Revised 2017									
	PE	RSO	VAL DAT	A SH	IEE	Γ			
WARNING: Any misrepresentat concerned.			-		_		criminal case/s a	gainst the pe	rson
READ THE ATTACHED GUIDE					E PDS FORI			(Da not 611 1	000
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO		cessary. Indicate in	/A if not applicable. DO NOT A	BBREVIATE.		1. CS ID No.		(Do not nii up. i	or CSC use only)
2. SURNAME	Contridas								
2. SURNAME	Contridas	1	Г	ı		<b>I</b>	NAME EXTENSION (JR	CD)	
FIRST NAME	Malou						INAMIE EXTENSION (JR	., or)	
MIDDLE NAME	Chan								
3. DATE OF BIRTH	12/28/1972		16. CITIZENSHIP	1			D 1633		
(mm/dd/yyyy)	12/20/1372		10. 01. EL1.01		✓ Filipi	no	Dual Citizenship by birth	by naturalization	
4. PLACE OF BIRTH	Baybay Leyte	Δ	If holder of dual citize	nshin			Pls. indicate o	_ ′	zation
I. I BIOL OF BIRTH			please indicate the de				T Io. Indicate o	ountry.	
5. SEX	Male	✓ Female	picase indicate the de	Julio.					•
6 CIVIL STATUS	Single	Married	17. RESIDENTIAL ADDRESS		198.			A. Bonifacio	
	Widowed	Separated		Hou	se/Block/Lot No	).	Po	Street oblacion Zone 12	
	Other/s:				bdivision/Village	)		Barangay	
7. HEIGHT (m)	1.52m				Baybay City ity/Municipality			Leyte Province	
8. WEIGHT (kg)	54kg		ZIP CODE						
9. BLOOD TYPE	A+		18. PERMANENT ADDRESS		198.			A. Bonifacio	
9. BLOOD THE	AT			Hou	se/Block/Lot No	Э.		Street	
10. GSIS ID NO.	CRN-006-008689	943-0		Sul	bdivision/Village	)	Po	Barangay	
11. PAG-IBIG ID NO.	1700-0006772	21			/bay City			Leyte	
40 DUBLICALTUNO	13-000009339-5		ZIP CODE	Ci	ity/Municipality 6521			Province	
12. PHILHEALTH NO.  13. SSS NO.	13-000003333-3		19. TELEPHONE NO.		0321		5638885		
	004400040								
14. TIN NO.	901123343		20. MOBILE NO.				9989525509		
15. AGENCY EMPLOYEE NO.	137		21. E-MAIL ADDRESS (if any)		ma	llou.contr	idas@yahoo	.com	
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME		Contridas		23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIRTH (mm/dd/yyyy)	
FIRST NAME	Antonio		NAME EXTENSION (JR., SR)	Manuel Anth		nthony C. Contridas		6/28/2003	
MIDDLE NAME		Gubat			Gian Gabrie	el C. Contri	das		2006
					Gian Gabrie	el C. Contri	das		
OCCUPATION	Caracr Philip	Seaman	promont Inc		Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME		Seaman pines Ship Mana			Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130			Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME	2, 1526 P. Santo	Seaman pines Ship Mana			Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130	3 Metro Manila		Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020			Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020	3 Metro Manila		Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan	3 Metro Manila		Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol	3 Metro Manila		Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol	3 Metro Manila		Gian Gabrie	el C. Contri	das		
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol Ocampo Lucita	3 Metro Manila					2/3/	
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  SURNAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol	3 Metro Manila				das	2/3/	
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol Ocampo Lucita	3 Metro Manila					2/3/	2006
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  SURNAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME	2, 1526 P. Santo	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol Ocampo Lucita Poliquit	3 Metro Manila		(CO	ontinue on sej		2/3/	SCHOLARSHIP/ ACADEMIC HONORS
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME	2, 1526 P. Santo  Manuel  ROUND	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol Ocampo Lucita Poliquit	DASIC EDUCATION/DEGRE		(Cc	ontinue on sej	parate sheet if neces HIGHEST LEVEL/ UNITS EARNED	2/3/ sary)	SCHOLARSHIP/ ACADEMIC
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY	2, 1526 P. Santo  Manuel  NAME OF SCHO((Write in full))  Franciscan College of the Immac	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol Ocampo Lucita Poliquit OL	DASIC EDUCATION/DEGRE (Write in full)  Primary & Elementary Education		(Co PERIOD OF A From 6/1/1980	ontinue on sej ATTENDANCE To 3/1/1986	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  Grade 6	2/3/ sary)  YEAR GRADUATED  1986	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  III. EDUCATIONAL BACKGOOD  LEVEL  ELEMENTARY  SECONDARY	2, 1526 P. Santo  Manuel  ROUND  NAME OF SCHOO (Write in full)	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol Ocampo Lucita Poliquit OL	DASIC EDUCATION/DEGRE (Write in full)		PERIOD OF A	ontinue on sej ATTENDANCE To 3/1/1986	Darate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated)	2/3/ sary)  YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  MIDDLE NAME  MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY	2, 1526 P. Santo  Manuel  NAME OF SCHO((Write in full))  Franciscan College of the Immac	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol Ocampo Lucita Poliquit OL	DASIC EDUCATION/DEGRE (Write in full)  Primary & Elementary Education		(Co PERIOD OF A From 6/1/1980	ontinue on sej ATTENDANCE To 3/1/1986	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  Grade 6	2/3/ sary)  YEAR GRADUATED  1986	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  III. EDUCATIONAL BACKGI  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL /	2, 1526 P. Santo  Manuel  NAME OF SCHO((Write in full))  Franciscan College of the Immac	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan Arbiol  Ocampo Lucita Poliquit  OL  culate Conception culate Conception	DASIC EDUCATION/DEGRE (Write in full)  Primary & Elementary Education	EE/COURSE	PERIOD OF A From 6/1/1980 6/1/1986	To 3/1/1986 3/1/1990	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  Grade 6	2/3/ sary)  YEAR GRADUATED  1986	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME  FIRST NAME  MIDDLE NAME  25. MOTHER'S MAIDEN NAME  SURNAME  FIRST NAME  MIDDLE NAME  III. EDUCATIONAL BACKG  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE	2, 1526 P. Santo  Manuel  NAME OF SCHOO (Write in full)  Franciscan College of the Immade	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan  Arbiol  Ocampo Lucita Poliquit  OL  culate Conception  culate Conception	BASIC EDUCATION/DEGRE (Write in full)  Primary & Elementary Education  Bachelor of Science in	Nursing (	PERIOD OF A From 6/1/1980 6/1/1986	To 3/1/1986 3/1/1990	Darate sheet if neces HIGHEST LEVEL/ UNITS EARNED (if not graduated)  Grade 6  Fourth Year	2/3/ Sary)  YEAR GRADUATED  1986  1990	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
OCCUPATION  EMPLOYER/BUSINESS NAME  BUSINESS ADDRESS  TELEPHONE NO.  24. FATHER'S SURNAME FIRST NAME MIDDLE NAME  25. MOTHER'S MAIDEN NAME SURNAME FIRST NAME MIDDLE NAME  III. EDUCATIONAL BACKGI  26. LEVEL  ELEMENTARY  SECONDARY  VOCATIONAL / TRADE COURSE  COLLEGE	2, 1526 P. Santo  Manuel  NAME OF SCHOO (Write in full)  Franciscan College of the Immade	Seaman pines Ship Mana s St, Makati, 130 (02) 8889 2020 Chan  Arbiol  Ocampo Lucita Poliquit  OL  culate Conception culate Conception	BASIC EDUCATION/DEGRE (Write in full)  Primary & Elementary Education  Secondary Education	Nursing (	PERIOD OF A From 6/1/1980 6/1/1986	To 3/1/1990 3/1/1995	HIGHEST LEVEL/ UNITS EARNED (if not graduated)  Grade 6  Fourth Year	2/3/ Sary)  YEAR GRADUATED  1986  1990	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED

27. CARE	FER SERVICE/ PA 1	1080 (BOARD/ BAR) LINDER		DATE OF				LICENSE (if a	pplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / PLACE OF EXAMINATION CONFERMENT		TION / CONFER	RMENT	NUMBER	Date of Validity	
Board of Nursing 0.8		6/1/1995	Cebu City			0274836	8/21/199		
			(Con	tinue on separate sheet	if necessary)				
	EXPERIENCE vate employme		t work) Description	n of duties should b	e indicated in the attache	d Work Exp	erience sheet		
28. INCL	USIVE DATES	POSITION T			ENCY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (if		GOV'T
(r From	mm/dd/yyyy)	(Write in full/Do not			/Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/ N)
12/3/2021	Present	Nurse I	l	Province of Levte	Ormoc District Hospital	35166.00	SG-15-5	Permanent	Υ
1/1/2021	12/2/2021	Nurse I			Ormoc District Hospital	34724.00	SG15-4	Permanent	У
1/1/2020	12/31/2020	Nurse I			Province of Leyte Ormoc District Hospital		SG15-4	Permanent	У
1/1/2019	12/31/2019			Province of Leyte Ormoc District Hospital		33202.00 31680.00	SG15-4	Permanent	Ү
7/1/2018	12/31/2018	Nurse II		Province of Leyte Ormoc District Hospital		30071.00	SG15-4	Permanent	Y
1/1/2018		Nurse II		Province of Leyte Ormoc District Hospital			SG15-4		Y
1/1/2016	6/30/2018	Nurse II		Province of Leyte Ormoc District Hospital		29713.00		Permanent	
	12/31/2017	Nurse I		Province of Leyte Ormoc District Hospital		28214.00	SG15-3	Permanent	Y
1/1/2016	12/31/2016	Nurse I			26790.00	SG15-3	Permanent	Y	
12/3/2015	12/31/2015	Nurse I		Province of Leyte Ormoc District Hospital		25438.00	SG15-3	Permanent	Y
1/1/2013	12/2/2015	Nurse I		Province of Leyte Ormoc District Hospital		25161.00	SG15-3	Permanent	Υ
7/1/2012	12/31/2012	Nurse I		Province of Leyte Ormoc District Hospital		22688.00	SG15-3	Permanent	Y
1/1/2012	6/30/2012	Nurse I		Province of Leyte Ormoc District Hospital		21078.00	SG15-3	Permanent	Y
1/1/2011	12/31/2011	Nurse I		Province of Leyte Ormoc District Hospital		19112.00	SG15-2	Permanent	Y
1/1/2010	12/31/2010	Nurse I		Province of Leyte Ormoc District Hospital		17147.00	SG15-2	Permanent	Υ
12/3/2009	12/31/2009	Nurse II		Province of Leyte Ormoc District Hospital		15181.00	SG15-2	Permanent	Υ
7/1/2008	12/2/2009	Nurse 1		Province of Leyte Ormoc District Hospital		12951.00	SG15-1	Permanent	Y
7/1/2007	6/30/2008	Nurse I		Province of Leyte Ormoc District Hospital		11774.00	SG15-7	Permanent	Y
3/17/2006	6/30/2007	Nurse I		Province of Leyte Ormoc District Hospital		10704.00	SG10-6	Permanent	Y
3/17/2003	3/16/2006	Nurse I		Province of Leyte Ormoc District Hospital		10442.00	SG10-5	Permanent	Y
7/1/2001	3/16/2003	Nurse I		Province of Leyte Ormoc District Hospital		10188.00	SG10-4	Permanent	Y
3/17/2000	6/30/2001	Nurse	l	Province of Leyte Ormoc District Hospital		9716.00	SG10-3	Permanent	Υ
1/1/2000	3/16/2000	Nurse		Province of Leyte	Ormoc District Hospital	9466.00	SG10-2	Permanent	Υ
1/1/2000		Nurse		Province of Leyte	8605.00	SG10-1	Permanent	Y	
3/17/1997	12/31/1999	Nurse		Province of Leyte	Ormoc District Hospital	6013.00	SG10-1	Permanent	Υ

6/1/1996	3/30/1997	Clinical Instructor	Franciscan College of the Immaculate Conception	5000.00		Casual	N
	(Continue on separate sheet if necessary)						
SIGNA	ATURE	In amontmedon	DATE		02-18-2022		

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VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT /	PEOPLE / VC	LUNTARY OF	RGANIZATION		
29. NAME & ADDRESS OF OR	RGANIZATION	INCLUSIVE DATES (mm/dd/yyyy)				
(Write in full)				NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	To			
N/A						
	(Con	tinue on separate	sheet if necessary	)		
VII. LEARNING AND DEVELOPMENT (L&D) I (Start from the most recent L&D/training program and inclu				Chief/Executive/Ma	nagerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Wite in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE ATTEN	DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Post Partum Intrauterine Device ( PPIUD ) Training		9/23/2019	9/27/2019			Dept. of Health - EVRMC
Basic Course of Family	Planning	6/3/2019	6/7/2019			
Regional Cosultative Workshop on St		11/22/2018	11/23/2018			Dept. of Health
Refresher Training on Supporti		2/16/2015	2/18/2015			Dept. of Health Region 8
Basic Emergency Obstetric and Newborn Care (		1/18/2011	1/28/2011			Dept. of Health Region 8
						Dept. of Health Cooking
	(Con	tinue on separate	sheet if necessary	9		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-	-ACADEMIC DISTIN	NCTIONS / RECOG e in full)	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Cooking	Best BEmONC Tea	m Region 8 201	14, 2015, 2016,	2017, 2018, 201	19	PNA
Driving						
						1

(Continue on separate sheet if necessary)					
SIGNATURE	(Continue on separate sheet if necessary  (Continue on separate sheet if necessary)	DATE	02-18-2022		

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34. Are you related by consanguinity or affinity to the a chief of bureau or office or to the person who has in Bureau or Department where you will be apppointe	mmedia		☐ YES	☑ NO			
a. within the third degree?	a. within the third degree?						
b. within the fourth degree (for Local Government L	Jnit - Ca	areer Employees)?	YES	☑ NO			
			If YES, give deta	ils:			
35. a. Have you ever been found guilty of any administ	trative o	ffense?	☐ YES	✓ NO			
			If YES, give deta	ills:			
b. Have you been criminally charged before any co	ourt?		☐ YES	☑ NO			
, , ,			If YES, give details:				
			Date Filed: Status of Case/s:				
36. Have you ever been convicted of any crime or viola	ation of	any law, decree, ordinance or	☐ YES	☑ NO			
regulation by any court or tribunal?			If YES, give deta	ils:			
37. Have you ever been separated from the service in			YES	· NO			
retirement, dropped from the rolls, dismissal, termin	nation,	end of term, finished contract or phased	If YES, give deta	ils:			
out (abolition) in the public or private sector?			-				
38. a. Have you ever been a candidate in a national or Barangay election)?	local e	lection held within the last year (except	YES YES	☑ NO			
* * * * * * * * * * * * * * * * * * * *			If YES, give deta				
<ul> <li>b. Have you resigned from the government service</li> </ul>			YES	☑ NO			
last election to promote/actively campaign for a nat			If YES, give deta	iils:			
39. Have you acquired the status of an immigrant or pe	ermane	nt resident of another country?	☐ YES	☑ NO			
			If YES, give deta	ils (country):			
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371</li> </ol>							
7277); and (c) Solo Parents Welfare Act of 2000 (F	RA 8972	2), please answer the following items:	_	_			
Are you a member of any indigenous group?			☐ YES ☑ NO If YES, please specify:				
b. Are you a person with disability?			YES	- NO			
			If YES, please spec	ify ID No:			
Are you a solo parent?			YES	☑ NO			
			If YES, please spec	ity ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to a	applicant /	appointee)					
NAME		ADDRESS	TEL. NO.				
Dr. Ma. Lourdes Banquesio		Chief of Hospital Ormoc District Hospital	9176598007				
Mr. Flaviano Villarente RN			9295555695				
Mr. Flaviano Villarente RN		Chief Nurse ODH	9295555695				
42. I declare under oath that I have personally accord	nplishe	d this Personal Data Sheet which is a tr	ue, correct and				
complete statement pursuant to the provisions of							
Philippines. I authorize the agency head/authoriz I agree that any misrepresentation made in the				PHOTO			
administrative/criminal case/s against me.	IIIS UUL	currient and its attachments shall caus	se the ming of	11010			
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.	)	mamont	- 1	III I			
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC	-	MIGHONY	ngon				
		/					
ID/LicenselPassport No.: 0274836		Signature (Sign inside the bo	(XX)				
Date/Place of Issuance: 8/21/1995		02-18-2022 Date Accomplished		Right Thumbmark			
-							
SUBSCRIBED AND SWORN to before me this		, affant exhibiting	ig his/her validly issued o	government ID as indicated above.			
	- [						
	$\vdash$	Person Administering Oal	th				
				<u> </u>			
				CS FORM 212 (Revised 2017), Page 4 of			