22 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 <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Pilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) _____ 19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at 3:20 AM o'clock am/pm on the date stated above. Signature: <i>Carmen Custodio</i> Address: c/o STGH, QC Name in Print: Carmen Custodio, MD Date: Jan. 4, 2010 Title or Position: Physician 20. INFORMANT Signature: <i>Eugene G. De Los Santos</i> Address: same as above Name in Print: Eugene G. De Los Santos Date: Jan. 4, 2010 Relationship to the child: Father 21. PREPARED BY Signature: <i>Ma. Corazon Facion</i> Address: same as above Name in Print: Ma. Corazon Facion Date: Jan. 4, 2010 Title or Position: Med. Records Clerk Date: Jan. 4, 2010 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR FOR THE CITY/TOWN OF QC Signature: <i>ISIDRO F. MENDOZA JR.</i> Address: same as above Name in Print: ISIDRO F. MENDOZA JR. Date: Jan. 4, 2010 Title or Position: ASST. REGISTRATION OFFICER Date: Jan. 4, 2010				



### IMPORTANT

1. The number on this card is your permanent PhilHealth Number.
2. Use the name and PhilHealth Number as indicated in this card in all your transactions with PhilHealth.
3. In case of loss of this card, please notify PhilHealth and apply for a replacement. Do not apply for a new number.

  
DR. REY B. AQUINO  
President and CEO.



## MEMBER'S DATA FORM (MDF)

FOR HDMF USE ONLY

Pag-IBIG MID No. 121097405428  
 Registration Tracking No.  
**913218692778**

## INSTRUCTIONS

1. The Member's Data Form (MDF) shall be accomplished in two(2) copies.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. The 'NAME EXTENSION' shall refer to JR., II, III and the like.
4. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
5. Accomplish only the 'PERMANENT HOME ADDRESS' if it is different with the 'PRESENT HOME ADDRESS'.
6. On the 'BENEFICIARIES' portion, the provision on the intestate Succession, as Provided in the New Family Code shall be observed.
  - a. SINGLE - Mother, Father, Brother and/or Sister.
  - b. MARRIED - Spouse, Son, Daughter, Mother and Father
7. Submit MDF in two (2) copies and present at least one (1) valid primary ID.
8. For any subsequent change of information, please secure and accomplish two (2) copies of the Member's Change of Information Form (MCIF) [FPFI10] and submit to the concerned HDMF Branch.

MEMBERSHIP CATEGORY					
<input checked="" type="checkbox"/> EMPLOYED PRIVATE <input type="checkbox"/> EMPLOYED GOVERNMENT <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW)		<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> EMPLOYED PRIVATE HOUSEHOLD <input type="checkbox"/> INDIVIDUAL PAYOR		<input type="checkbox"/> NOT YET EMPLOYED	
MEMBER	LAST NAME <b>DE LOS SANTOS</b>	FIRST NAME <b>EUGENE SEGIO</b>	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME <b>CASTRO</b>	NO MIDDLE NAME (check if applicable only)
FATHER	<b>DELOS SANTOS</b>	<b>SEGUNDO</b>		<b>VARGAS</b>	<input type="checkbox"/>
MOTHER (Maiden Name)	<b>CASTRO</b>	<b>IRENE</b>		<b>SUMILI</b>	<input type="checkbox"/>
SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	<b>DE LOS SANTOS</b>	<b>EUGENE SEGIO</b>		<b>CASTRO</b>	<input type="checkbox"/>
DATE OF BIRTH <b>JULY 10, 1987</b>	MARITAL STATUS <b>SINGLE</b>		TAXPAYERS IDENTIFICATION NO. <b>240 868 209</b>		
PLACE OF BIRTH <b>MANILA, METRO MANILA (NCR)</b>	CITIZENSHIP <b>FILIPINO</b>		SSS NUMBER <b>3423414212</b>		
SEX <b>MALE</b>	PROMINENT DISTINGUISHING FACIAL FEATURES		GSIS NUMBER		
COMMON REFERENCE NUMBER (CRN) (If Available)					
PRESENT HOME ADDRESS				CONTACT DETAILS	
Unit/Floor/Room No.		Building		(Indicate country code if abroad)	
Lot No.	Block No.	Phase No.	House No.	Street	COUNTRY + AREA CODE TELEPHONE NUMBER: Home <b>+63 02 6251558</b>
		1	26	<b>BALIBOL</b>	Cell Phone <b>+63 0915 3836311</b>
Subdivision <b>MIDTOWN</b>		Barangay <b>SAN ROQUE</b>		Business (Direct Line)	
Municipality/City <b>MARIKINA CITY</b>		Province/State(if abroad)		Business (Trunk Line)	
Country(if abroad) <b>PHILIPPINES</b>		ZIP Code <b>1801</b>		Email Address <b>delossantos.eugene@gmail.com</b>	

PERMANENT HOME ADDRESS			
Unit/Floor/Room No.	Building	Lot No.	Block No.
		1	

House No.	Street	Subdivision	Barangay	
<b>26</b>	<b>BALIBOL</b>	<b>MIDTOWN</b>	<b>SAN ROQUE</b>	
Municipality/City <b>MARIKINA CITY</b>	Province	Zip Code <b>1801</b>		
PREFERRED MAILING ADDRESS	<input checked="" type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			
<b>EMPLOYMENT/BUSINESS DETAILS</b>				
EMPLOYER/BUSINESS NAME <b>GXS PHILIPPINES INCORPORATED</b>		EMPLOYMENT STATUS <input checked="" type="checkbox"/> Permanent/Regular <input type="checkbox"/> Contractual <input type="checkbox"/> Casual <input type="checkbox"/> Project-based <input type="checkbox"/> Part-time/Temporary		
EMPLOYER/BUSINESS ADDRESS		DATE STARTED <b>AUGUST 2013</b>		
Unit/Floor/Room No.	Building	MONTHLY INCOME Basic <b>28,000.00</b> Allowances/Others <b>0.00</b> Gross <b>28,000.00</b>		
Lot No.	Block No.	Phase No.	House No.	Street
Subdivision	Barangay			
Municipality/City <b>MAKATI CITY</b>	Province/State(if abroad)			
Country(if abroad) <b>PHILIPPINES</b>	ZIP Code <b>0727</b>	OCCUPATION <b>COMPUTER SOFTWARE ENGINEERS, SYSTEMS SOFTWARE</b>		
TYPE OF WORK (For OFWs only) <input type="checkbox"/> Land-based <input type="checkbox"/> Sea-based		MANNING AGENCY (To be accomplished by the seafarers only)		
ASSIGNED COUNTRY (Land-based only)				
PREVIOUS EMPLOYMENT FROM DATE OF Pag-IBIG FUND MEMBERSHIP				
EMPLOYER/BUSINESS NAME <b>GXS PHILIPPINES INCORPORATED</b>		FROM <b>AUGUST 2013</b>		TO <b>PRESENT</b>
EMPLOYER/BUSINESS ADDRESS				
EMPLOYER/BUSINESS NAME <b>ROHM LSI DESIGN PHILIPPINES INCORPORATED</b>		FROM <b>NOVEMBER 2010</b>		TO <b>JULY 2013</b>
EMPLOYER/BUSINESS ADDRESS				
<b>HEIRS</b> (In case of death, Fund benefits shall be divided among the member's legal heirs in accordance with the New Civil Code as amended by the New Family Code)				
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME (Check only if applicable)
<b>DE LOS SANTOS</b>	<b>GIAN DIBEAU</b>		<b> SALVADOR</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENTS MADE HEREIN ARE TRUE AND CORRECT.				
_____ SIGNATURE OF MEMBER			_____ DATE	
<b>DISCLAIMER:</b> 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.				

SS NUMBER <b>3423414212</b>	<b>SOCIAL SECURITY SYSTEM PERSONAL RECORD</b> (Please Use Black Ink Only) (Gumamit ng Itim na Tinta Lamang)			 <b>E-1</b> (Rev. 08/94)
SURNAME (APELYIDO) <b>DE LOS SANTOS</b>	GIVEN NAME (PANGALAN) <b>EUGENE SERGIO</b>	MIDDLE NAME (GITNANG PANGALAN) <b>CASTRO</b>	POSTAL CODE <b>110117</b>	
ADDRESS (NO. & STREET ; CITY/TOWN & PROVINCE) (TIRAHAN, BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN) <b>2304 ZAPIRO ST., SAN ANDRES BUKID, MCR PHILIPPINES</b>				
SEX <input checked="" type="checkbox"/> MALE (LALAKI) <input type="checkbox"/> FEMALE (BABAE)	DATE OF BIRTH (KAPANGANAKAN) <b>m m d d y y</b> <b>0 7 1 0 8 1 7</b>	CIVIL STATUS (KATAYUANG SIBIL) <input checked="" type="checkbox"/> SINGLE (WALANG ASAWA) <input type="checkbox"/> MARRIED (MAY ASAWA) <input type="checkbox"/> WIDOWED (BALO)		
<b>BENEFICIARIES (MAKIKINABANG)</b>				
SPOUSE (ASAWA)	FATHER (AMA) <b>SEGUNDO V. DE LOS SANTOS</b>			
CHILDREN (MGA ANAK)	DATE OF BIRTH (KAPANGANAKAN)	MOTHER (INA) <b>IRENNE CASTRO</b>		
OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK, O MAGULANG)				
1 <b>GIAN DIBEAU DE LOS SANTOS</b>	1 2 3 1 0 9	NAME (PANGALAN)	RELATIONSHIP (RELASYON)	
2		1		
3		2		
4		3		
5				
THUMB PRINT		I hereby certify that the above information are true and correct. (Ako ay nagpapatunay na ang akinng mga isinaad ay totoo at tama)		
 LEFT (KALIBA)		 RIGHT (KANAN)		
		 Signature (Lagda)		

Internet Edition (7/2000)

Cut along the dotted line.

Please read reminders on page 2 of this form.



ROHM LSI Design Philippines, Inc.



*Eugene Sergio C. De Los Santos*

Eugene Sergio C. De Los Santos  
R&D Division  
Emp. No. 1385

SSS	34-2341421-2
TIN	240-868-209

1. Wear and display this ID at all times when within company premises.
2. Report lost or damaged ID to the Admin. Dept.
3. This ID is company property and should be surrendered upon resignation/termination.
4. Replacement cost of ID shall be charged to the employee's account.

If found, please return to:

ROHM LSI DESIGN PHILIPPINES, INC.  
10/F Anson's Centre  
23 ADB Avenue Ortigas Center  
Pasig City 1605 Philippines  
Tel. No. (632) 706-3117  
Fax No. (632) 706-3113

*Mingat*

Ninia A. Mingat  
Personnel & GA Head

MGA PAGTATAKDA-LIMITATIONS

3

REPUBLIKA NG PILIPINAS / REPUBLIC OF THE PHILIPPINES

PASAPORTE  
PASSPORT



URB/Type                                      Kodigo ng bansa/Country code                                      Passport no.  
**P**    **PHL**    **E 00261260**

Apelyido/Surname

**DE LOS SANTOS**

Pangalan/Given name

**EUGENE SERGIO**

Pangalawang apelyido/Middle name

**CASTRO**

Araw ng kapanganakan / Date of birth

**10 Jul 87**

Kasarian/Sex

**M**    Pook ng kapanganakan / Place of birth

**MANILA**

Araw ng pagkakalooob / Date of issue

**11 Feb 14**

Araw ng pagkawatang bisa / Valid until

**10 Feb 19**

Nayon/Balangay / Municipality

**FILIPIN**

Mga kahulugan ng pangalan ng holder na may kaibigan

**DFA NOT EAST**

Lagda ng pirmig/mascotan / Holder's signature

*Eugene Sergio de Los Santos Castro*

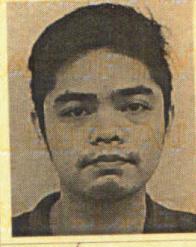
P<PHLDE<LOS<SANTOS<<EUGENE<SERGIO<<'<<<<<<

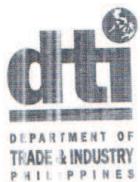
EC02612609PHL8707109M1902101<<<<<<<<<<<<<<<06

Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

32659198 N

This is to certify that the person whose name, picture and print appearing below requested for a CLEARANCE and the results are as follows:

NBI ID NO. <b>D422GEJ078-RM191823</b>	VALID UNTIL <b>April 22, 2017</b>	 <b>EUGENE SERGIO</b> <small>HUSBAND'S SURNAME</small>
FAMILY NAME <b>DE LOS SANTOS</b>	MIDDLE NAME <b>CASTRO</b>	
ADDRESS <b>2304 ZAPIRO STREET SAN ANDRES BUKID MANILA</b>	PLACE OF BIRTH <b>MANILA</b>	<small>SIGNATURE</small> 
DATE OF BIRTH <b>July 10, 1987</b>	CIVIL STATUS <b>SINGLE</b>	
CITIZENSHIP <b>FILIPINO</b>	GENDER <b>MALE</b>	
PURPOSE <b>LOCAL EMPLOYMENT</b>	<b>NOT VALID FOR TRAVEL ABROAD</b>	
REMARKS <b>NO DEROGATORY RECORD</b>		
 		
Date Printed: Tuesday, May 24, 2016 10:49 AM		
ATTY. VIRGILIO L. MENDEZ <small>Director</small>		
Agency RM DATID delarosa CASID delarosa BIOID delarosa O.R. No. EGVRDX0 RECID luceroa O.R. Date 04/22/2016 10:46:03 A INTID DS PAID PRTID floresca3		
 <b>D422GEJ078-RM191823</b>		



This certifies that

**ESCD INFORMATION TECHNOLOGY SOLUTIONS**

(City/Municipality)

QUEZON CITY, NCR, SECOND DISTRICT, NATIONAL CAPITAL REGION (NCR)

is a business name registered in this office pursuant to the provisions of Act 3883, as amended by Act 4147 and Republic Act No. 863, and in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

This certificate issued to

**EUGENE SERGIO CASTRO DELOS SANTOS**

2304 ZAPIRO ST., BARANGAY 805, SANTA ANA NCR, CITY OF MANILA, FIRST DISTRICT,  
NATIONAL CAPITAL REGION (NCR)

is valid from 27 July 2015 to 27 July 2020 subject to continuing  
compliance with the above-mentioned laws and all applicable laws of the Philippines,  
unless voluntarily cancelled.

In testimony whereof, I hereby sign this

**Certificate of  
Business Name Registration**

and issue the same on this 27th day of July 2015 in the Philippines.

A handwritten signature in black ink, appearing to read "GREGORY L. DOMINGO".  
**GREGORY L. DOMINGO**  
Secretary

**Certificate No. 03656712**

This certificate is not a license to engage in any kind of business and valid only  
at the scope indicated herein.

**TRN 6911709**

Documentary Stamp Tax Paid PhP 15.00



# INFORMATION PROFESSIONALS, INC.

7/F ARCADIA BLDG., 860 QUEZON AVENUE, BRGY. PALIGSAHAN, QUEZON CITY 1103  
TRUNK LINE: (632) 441-4436 FAX NO.: (632) 441-4500  
[www.ipiphil.com](http://www.ipiphil.com)

April 20, 2016

## CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that **MR. EUGENE SERGIO C. DE LOS SANTOS** had been a project-based consultant of Information Professionals, Inc. with contract of Services from July 06, 2015 up to April 08, 2016. He was assigned as a JAVA Developer at Smart Communications, Inc.

This certification is being issued upon the request of **Mr. De los Santos** for employment reference purposes.



RODALINA I. BRONDIAL  
VP-HRD

# OPENTEXT™

OPEN TEXT (PHILIPPINES), INC.  
36th Floor Tower 2 RCBC Plaza  
6819 Ayala Ave. cor Sen. Gil Puyat  
Ave. Makati City 1200 Philippines  
Tel.: +632-859-5300  
Fax: +632-859-5302

April 27, 2015

## CERTIFICATION

To Whom It May Concern:

This is to certify that **OPEN TEXT (PHILIPPINES), INC.** (*formerly known as GXS PHILIPPINES, INC*) with Philhealth Employer No. (PEN) 01-900002233-7 has remitted the following Philhealth contributions under the name of **EUGENE SERGIO C. DE LOS SANTOS** with Philhealth No. 010510673331.

<b>Applicable Month</b>	<b>Recon. No.</b>	<b>Employer</b>	<b>Employee</b>	<b>Amount</b>	<b>Date Paid</b>
January 2014	306169671	350.00	350.00	700.00	02/10/2014
February 2014	306169820	350.00	350.00	700.00	03/10/2014
March 2014	306861086	350.00	350.00	700.00	04/11/2014
April 2014	306170164	350.00	350.00	700.00	05/09/2014
May 2014	306170348	350.00	350.00	700.00	06/10/2014
June 2014	306170552	350.00	350.00	700.00	07/10/2014
July 2014	307085640	350.00	350.00	700.00	08/11/2014
August 2014	307085806	337.50	337.50	675.00	09/10/2014
September 2014	307085981	337.50	337.50	675.00	10/10/2014
October 2014	307086140	350.00	350.00	700.00	11/10/2014
November 2014	307086334	337.50	337.50	675.00	12/10/2014

Thank you.

Very truly yours,

**ANA ISABEL R. MORELOS**  
**HR Services Manager**

# OPENTEXT™

OPEN TEXT (PHILIPPINES), INC.  
36th Floor Tower 2 RCBC Plaza  
6819 Ayala Ave. cor Sen. Gil Puyat  
Ave. Makati City 1200 Philippines  
Tel.: +632-859-5300  
Fax: +632-859-5302

April 27, 2015

## CERTIFICATION

This is to certify that **Mr. Eugene Sergio Castro De Los Santos** was an employee of **OPEN TEXT (PHILIPPINES), INC.** (*formerly known as GXS Philippines, Inc.*) He worked with us from August 5, 2013 to December 15, 2014 and occupied the position of Associate Systems Integrator.

This certification is being issued upon the request of **Mr. De Los Santos** for whatever legal purpose it may serve.

Yours truly,

OPEN TEXT (PHILIPPINES), INC.

By:

  
**ANA ISABEL R. MORELOS**  
HR Services Manager



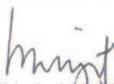
## CERTIFICATION

January 8, 2013

To whom it may concern,

This is to certify that Mr. Eugene Sergio C. Delos Santos is currently employed by ROHM LSI DESIGN PHILIPPINES, INC. as Programmer of R & D Division. He has been with the Company since November 8, 2010 and receives a guaranteed remuneration of Php 312,000.00 per annum.

This certification is issued upon the request of Mr. Delos Santos for his bank loan application.

  
NINIA A. MAINGAT  
HR & GA Head

**De La Salle University** Manila

2401 Taft Avenue, Manila, Philippines

www.dlsu.edu.ph

**OFFICE OF THE UNIVERSITY REGISTRAR**

Transcript of Records

**PERSONAL DATA**

Student Name (last, first, middle)	<b>DE LOS SANTOS, EUGENE, CASTRO</b>	Date of Birth	10 July 1987
ID Number	1055011	Gender	Male
Ownership	Filipino		
Place of Birth	Muntinlupa, Philippines		

**EDUCATIONAL DATA**

Degree	<b>Bachelor of Science in Electronics and Communications Engineering</b>	Date of Graduation	19 April 2010
Admission Credentials	High School - Form 1-38	Special Order No. (B)	Exempted
Date of Admission	23 May 2005		

**LAST SCHOOL ATTENDED**

Secondary  
St. Peter the Apostle School  
Manila, Philippines

\*\*\*NOTHING FOLLOWS\*\*\*

Academic Year/ Term	Course Code	Course Title	Grade	Unit/s
2005-2006, Term 1	KASPL1	RUYAV, MCA SIMULAT AT NAGAWA NI DR. JOSE RIZAL	3.5 PASSED (0.5)	3
	KASPL1	DYNAMICS OF SELF MANAGEMENT	0.0	0.0
	ENGAGE	ENGINEERING ALGEBRA	0.0	0.0
	GRAPONE	ENGINEERING GRAPHICS 1	1.0	1
	CHENONE	GENERAL CHEMISTRY 1 FOR COE AND CCS	2.5	1
	LBYCH1	GENERAL CHEMISTRY LABORATORY 1 FOR ENGINEERING	3.5	2
	PENDIV	INDIVIDUAL SPORTS	3.5	3
	FTLPL1	INDIVIDUAL SPORTS	3.5	3
	NSTP-CI	KOMPAKTAON SA FILIPINOTHA	3.0	3
	NSTP-CL	NSTP PROGRAM - CMCW WELFARE TRAINING SERVICE 1	3.5	3
	SALKISK	TRIGO	0.0	0
	TRISOL	TRIGO AND INTRO TO SOLID GEOMETRY	0.0	0
	PEAKABLE	DANCE	3.0	2
	ENGAGE	ENGINEERING ALGEBRA	3.0	3
	GRAPONE	ENGINEERING GRAPHICS 1	3.0	3
	HILIP12	FILIPINO SA BATT BANG DISPIINA	3.0	3
	KASPL12	KASAYAN NG PILIPINAS	3.0	3
	NSTP-C2	NSTP PROGRAM - CMCW WELFARE TRAINING SERVICE 2	3.0	3
	RELSONE	RELATION	3.0	3
	TRISOL	RELSONE	3.0	3
	ANSOCED	ANALYTIC AND SOLID GEOMETRY	2.5	3
	ENGCAL	DIFFERENTIAL CALCULUS	2.5	3
	CHEM110	GENERAL CHEMISTRY 2 FOR COE AND CCS	2.5	3
	LBYCH13	GENERAL CHEMISTRY LABORATORY 2 FOR ENGINEERING	1.5	3
	POLGOV	POLITICS AND GOVERNANCE	2.0	3
	ENGL ONE	READING, WRITING AND ORAL SKILLS	2.0	3
	PEFTAMS	TEAM SPORTS	3.5	2
	PHYSF1	ENGINEERING PHYSICS 1	1.5	3
	PHYSF1	PHYSICS LABORATORY 1	2.5	3
	ENGCOMP	ENGINEERING COMPUTER PROGRAMMING	1.0	3
	PHYSF2	ENGINEERING PHYSICS 2	1.0	3

**Remarks : For Employment Purposes Not Valid for School Transfer**

This document is considered official only without signature and the University seal, barcode and documentary stamp (at the back).  
A Transcript Guide is printed on the reverse.

Page(s) : 1 of 3

Date : 29 June 2010

Ref. No. : OLR-TR-16-C3-4781



I hereby certify that the foregoing entries are true and correct  
and that the official records substantiating the same are kept in  
the electronic and physical files of this school.

*S. J. Ch. S. B.*  
**EDWIN P. SANTIAGO**  
Associate Vice Chancellor for Academic Services  
and University Registrar

**OFFICE OF THE UNIVERSITY REGISTRAR**  
 Transcript of Records

 Student Name : **DE LOS SANTOS, EUGENE, CASTRO**

Academic Year / Term	Course Code	Course Title	Grade	Units
2006-2007, Term 2	ENGTENG1	ENVIRONMENTAL ENGINEERING	1.0	3
	ENGCAL2	INTEGRAL CALCULUS	2.0	3
	MODCOMM	MODERN COMMUNICATION	2.0	3
	LBYPHY2	PHYSICS LABORATORY 2	3.0	3
	RELSTWO	CHURCH AND THE SACRAMENTS	2.0	3
	DIGITAL	DIGITAL ELECTRONICS	3.5	1
	LBYCEFA	ELECTRICAL CIRCUITS LABORATORY	1.0	1
	ELC101E	ELECTRICAL CIRCUITS 1	1.0	3
	LYPHEA	ENGINEERING GRAPHICS 2	1.5	3
	INTROSO	INTRODUCTION TO SOCIOLOGY	3.5	3
	LITPHIL	THE LITERATURES OF THE PHILIPPINES	1.5	3
	ADVBRMATH	ADVANCED ENGINEERING MATHEMATICS FOR ECE	2.0	3
	BCEPHM	BASIC ELECTRONICS	2.0	1
	BASERD	BASIC ELECTRONICS LABORATORY	1.0	3
	BYTEK	BASIC CIRCUITS 1	1.5	1
	ELCTW0	ELECTRIC CIRCUITS 2	0.0	-
	LBYCEL	ELECTROMAGNETICS AND FIELD THEORY	0.0	-
	LYTHER	ELECTROMAGNETICS AND FIELD THEORY	0.0	-
	MECA01	ENGINEERING MECHANICS - STATICS (FOR ECE)	1.0	3
	MECA02	ENGINEERING MECHANICS - DYNAMICS (FOR ECE)	1.0	3
	QUMNET	QUANTITATIVE METHODS FOR NON-MATHEMATICIANS	1.5	3
	ETHTED	ELECTRONIC THRESHOLD TEST ANALYSIS	1.5	3
	ETHTED	EFFECTRONIC CIRCUIT ANALYSIS LABORATORY	2.0	1
	LYTEFH	ELECTRONICS CIRCUITS ANALYSIS LABORATORY	1.5	3
	EMHATER	ENGINEERING MATERIALS AND FUNDAMENTALS	2.5	1
	LYPECL	FEEDBACK AND CONTROL SYSTEMS LABORATORY	0.0	-
	FEEDCON	FEEDBACK CONTROL SYSTEMS	1.0	3
	SWDLC	SWITCHING DEVICES	2.5	1
	LYVECL	SWITCHING THEORY LABORATORY	1.0	3
	ADVAL01	ADVANCED ELECTRONICS AND INSTRUMENTATION	2.5	1
	LYVECH	ADVANCED ELECTRONICS LABORATORY	2.0	3
	RELSTR1	CHRISTIAN MORALITY	0.0	-
	ANALCOM	COMMUNICATIONS THEORY 1	3.5	1
	ANALCOM	COMMUNICATIONS LABORATORY	1.0	3
	LYPECP	COMPUTER CIRCUITS FUNDAMENTALS	3.0	3
	COOPCRU	COMPUTER CIRCUITS FUNDAMENTALS	1.0	3
	LYPELG	FEEDBACK CONTROL SYSTEMS	1.0	3
	FEEDDN	FEEDBACK CONTROL SYSTEMS	1.0	3
	ANALCOM	COMMUNICATIONS THEORY 1	1.0	3
	LYVECR	COMPUTER-AIDED TOOLS FOR ECE	1.0	3
	SIGS01	DISCRETE-TIME SIGNAL PROCESSING	1.0	3
	ENERCON	ENERGY CONVERSION	0.0	-
	LYVECP	INDUSTRIAL ELECTRONICS	3.5	1
	INDELIN	INDUSTRIAL ELECTRONICS	1.0	3
	LYVEEL	INDUSTRIAL ELECTRONICS	3.5	1
	ECOMTE	INDUSTRIAL ELECTRONICS AND INSTRUMENTATION LAB	4.0	3
	LYVEEL	INDUSTRIAL ELECTRONICS AND INSTRUMENTATION LAB	4.0	3
	LYDIG01	DIGITAL COMMUNICATIONS LABORATORY	0.0	-
	DIGICOM	DIGITAL COMMUNICATIONS THEORY	1.0	3
	LYANAL	ANALOG SYSTEM DESIGN LABORATORY	2.0	3
	RESROR	CHRISTIAN SOCIAL TEACHINGS	1.5	3
	DIGICOM	DIGITAL COMMUNICATIONS THEORY	1.0	3
	LYVECF	DIGITAL SYSTEM DESIGN LABORATORY	3.5	1
	REDCOMP	DISCRETE-TIME SIGNAL PROCESSING LABORATORY	2.0	2
	THSE01	ECE COMPUTATIONAL NUMERICAL METHODS	2.5	2
	EECE01	ECE COMPUTATIONAL NUMERICAL METHODS	1.0	2
	MECA01	ENGINEERING MECHANICS - STATICS (FOR ECE)	2.0	2
	ORIENT2	SPATIAL DEVELOPMENT/GAMER PLANNING WORKSHOP	1.0	2
	TRANSG	TRANSMISSION OF SIGNALS	(0.5)	PASSED 0.0

**Remarks: For Employment Purposes - Not Valid for School Transfer**

This document is considered official only without signatures/initials and affixed with original signature in all the University seal, back seal and documentary stamp (at the back). A transcript of records is printed on the reverse.

Paper(s) : 2 of 3  
 Date : 29 June 2010  
 Ref. No. : OJR-PR-10-03-4781  
 Barcode :



EDWIN P. SANTIAGO  
 Associate Vice Chancellor for Academic Services  
 and University Registrar

I hereby certify that the foregoing entries are true and correct  
 the electronic and physical files of the school.

**De La Salle University**

2401 Taft Avenue, Manila, Philippines - www.dlsu.edu.ph

**OFFICE OF THE UNIVERSITY REGISTRAR**

Transcript of Records

Manila

Student Name : **DE LOS SANTOS, EUGENE, CASTRO**

Academic Year / Term	Course Code	Course Title	Grade	Unit/s
2008-2009, Term 2	LIBECEM	TRANSMISSION OF SIGNALS LABORATORY	3.0	1
	LIBECCO	COMPUTER APPLICATIONS LABORATORY	4.0	1
	DATC01U	DATA COMMUNICATION	4.0	-
	THSICB	ECE PROJECT 2	2.5	1
	HUBER0R	HUMAN BEHAVIOR IN ORGANIZATION FOR IE MAJORS	1.0	3
	MECAT0V	TECHNICAL MECHANICS 2	1.5	2
	MECAT0W	TRANSMISSION OF SIGNALS	1.0	3
2008-2009, Term 3	PRECCE1	PRACTICUM FOR ELECTRICAL ENGINEERING	4.0	2
2008-2009, Summer	ENGSC01	ENGINEERING ECONOMY FOR NON-IE MAJORS	0.0	-
	STRBTH	STRENGTH OF MATERIALS	0.0	-
	EECM1NS	EE LEADS AND ETHICS	1.5	2
2009-2010, Term 1	ENERC0N	ENERGY CONVERSION	0.0	-
	LIBECCF	HARDWARE DESCRIPTION LANGUAGE MODELING LABORATORY	3.0	1
	VLSIEC	HIGH LEVEL PROGRAMMING AND DESIGN LECTURE	0.0	-
	JASGEM	INTEGRATING CAD/CAE/LABVIEW RETROFIT	3.5	(0.5)
	MANTECH	INTRODUCTION TO MANAGEMENT OF TECHNOLOGY	3.5	3
	MITOWAVE	MICROWAVE SYSTEMS & PROPAGATION	7.0	3
	EECSAFA	SAFETY ENGINEERING	2.5	2
	EECSPE0	SUMMERS & FIELD TRIP FOR EEE	3.5	1
2009-2010, Term 2	THERM0D	BASIC MECHANICAL ENGINEERING THERMODYNAMICS	1.0	3
	DATC0U	DATAC COMMUNICATION	1.0	3
	TRIESEC	EEC PROBLEMS 3	1.0	1
	EEBC0N	EE ENERGY CONVERSION	3.5	1
	VLSIEC	EEP, MODELLING AND IC DESIGN LECTURE	1.0	2
	STRENGT	STRENGTH OF MATERIALS	1.5	3
	BRON0C	BROADCAST ENGINEERING & ACOUSTICS	2.0	3
	LYRCE0U	COMMUNICATIONS	2.0	1
	COMP0HIS	ENGINEERING ECONOMY	2.5	3
	EECM1NS	ENGINEERING PRODUCTION MANAGEMENT FOR NON-IE	2.5	3
	EEPM0A	ENGINEERING PRODUCTION MANAGEMENT FOR NON-IE	1.0	3
	INTPL0	INTRODUCTORY PHILOSOPHY	1.5	3
	MICR0WAVES	MICROWAVES LABORATORY	3.0	3
	Total Units Earned		<b>219.0</b>	<b>( 7.5 )</b>
	Non-Academic/Remedial Units			
	<b>** NOTHING FOLLOWS **</b>			

**Remarks : For Employment Purposes - Not Valid for School Transfer**

This document is considered official only if without any changes and affixed with original signature in ink, the University seal, barcode and documentary stamp (in the back).  
A Transcript Guide is printed on the reverse.

I hereby certify that the foregoing entries are true and correct  
and that the official records substantiating the same are kept in  
the electronic and physical files of the school.

Page(s) : 3 of 3

Date : 29 June 2010

Ref. No. : OLR-TR-10-03-4781

Barcode :

**EDWIN P. SANTIAGO**  
Associate Vice Chancellor for Academic Services  
and University Registrar

Ang Pangulo at mga Guro ng  
The President and Faculty of



De La Salle University  
Manila

Maynila, Republika ng Pilipinas  
Manila, Republic of the Philippines

OUR-DP.

Sa lahat ng makakatunghay ng kasulatang ito, Mapitagang Bati sa Ngalan ng Maykapal  
To all whom this diploma comes to view greetings in the Lord.

Ipinabatid ng mga titik na ito na si  
This diploma makes known that

## Eugene Castro De Los Santos

ay nakatupad sa itinakdang kurso at nakasulit nang maluwihati.  
has faithfully complied with the prescribed course of study with diligence

Ipinaaalam samakatuwid na kami, sa paggamit ng kapangyarihang kaloob ng Komisyon ng Lalong Mataas  
be it therefore declared that by virtue of the authority granted to us by the Commission on Higher  
na Edukasyon, Republika ng Pilipinas ay nagkaloob sa naturang mag-aaral ng titulong  
Education, Republic of the Philippines, we confer upon the said student the degree of

Batsilyer ng Agham sa Inhinyeriya ng Elektroniks at Komunikasyon  
Bachelor of Science in Electronics and Communications Engineering

At aming inihahayag na siya'y mag-dangkin ng lahat ng karapatian at pribilehiyo ng nauukol dito.  
And we declare that he/she is entitled to enjoy all the rights and privileges pertaining thereto.

Bilang katunayan ay taglay nito ang tatak ng aming Pamantasan at ang mga lagda namin.  
In testimony whereof, we have caused to be affixed hereto the seal of our University and our signatures.

Inilaga sa Maynila, Pilipinas ngayong ika - 19 ng Abril  
Done at Manila, Philippines on APRIL 19  
taon ng ating Panginoon, dalawang libo at sampa.  
in the year of our Lord, two thousand and ten.

[www.dlsu.edu.ph](http://www.dlsu.edu.ph)

Dr. Julius B. Maridabile  
Vice Chancellor for Academics and Research

Br. Armin A. Luistro FSC  
President and Chancellor

**STATISTICS AUTHORITY**  
MUNICIPAL FORM No. 102—(Revised Dec. 1, 1953)

TO BE ACCOMPLISHED IN DUPLICATES

REPUBLIC OF THE PHILIPPINES

**CERTIFICATE OF LIVE BIRTH**  
(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: _____		Register Number:	
City or Municipality: Manila		(a) Civil Registrar-General No. _____ (b) Local Civil Registrar No. <u>2021/066</u>	
1. PLACE OF BIRTH: a. PROVINCE: _____ b. CITY OR MUNICIPALITY: Leon Guinto Sr. Cor. Herran, Mla. c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Clinica Sta. Teresa		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. PROVINCE: Manila b. CITY OR MUNICIPALITY: Manila c. NUMBER AND STREET: 1472 San Andres st., San Andres d. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. Is RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME (Type or print) First: SIGUNDINO Middle: VARGAS DELOS. SANTOS Last: SANTOS		4. SEX: Male b. THIS BIRTH: SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> c. If TWIN OR TRIPLET, WAS CHILD 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> d. DATE OF BIRTH: DEC. 9, 1966 Month Day Year	
5. Father's Name: Florencio Bautista de los Santos-Catholic First: Middle: Last: Religion: Catholic		6. NATIONALITY: Filipino a. Race: Brown b. Kind of Business or Industry: D.P.R. PRESS	
7. Mother's Name: Rosario Arcilla Vargas First: Middle: Last: Relation: R. Catholic		8. USUAL OCCUPATION: Employee	
9. Age (At time of birth): 32 Years 10. Birthplace: Manila		11. PREVIOUS DELIVERIES TO MOTHER: TWO (Do not include this birth)	
12. Maiden Name: Viray, Catanduanes		13. NATIONALITY: Filipina a. Race: Brown	
14. Age (At time of birth): 31 Years 15. Birthplace: Viray, Catanduanes		16. PREVIOUS DELIVERIES TO MOTHER: TWO (Do not include this birth)	
17. INFORMANT'S SIGNATURE: <u>FLORENCE B. LOS SANTOS</u> & NAME IN PRINT: <u>FLORENCE B. LOS SANTOS</u> c. ADDRESS: <u>1472 Leon Guinto, Manila</u>		18. How many other children are now living? TWO b. How many other children were born alive but are dead? None c. How many fetal deaths (fetus born dead) at time of birth? None	
19. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: a. SIGNATURE: <u>G. B. Bersales</u> b. NAME IN PRINT: <u>LISA GRACE S. BERSALES</u> c. TITLE OR POSITION: <u>Reg. Clerk</u> d. DATE: <u>JAN 13 1967</u>		20. ATTENDANT AT BIRTH: a. SIGNATURE: <u>G. B. Bersales</u> b. NAME IN PRINT: <u>LISA GRACE S. BERSALES</u> c. TITLE OR POSITION: <u>Reg. Clerk</u> d. DATE: <u>JAN 13 1967</u>	
21. LENGTH OF PREGNANCY: 40 COMPLETED WEEKS		22. WEIGHT AT BIRTH: 8 lbs.	
23. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) July 1, 1961—Manila (Month) (Date) (Year)		24. THIS CERTIFICATE IS SIGNED AND DATED SIGNATURE: <u>Lisa Grace S. Bersales</u> NAME IN PRINT: <u>LISA GRACE S. BERSALES</u> TITLE OR POSITION: <u>Reg. Clerk</u> DATE: <u>Jan. 9, 1967</u>	
25. SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES			

05762-HH-999CBM-00949-BI001

BEST POSSIBLE IMAGE



T089057629990094910112015001

VJ700429429

BReN  
03900-A66Y90A-3Documentary  
Stamp Tax Paid

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



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

# Certificate of Creditable Tax Withheld At Source

BIR Form No.

# 2307

September 2005 (ENCS)

1 For the Period From ► 0 1   0 1   1 6 (MM/DD/YY)	To ► 0 3   3 1   1 6 (MM/DD/YY)																						
Part I Payee Information																							
2 Taxpayer Identification Number ► 2 4 0   8 6 8   2 0 9																							
3 Payee's Name ► DE LOS SANTOS, EUGENE SERGIO C. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)																							
4 Registered Address ►	4A Zip Code ►																						
5 Foreign Address ►	5A Zip Code ►																						
Payor Information																							
6 Taxpayer Identification Number ► 0 0 0   0 8 2   8 4 7   0 0 0																							
7 Payor's Name ► INFORMATION PROFESSIONALS, INC. (Last Name, First Name, Middle Name for Individuals) (Registered Name for Non-Individuals)																							
8 Registered Address ► 5th FLR FCI BLDG. 1474 MA. CLARA ST., SAMPALOC MANILA	8A Zip Code ► 1 0 0 8																						
PART II Details of Monthly Income Payments and Tax Withheld for the Quarter																							
Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld For the Quarter																	
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total																		
Prime Contractors/ Sub-contractors	WI 120	22,500.00	31,500.00	25,537.50	79,537.50	1,590.75																	
Total		22,500.00	31,500.00	25,537.50	79,537.50	1,590.75																	
Money Payments Subject to Withholding of Business Tax (Government & Private)																							
Total																							
<p>We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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.</p> <p><i>Rosamay Brondial</i> Rosamay Brondial</p> <table border="0"><tr><td>Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)</td><td>TIN of Signatory</td><td>Title/Position of Signatory</td></tr><tr><td>Tax Agent Accreditation No./Attorney's Roll No. (if applicable)</td><td>Date of Issuance</td><td>Date of Expiry</td></tr><tr><td>Conforme:</td><td></td><td></td></tr><tr><td>Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)</td><td>TIN of Signatory</td><td>Title/Position of Signatory</td><td>Date Signed</td></tr><tr><td>Tax Agent Accreditation No./Attorney's Roll No. (if applicable)</td><td>Date of Issuance</td><td>Date of Expiry</td><td></td></tr></table>							Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry	Conforme:			Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed	Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry	
Payor/Payor's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory																					
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry																					
Conforme:																							
Payee/Payee's Authorized Representative/Accredited Tax Agent (Signature Over Printed Name)	TIN of Signatory	Title/Position of Signatory	Date Signed																				
Tax Agent Accreditation No./Attorney's Roll No. (if applicable)	Date of Issuance	Date of Expiry																					



Republika ng Pilipinas  
Kagawaran ng Pananalapi  
Kawanihan ng Rentas Internas

Replacement Copy of Certificate of Registration/  
Replacement Copy of TIN Card/ Cessation of  
Registration/ Cancellation of TIN/ Other Update  
of Registration Information

## Application for Registration Information Update

BIR Form No.  
**1905**  
January 2000 (ENCS)

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

**Part I**

**TAXPAYER INFORMATION**

1 TAXPAYER IDENTIFICATION NUMBER (TIN) ► <b>240 868 209 000</b>	2 RDO Code <b>034</b>
3 TAXPAYER'S NAME (Last Name, First Name, Middle Name, if individual/ Registered Name, if non-individual) ► <b>PELAS SANTOS EUGENE SERGIO C.</b>	

**Part II**

**REASON FOR REGISTRATION INFORMATION UPDATE**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> A Replacement / Cancellation of<br>Outbound Correspondence  | <input type="checkbox"/> B Replacement of Lost/ Damaged<br>TIN Card | <input type="checkbox"/> G Change in Tax Type Details  |
| <input checked="" type="checkbox"/> 1 Certificate of Registration  | <input type="checkbox"/> C Cessation of Registration                | <input type="checkbox"/> H Change in Trade Name        |
| <input type="checkbox"/> 2 Authority to Print Receipts<br>and Invoices   | <input type="checkbox"/> D Cancellation of TIN                      | <input type="checkbox"/> I Update of Books of Accounts |
| <input type="checkbox"/> 3 Tax Clearance Certificate for<br>Transfer of Property(ies)<br>(TCL 2) / Certificate<br>Authorizing Registration (CAR) | <input type="checkbox"/> E Change in Registered Address             | <input type="checkbox"/> J Change in Accounting Period |
| <input type="checkbox"/> 4 Tax Clearance Certificate for<br>Tax Liabilities (TCL 1)  | <input type="checkbox"/> F Change in Registered Activities          | <input type="checkbox"/> K Others (Specify)<br>_____   |
| <input type="checkbox"/> 5 Others  |   |  |

**DETAILS OF REGISTRATION INFORMATION UPDATE**

**4A ► REPLACEMENT / CANCELLATION OF OUTBOUND CORRESPONDENCE**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 CERTIFICATE OF REGISTRATION              | <input type="checkbox"/> 1.a Cancellation due to closure of a business                        | <input type="checkbox"/> 1.c Lost Certificate of Registration |
|   | <input type="checkbox"/> 1.b Correction of registration information                           |   |
|   | Nature of correction  |   |
| <input type="checkbox"/> 2 AUTHORITY TO PRINT RECEIPTS AND INVOICES | <input type="checkbox"/> 2.a Change of printer as requested by the taxpayer                   | <input type="checkbox"/> 2.c Lost Authority To Print          |
|   | <input type="checkbox"/> 2.b Correction of registration information in the Authority to Print |   |
|   | Nature of correction  |   |

OLD BIR PERMIT No./ OCN (To be filled up by BIR)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 3 TAX CLEARANCE CERTIFICATE FOR TRANSFER OF PROPERTY(IEB) (TCL 2)/CERTIFICATE AUTHORIZING REGISTRATION (CAR) | <input type="checkbox"/> 3.a Correction of information | <input type="checkbox"/> 3.b Lost certificate (CAR/ TCL2) |
|   | Nature of correction                                   |   |

CAR No./ OLD OCN (To be filled up by BIR)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 4 TAX CLEARANCE CERTIFICATE FOR TAX LIABILITIES (TCL 1) | <input type="checkbox"/> 4.a Correction of information | <input type="checkbox"/> 4.b Lost certificate |
|  | Nature of correction                                   |   |

- |   |
|---|
| <input type="checkbox"/> 5 OTHERS (Specify) |
|---|

**4B ► REPLACEMENT OF LOST/ DAMAGED TIN CARD**

Lost TIN Card       Damaged TIN Card

**4C ► CESSION OF REGISTRATION**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Permanent closure of business (head office) of an individual | <input type="checkbox"/> 2 Others (Specify) |
|---|---|

EFFECTIVE DATE  
OF CESSATION

**4D ► CANCELLATION OF TIN**

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Death                                   | <input type="checkbox"/> 5 Failure to start/ commence business (For non-individual) |
| <input type="checkbox"/> 2 Dissolution of corporation/ partnership | <input type="checkbox"/> 6 As a result of merger or consolidation                   |
| <input type="checkbox"/> 3 Permanent closure of a branch           | <input type="checkbox"/> 7 Others (Specify)   |
| <input type="checkbox"/> 4 Multiple TIN / Invalid TIN              |   |

EFFECTIVE DATE  
OF CANCELLATION

**4E ► CHANGE IN REGISTERED ADDRESS**

- |   |
|---|
| <input type="checkbox"/> TRANSFER OF HOME RDO |
|---|

From  
**034**  
Old RDO

New RDO  
**044**

NEW REGISTERED  
ADDRESS

#8 PARK AVE, ONE CAMPUS PLACE, MCKINLEY HILL CYBERPARK,

ZIP CODE

MUNICIPALITY CODE  
(To be filled up by the BIR)

TELEPHONE  
NUMBER

- |   |
|---|
| <input type="checkbox"/> TRANSFER WITHIN SAME RDO |
|---|

THE FORT, TAGUIG CITY

NEW REGISTERED  
ADDRESS

THE FORT, TAGUIG CITY

ZIP CODE

MUNICIPALITY CODE  
(To be filled up by the BIR)

TELEPHONE  
NUMBER