



D.E.O.I. : SABEL
 I.C.O.I. : SABEL
 C.O.I. : SABEL
 M.N.I.S.R. : SABEL
 C.O.I. : SABEL
 T.A.I. : SABEL
 P.O.I. : SABEL
 Agency Code : KIOSK
 Date Printed : JUN 17, 2011

NBI ID Number	Date	Sequence No.
G001W3MANNE0000	JUN 17, 2011	1-L117370

TO WHOM IT MAY CONCERN:

This is to certify that the person whose name, picture and right thumb print appear hereon has requested a **RECORD CLEARANCE** from this office and the result(s) is/are listed below:

NAME : GUZMAN, WYLENE y PELIN
ADDRESS : UNIT 103 EB BLDG SAPARI CONDO SAN ANDRES BUKID MANILA
D.P.O.B. : AUG 29, 1986 MANILA CITIZENSHIP : FILIPINO
REMARKS : NO DEROGATORY RECORD



G550W08MAN29NE36

THIS CERTIFICATE IS ISSUED FOR TRAVEL ABROAD
VALID FOR ONE YEAR FROM DATE OF ISSUE

DOCUMENTARY
STAMP
(15.00)
PAID

ATTY. MAGTANGGOL B. GATDULA

RIGHT THUMB

REPUBLIKA NG PILIPINAS
Republic of the Philippines
KAGAWARAN NG EDUKASYON
Department of Education
PAMBANSANG PANGONG-REHIDON
National Capital Region
SANGAY NG MAGAPAMAHALANG LINGSOD NG MAKATI
Division of City Schools Makati

SAN ISIDRO NATIONAL HIGH SCHOOL
(School)

Pinatutunayan nito na si
This certifies that

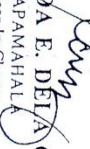
Ethylene Guzman

ay kasiya-siyang nakatupad sa mga kinakailangan sa pagtatapos sa Bagong Kurikulum ng
has satisfactorily completed the requirements for graduation from the
Pangsekundaryang Edukasyon na itinakda para sa mataas na paaralan ng Republika ng Pilipinas,
Secondary Education Curriculum prescribed for high schools of the Republic of the Philippines,
kaya siya'y karapat-dapat na tumanggap nitong
and is therefore entitled to this



Nilagdaan sa Lungsod ng Makati, Pilipinas ngayong ika- 11 ng Abril, 2003.
Signed at the City of Makati, Philippines this 11th day of April, 2003


ELENA R. RUIZ
TAGAPAMAHALA KG MGA PAARALANG LINGSOD
Schools Division Superintendent


DIVINE LINDA E. DELA CRUZ
TAGAPAMAHALA
Officer-In-Charge





CERTIFICATION

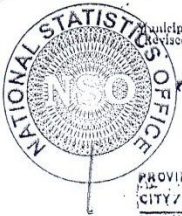
This is to certify that Ms. Wylene P. Guzman was an employee of TSD Global from July 14, 2010 to February 25, 2011 as Outbound Sales Representative.

This certification is being issued upon the request of Ms. Guzman for whatever purpose it may serve her.

Given this 28nd day of June 2011.

A handwritten signature in black ink, appearing to read "Micheal A. Watts".

MICHEAL A. WATTS
Site Director



Municipal Form No. 102
(Revised 1985)

REPUBLIC OF THE PHILIPPINES
CERTIFICATE OF LIVE BIRTH
(Fill out completely, accurately and legibly in ink or typewriter)

(To be accomplished in duplicate)

PROVINCE _____ LOCAL CIVIL REGISTRY NO. 8657357

CITY/MUNICIPALITY MANILA

1. NAME (First) (Middle) (Last)
WYLENE PELIN GUZMAN

2. SEX (Place 'X' on appropriate answer)
☐ Male ☒ Female

3. DATE OF BIRTH (Day) (Month) (Year)
29 August 1986

4. PLACE OF BIRTH (Name of hospital/institution; if not in hospital, give street/barangay) (City/Municipality) (Province)
PHILIPPINE GENERAL HOSPITAL MANILA

5. TYPE OF BIRTH (Place 'X' on appropriate answer)
☒ 1 Single ☐ 2 Twin ☐ 3 Three or more

6. IF MULTIPLE BIRTH, CHILD WAS
☐ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.

7. MAIDEN NAME (First) (Middle) (Last)
Harlene Caniasimon Polin

8. NATIONALITY
Fil.

9. RELIGION
Cath.

10. NAME (First) (Middle) (Last)
Moises Reyes Guzman

11. NATIONALITY
Fil.

12. RELIGION
Cath.

13. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment at the back)
September 21, 1980 Quezon City

14. CERTIFICATE OF ATTENDANT AT BIRTH
I hereby certify that I attended the birth of the child who was born at Philippine General Hospital

Signature [Signature] Address _____
Name in print JOAN TAN, M.D. Date Aug. 29, 1986
Title or position Physician

15. INFORMANT
Signature [Signature] Address Blk. B-13, Lot 12, Davao Bg. Bayan
Name in print MARTIN P. GUZMAN Date Aug. 29, 1986
Relationship to child Mother

16. PREPARED BY
Signature [Signature] Address _____
Name in print CONCEPCION M. RABANG Date Aug. 29, 1986
Title or position CLERK - TYPIST

17. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR
Signature [Signature] Date SEP 26 1986
Name in print _____
Title or position _____

18. INFORMATION GIVEN IN SUPPLEMENTAL REPORT
a. DATE WHEN INFORMATION WAS SUPPLIED _____

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar.)

RESERVE FOR BINDING

PROVINCE _____ CITY/MUNICIPALITY MANILA

17. Weight at Birth (in grams) 3500

18. Birth Order of Child (1st, second, etc.) 5th

19a. Total Number of Children Born Alive 4

19b. How many children are now living including this birth? 5

19c. How many children were born alive but are now dead? 0

20. Usual Occupation Housekeeper

21. Age at the time of this Birth 27

22. Usual Residence (Barangay) (City/Municipality) (Province)
Blk. B-13, Lot 12, Davao Bg. Bayan, Davao

23. Usual Occupation Cashier

24. Age at the time of this Birth 38

25. Attendant at Birth (Place 'X' on appropriate answer)
☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Healer ☐ 5 Others

Sex Female Date of Birth 29/08/86 Place of Birth Manila

26. NAME OF CHILD (First) (Middle) (Last)
WYLENE PELIN GUZMAN

04185-EG-006EDR-00298-BI001

BEST POSSIBLE IMAGE



T006041850060029806172011001

BH400386170

BReN
03908-A86RV1N-7

Documentary
Stamp Tax Paid

[Signature]
CARMELITA N. ERICIA
Administrator and Civil Registrar General
National Statistics Office