

# PERSONAL DATA SHEET

**WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.**

**READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.**

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

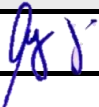
|                                  |                                                                                                                                                                                         |                                                                |                                                                                                                                                                                                  |                                                                                                                                                                 |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. SURNAME                       | DAMAYO                                                                                                                                                                                  |                                                                |                                                                                                                                                                                                  |                                                                                                                                                                 |
| FIRST NAME                       | MAY                                                                                                                                                                                     |                                                                |                                                                                                                                                                                                  |                                                                                                                                                                 |
| MIDDLE NAME                      | GUINO                                                                                                                                                                                   |                                                                |                                                                                                                                                                                                  |                                                                                                                                                                 |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy) | 8/31/1992                                                                                                                                                                               | 16. CITIZENSHIP                                                | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |                                                                                                                                                                 |
| 4. PLACE OF BIRTH                | ORMOC CITY                                                                                                                                                                              | If holder of dual citizenship,<br>please indicate the details. |                                                                                                                                                                                                  |                                                                                                                                                                 |
| 5. SEX                           | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female                                                                                                                |                                                                |                                                                                                                                                                                                  |                                                                                                                                                                 |
| 6 CIVIL STATUS                   | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: |                                                                |                                                                                                                                                                                                  |                                                                                                                                                                 |
| 7. HEIGHT (m)                    | 1.58 M                                                                                                                                                                                  | 17. RESIDENTIAL ADDRESS                                        | N/A    N/A<br>House/Block/Lot No.    Street<br>N/A    MAS-IN<br>Subdivision/Village    Barangay<br>ORMOC CITY    LEYTE<br>City/Municipality    Province<br>6541                                  |                                                                                                                                                                 |
| 8. WEIGHT (kg)                   | 78 KG                                                                                                                                                                                   |                                                                | ZIP CODE                                                                                                                                                                                         |                                                                                                                                                                 |
| 9. BLOOD TYPE                    | O+                                                                                                                                                                                      |                                                                | 18. PERMANENT ADDRESS                                                                                                                                                                            | N/A    N/A<br>House/Block/Lot No.    Street<br>N/A    MAS-IN<br>Subdivision/Village    Barangay<br>ORMOC CITY    LEYTE<br>City/Municipality    Province<br>6541 |
| 10. GSIS ID NO.                  | N/A                                                                                                                                                                                     |                                                                |                                                                                                                                                                                                  | ZIP CODE                                                                                                                                                        |
| 11. PAG-IBIG ID NO.              | 121203843686                                                                                                                                                                            |                                                                |                                                                                                                                                                                                  |                                                                                                                                                                 |
| 12. PHILHEALTH NO.               | 130252026402                                                                                                                                                                            |                                                                |                                                                                                                                                                                                  |                                                                                                                                                                 |
| 13. SSS NO.                      | 0635060567                                                                                                                                                                              | 19. TELEPHONE NO.                                              | N/A                                                                                                                                                                                              |                                                                                                                                                                 |
| 14. TIN NO.                      | 773317506                                                                                                                                                                               | 20. MOBILE NO.                                                 | 09557482969                                                                                                                                                                                      |                                                                                                                                                                 |
| 15. AGENCY EMPLOYEE NO.          | N/A                                                                                                                                                                                     | 21. E-MAIL ADDRESS (if any)                                    | <a href="mailto:damayomay31@gmail.com">damayomay31@gmail.com</a>                                                                                                                                 |                                                                                                                                                                 |

## II. FAMILY BACKGROUND

|                          |          |                          |                                                     |                            |
|--------------------------|----------|--------------------------|-----------------------------------------------------|----------------------------|
| 22. SPOUSE'S SURNAME     | N/A      |                          | 23. NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME               | N/A      | NAME EXTENSION (JR., SR) | N/A                                                 |                            |
| MIDDLE NAME              | N/A      |                          | N/A                                                 |                            |
| OCCUPATION               | NA       |                          | N/A                                                 |                            |
| EMPLOYER/BUSINESS NAME   | N/A      |                          | N/A                                                 |                            |
| BUSINESS ADDRESS         | N/A      |                          | N/A                                                 |                            |
| TELEPHONE NO.            | N/A      |                          | N/A                                                 |                            |
| 24. FATHER'S SURNAME     | DAMAYO   |                          |                                                     |                            |
| FIRST NAME               | RONELITO | SR.                      |                                                     |                            |
| MIDDLE NAME              | TUGONON  |                          |                                                     |                            |
| 25. MOTHER'S MAIDEN NAME |          |                          |                                                     |                            |
| SURNAME                  | GUINO    |                          |                                                     |                            |
| FIRST NAME               | LILIBETH |                          |                                                     |                            |
| MIDDLE NAME              | AMOLONG  |                          | (Continue on separate sheet if necessary)           |                            |

## III. EDUCATIONAL BACKGROUND

|           |                                   |                                                  |                      |                                                      |                   |                                    |
|-----------|-----------------------------------|--------------------------------------------------|----------------------|------------------------------------------------------|-------------------|------------------------------------|
| 26. LEVEL | NAME OF SCHOOL<br>(Write in full) | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full) | PERIOD OF ATTENDANCE | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED | SCHOLARSHIP/<br>ACADEMIC<br>HONORS |
|-----------|-----------------------------------|--------------------------------------------------|----------------------|------------------------------------------------------|-------------------|------------------------------------|

|                                           |                                                                                   |                                        |      |     |                    |      |                  |
|-------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------|------|-----|--------------------|------|------------------|
|                                           |                                                                                   |                                        | From | To  | (If not graduated) |      | RECEIVED         |
| ELEMENTARY                                | MAS-IN ELEMENTARY SCHOOL                                                          | N/A                                    | N/A  | N/A | N/A                | 2004 | FAST<br>ACHIEVER |
| SECONDARY                                 | NEW ORMOC CITY NATIONAL HIGH SCHOOL                                               | N/A                                    | N/A  | N/A | N/A                | 2008 | N/A              |
| VOCATIONAL /<br>TRADE COURSE              | N/A                                                                               | N/A                                    | N/A  | N/A | N/A                | N/A  | N/A              |
| COLLEGE                                   | VISAYAS STATE UNIVERSITY                                                          | BACHELOR OF SCIENCE IN<br>AGRIBUSINESS | N/A  | N/A | N/A                | 2022 | N/A              |
| GRADUATE STUDIES                          | N/A                                                                               | N/A                                    | N/A  | N/A | N/A                | N/A  | N/A              |
| (Continue on separate sheet if necessary) |                                                                                   |                                        |      |     |                    |      |                  |
| SIGNATURE                                 |  |                                        | DATE |     | July 3, 2024       |      |                  |

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

| 28. | INCLUSIVE DATES<br>(mm/dd/yyyy) |           | POSITION TITLE<br>(Write in full/Do not abbreviate) | DEPARTMENT / AGENCY / OFFICE / COMPANY<br>(Write in full/Do not abbreviate) | MONTHLY<br>SALARY | SALARY/ JOB/ PAY<br>GRADE (if<br>applicable)& STEP<br>(Format "00-0")/<br>INCREMENT | STATUS OF<br>APPOINTMENT | GOV'T<br>SERVICE<br>(Y/ N) |
|-----|---------------------------------|-----------|-----------------------------------------------------|-----------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------|--------------------------|----------------------------|
|     | From                            | To        |                                                     |                                                                             |                   |                                                                                     |                          |                            |
|     | 8/8/2022                        | PRESENT   | ACCOUNTS PAYABLE CLERK                              | ONYATA TRADING CORPORATION                                                  | 11050.00          | N/A                                                                                 | REGULAR                  | N/A                        |
|     | 2/20/2017                       | 8/1/2017  | SALES AGENT                                         | GLOBE - ORMOC                                                               | 8000.00           | N/A                                                                                 | REGULAR                  | N/A                        |
|     | 4/16/2015                       | 2/11/2017 | ENCODER/CASHIER                                     | JAJAVI LENDING CORPORATION                                                  | 7500.00           | N/A                                                                                 | REGULAR                  | N/A                        |

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(Continue on separate sheet if necessary)

|           |                                                                                   |      |              |
|-----------|-----------------------------------------------------------------------------------|------|--------------|
| SIGNATURE |  | DATE | July 3, 2024 |
|-----------|-----------------------------------------------------------------------------------|------|--------------|

| 29. | NAME & ADDRESS OF ORGANIZATION<br>(Write in full)                                                                      | INCLUSIVE DATES<br>(mm/dd/yyyy) |           | NUMBER OF HOURS | POSITION / NATURE OF WORK                       |
|-----|------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------|-----------------|-------------------------------------------------|
|     |                                                                                                                        | From                            | To        |                 |                                                 |
|     | TAU GAMMA PHI - TAU GAMMA SIGMA GRAND FRATERNITY AND SORORITY<br>(VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE) | 8/8/2017                        | present   | N/A             | FORMER PRESIDENT                                |
|     | TAU GAMMA PHI - TAU GAMMA SIGMA GRAND FRATERNITY AND SORORITY<br>(BRGY. MAS-IN, ORMOC CITY, LEYTE)                     | 3/2/2020                        | present   | N/A             | ORGANIZER                                       |
|     | COMMISSION ON YOUTH (OUR LADY OF THE MOST HOLY ROSARY PARISH,<br>BRGY. CURVA, ORMOC CITY)                              | 4/17/2006                       | 7/30/2021 | N/A             | MEMBER & FORMER COMMISSION ON YOUTH COORDINATOR |
|     | SOCIETY OF AGRIBUSINESS STUDENTS (VISAYAS STATE UNIVERSITY, VISCA,<br>BAYBAY CITY, LEYTE)                              | 6/8/2017                        | 8/8/2022  | N/A             | MEMBER & FORMER PUBLIC RELATION OFFICER         |
|     |                                                                                                                        |                                 |           |                 |                                                 |
|     |                                                                                                                        |                                 |           |                 |                                                 |
|     |                                                                                                                        |                                 |           |                 |                                                 |

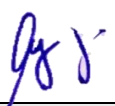
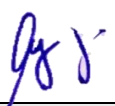
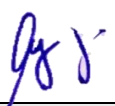
#### VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

## VIII. OTHER INFORMATION

|     |                            |     |                                                            |     |                                                                  |
|-----|----------------------------|-----|------------------------------------------------------------|-----|------------------------------------------------------------------|
| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full)        |
|     | DRIVING                    |     | N/A                                                        |     | TAU GAMMA PHI - TAU GAMMA SIGMA GRAND<br>FRATERNITY AND SORORITY |
|     | LEADERSHIP SKILLS          |     |                                                            |     | COMMISSION ON YOUTH                                              |
|     | COMMUNICATOR               |     |                                                            |     | SOCIETY OF AGRIUBUSINESS STUDENTS                                |
|     | MUSICAL INCLINED           |     |                                                            |     |                                                                  |
|     | MANAGRMENT SKILLS          |     |                                                            |     |                                                                  |
|     |                            |     |                                                            |     |                                                                  |
|     |                            |     |                                                            |     |                                                                  |

|                                           |                                                                                     |      |              |
|-------------------------------------------|-------------------------------------------------------------------------------------|------|--------------|
| (continue on separate sheet if necessary) |                                                                                     |      |              |
| SIGNATURE                                 |  | DATE | July 3, 2024 |

| <p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>                                                                                                                                                                                               | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                                                         |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------|----------|--------------------------|------------------|--------------------------|---------------|-------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------|--------------------|-------------------|
| <p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                                                                                                                                    |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>                                                                                                                                                                                                                                                                                                                            | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                                                                                                                                    |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>                                                                                                                                                                                                                                                                 | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                      |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>                                                                                                                                                                                                                                                          |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>                                                                                                                                                                                                                                                | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: <b>08-3738-068-0003426</b></p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>MICHAEL DOMINICK GARRIDO</td> <td>VSU, BAYBAY CITY</td> <td>N/A</td> </tr> <tr> <td>ANNIE PARMIS</td> <td>VSU, BAYBAY CITY</td> <td>N/A</td> </tr> <tr> <td>EDILBERTO ARTIGA JR. III</td> <td>VSU, BAYBAY CITY</td> <td>N/A</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                  | NAME     | ADDRESS                                        | TEL. NO. | MICHAEL DOMINICK GARRIDO | VSU, BAYBAY CITY | N/A                      | ANNIE PARMIS  | VSU, BAYBAY CITY        | N/A                | EDILBERTO ARTIGA JR. III                                                                                                                                                                                                                                                                                                                                                                                                                             | VSU, BAYBAY CITY                                                                    | N/A                             |                    |                   |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDRESS                                                                                                                                                                                                                                                                                                                                                                          | TEL. NO. |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| MICHAEL DOMINICK GARRIDO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VSU, BAYBAY CITY                                                                                                                                                                                                                                                                                                                                                                 | N/A      |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| ANNIE PARMIS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VSU, BAYBAY CITY                                                                                                                                                                                                                                                                                                                                                                 | N/A      |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| EDILBERTO ARTIGA JR. III                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VSU, BAYBAY CITY                                                                                                                                                                                                                                                                                                                                                                 | N/A      |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>                                                                           |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>130252026402</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>H03-20-000305</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>1/14/20 ORMOC CITY</td> </tr> </table>                                                                                                   | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)                                                                                                                                                                                                                                                                                                     |          | PLEASE INDICATE ID Number and Date of Issuance |          | Government Issued ID:    | 130252026402     | ID/License/Passport No.: | H03-20-000305 | Date/Place of Issuance: | 1/14/20 ORMOC CITY | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">SEPTEMBER 11, 2023</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table> |  | Signature (Sign inside the box) | SEPTEMBER 11, 2023 | Date Accomplished |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| PLEASE INDICATE ID Number and Date of Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| Government Issued ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 130252026402                                                                                                                                                                                                                                                                                                                                                                     |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| ID/License/Passport No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | H03-20-000305                                                                                                                                                                                                                                                                                                                                                                    |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| Date/Place of Issuance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1/14/20 ORMOC CITY                                                                                                                                                                                                                                                                                                                                                               |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| Signature (Sign inside the box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| SEPTEMBER 11, 2023                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| Date Accomplished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>PHOTO</p> </div> <div style="text-align: center;">  <p>Right Thumbmark</p> </div> </div>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |
| <p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 100px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                  |          |                                                |          |                          |                  |                          |               |                         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                 |                    |                   |