


REPUBLIC OF THE PHILIPPINES)
PROVINCE OF ORIENTAL NEGROS) SC
CITY OF DUMAGUETE)

AFFIDAVIT OF TWO DISINTERESTED PERSONS

We, **KATE MARIE B. ALMAIDA** and **MELODY A. RUBIA**, Filipino citizens, and residents of Dumaguete City, Negros Oriental, Philippines, after both having been sworn to in accordance with law, do hereby depose and say;

1. That we both personally know **BENJIE T. MALAYANG, JR.**, being our close family friend in Dumaguete City;
2. That in his Driver's License, his name was inadvertently recorded as "**BENJIE T. MALAYANG**", instead of its correct name as "**BENJIE T. MALAYANG, JR.**" as reflected in his **Certificate of Live Birth**;
3. That the names **BENJIE T. MALAYANG & BENJIE T. MALAYANG, JR.** refer to one and the same person;
4. That we are not related to the above-mentioned person within the fourth degree of affinity or consanguinity;
5. That we are executing this affidavit to confirm and affirm the foregoing facts and for whatever legal purpose it may serve.

SEP 09 2022
IN WITNESS WHEREOF, we have hereto affixed our affixed our signature this ___ day of September 2022 in Dumaguete City, Negros Oriental, Philippines.


KATE MARIE B. ALMAIDA

Affiant

Philippine National I.D. No.:
4182-1428-3159-2067


MELODY A. RUBIA

Affiant

Voter's I.D. No.:
4610-0132D-H2476MAR20000

SUBSCRIBED AND SWORN to before me, in the City of Dumaguete, Negros Oriental, this SEP 09 day of September 2022, by the above-mentioned affiants who have satisfactorily proven to me their identity through their IDs indicated below their names, that they are the same persons who personally signed before me the foregoing affidavit and acknowledged that they executed the same.

Doc. No. 124
Page No. 27
Book No. 24
Series of 2022.


ATTY. ARTHUR FRANCISCO
NOTARY PUBLIC
CEN. NO. 109270000
PTR NO. 1006270000
PTR NO. 2113709A - 1/0000
BOTH ISSUED IN DUMAGUETE CITY



Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)	(Copy for OCRG)
<p>Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH</p> <p>(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 18a.)</p>			REMARKS/ANNOTATION
Province <u>Negros Oriental</u> City/Municipality <u>Dumaguete City</u>		Registry No. <u>96-698</u>	
1. NAME (First) <u>BENJIE JR.</u> (Middle) <u>TOLBO</u> (Last) <u>MALAYANG</u>		For OCRG USE ONLY: Population Reference No. <u>4610-A96CS01-2</u>	
2. SEX <u>1</u> Male <u>2</u> Female		3. DATE OF BIRTH (day) (month) (year) <u>20</u> February <u>1996</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) <u>Silliman University Medical Center, Dgtc., City, Neg. Oriental</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
5a. TYPE OF BIRTH <u>1</u> Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify	
c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>First</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3062</u> grams	
6. MAIDEN NAME (First) <u>Florita</u> (Middle) <u>Silva</u> (Last) <u>Tolbo</u>			
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>	
10. OCCUPATION <u>Housewife</u>		c. No. of children born alive but are now dead: <u>0</u>	
11. Age at the time of this birth: <u>22</u> years			
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Hubbard Avenue, Bantayan, Dgtc., City, Neg. Oriental</u>			
13. NAME (First) <u>Benjie Sr.</u> (Middle) <u>Floros</u> (Last) <u>Malayang</u>			
14. CITIZENSHIP <u>Filipino</u>		15. RELIGION <u>Roman Catholic</u>	
16. OCCUPATION <u>Seaman</u>		17. Age at the time of this birth: <u>22</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>June 29, 1975, Manila</u>			
19a. ATTENDANT <u>X</u> Physician <u>2</u> Nurse <u>3</u> Midwife <u>4</u> Healer (Traditional Healers) <u>5</u> Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>1:34</u> o'clock anywhere on the date stated above.			
Signature <u>Maria Verna Taburaza Reyes, M.D.</u> Address <u>Silliman University Medical Center, Dgtc., City, Neg. Oriental</u> Name in Print <u>MARIA VERNA TABURAZA REYES, M.D.</u> Date <u>February 27, 1996</u> Title or Position <u>Attending Obstetrician</u>			
20. INFORMANT Signature <u>Benjie Malayang Sr.</u> Address <u>Hubbard Avenue, Bantayan, Dgtc., City, Neg. Oriental</u> Name in Print <u>Benjie Malayang Sr.</u> Date <u>February 27, 1996</u> Relationship to the child <u>Father</u>			
21. PREPARED BY Signature <u>Mrs. Manila F. Pasalan</u> Address <u>Hubbard Avenue, Bantayan, Dgtc., City, Neg. Oriental</u> Name in Print <u>Mrs. Manila F. Pasalan</u> Date <u>February 27, 1996</u> Title or Position <u>Head, Med. Rec. and Lib.</u>			
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Address <u>Hubbard Avenue, Bantayan, Dgtc., City, Neg. Oriental</u> Name in Print <u>[Name]</u> Date <u>February 27, 1996</u> Title or Position <u>[Title]</u>			

06521-56-429MCM-00112-BI001

BEST POSSIBLE IMAGE




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QL30014 1468


BReN
04610-A96CS04-4

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
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE
NON-PROFESSIONAL DRIVER'S LICENSE



Last Name, First Name, Middle Name
MALAYANG, BENJIE TOLBO

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	M	1996/02/26	60	1.75


Address
CANDAU-AY, DUMAGUETE CITY, NEGROS ORIENTAL

License No.	Expiration Date	Agency Code
G02-16-003440	2024/02/26	G17

Blood Type	Eyes Color
O+	BROWN

Restrictions	Conditions
1	NONE

Signature of Licensee


EDGAR C. GALVANTE
Assistant Secretary

III. ORGAN DONATION:
I WILL NOT DONATE ANY ORGAN

IV. IN CASE OF EMERGENCY NOTIFY:
NAME: FLORITA MALAYANG
ADDRESS: CANDAU-AY, DUMAGUETE CITY
TEL. NO.: 0917328122

RESTRICTIONS:
1. MOTORCYCLES/MOTORIZED TRICYCLES
2. VEHICLE UP TO 4500 KGS G.V.W.
3. VEHICLE ABOVE 4500 KGS G.V.W.
4. AUTOMATIC CLUTCH UP TO 4500 G.V.W.
5. AUTOMATIC CLUTCH ABOVE 4500 G.V.W.
6. ARTICULATED VEHICLE 1400 KGS G.V.W. AND BELOW
7. ARTICULATED VEHICLE 1601 UP TO 4500 G.V.W.
8. ARTICULATED VEHICLE 4501 & ABOVE G.V.W.

CONDITIONS:
A. WEAR EYEGLASSES
B. DRIVE ONLY W/SPECIAL EQPT FOR UPPER LIMBS
C. DRIVE ONLY W/SPECIAL EQPT FOR LOWER LIMBS
D. DAYLIGHT DRIVING ONLY
E. ACCOMPANIED BY A PERSON W/NORMAL HEARING

Serial Number
097547319





Republic of the Philippines
COMMISSION ON ELECTIONS
DUMAGUETE CITY, NEGROS ORIENTAL
VIN: 4610-0132D-H2476MAR20000



**RUBIA
MELODY
AMPARO**

Date of Birth : August 24, 1976
Civil Status : Married
Citizenship : Filipino
Address :
051 2ND STREET, CANDAU-AY

Precinct No. : 0132D


SIXTO S. BRILLANTES, JR.
Chairman


Signature of Voter






VOTER'S ID



REPUBLIKA NG PILIPINAS
Republic of the Philippines
PAMBANSANG PAGKAKAKILANLAN
Philippine Identification Card



4182-1428-3159-2067



Apelyido/*Last Name*

ALMAIDA

Mga Pangalan/*Given Names*

KATE MARIE

Gitnang Apelyido/*Middle Name*

BINONDO

Petsa ng Kapanganakan/*Date of Birth*

OCTOBER 13, 1995

Tirahan/*Address*

**246 CASA ALICIA SUBD. CANDAU-AY, CITY OF DUMAGUETE
NEGROS ORIENTAL**



Araw ng pagkakaloob/*Date of Issue*
14 NOVEMBER 2021

Kasarian/*Sex*

FEMALE

Uri ng Dugo/*Blood Type*

B+

Kalagayang Sibil/*Marital Status*

SINGLE

Lugar ng Kapanganakan/*Place of Birth*

**CITY OF DUMAGUETE
NEGROS ORIENTAL**



*If found, please return to the nearest
PSA Office.*

www.psa.gov.ph



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