

ROPALI MOTORCYCLE GROUP
COMPANY ID INFORMATION



NAME: COBARRUBIAS KENNETH L
SURNAME FIRSTNAME MI

NICKNAME: KEN
BRANCH/DEPT: IT
POSITION: PROGRAMMER
EMPLOYEE NUMBER: _____
DATE EMPLOYED: _____
SSS NO.: 35-3275275-5
TIN: _____

PERSON TO NOTIFY NAME: MARILYN L. COBARRUBIAS
IN CASE OF EMERGENCY ADDRESS: H. ALARCON ST. BRGY. DELA PAZ ANTIPOLLO CITY
CONTACT NUMBER: 09458530659

SIGNATURE:

