CS Form No. 212 Revised 2017

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. 1. CS ID No. () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only 2. SURNAME BOLECHE NAME EXTENSION (JR., SR) FIRST NAME VAN VIANEN MIDDLE NAME **GAYAS** 3. DATE OF BIRTH 01/05/2002 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) by birth ☐ by naturalization 4. PLACE OF BIRTH JARO LEYTE If holder of dual citizenship, Pls. indicate country: please indicate the details. 5. SEX ☐ Male ✓ Female Philippines SITIO TINAG-AN UNO ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS ☐ Widowed House/Block/Lot No Street □ Separated IPIL Other/s: Subdivision/Village Barangay ORMOC CITY 7. HEIGHT (m) 1.52 City/Municipality Province 50 ZIP CODE 8. WEIGHT (kg) 6541 18. PERMANENT ADDRESS SITIO TINAG-AN UNO 9. BLOOD TYPE Α÷ House/Block/Lot No Street IPIL 10. GSIS ID NO. NA ORMOC CITY LEYTE 11. PAG-IBIG ID NO. NA City/Municipality Provin 12. PHILHEALTH NO. 13-250757741-9 ZIP CODE 6541 13. SSS NO. NA 19. TELEPHONE NO. NA 773-654-6160-000 09394574052 14. TIN NO. 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. NA 21. E-MAIL ADDRESS (if any) vanboleche@gmail.com II. FAMILY BACKGROUND 22. SPOUSE'S SURNAME NA DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) NA NA FIRST NAME NA NA MIDDLE NAME OCCUPATION NΑ EMPLOYER/BUSINESS NAME NA BUSINESS ADDRESS NA TELEPHONE NO. NA 24. FATHER'S SURNAME BOLECHE IAME EXTENSION (JR., SR) FIRST NAME CESAR MIDDLE NAME TALBO 25. MOTHER'S MAIDEN NAME SURNAME BOLECHE FIRST NAME HELEN GAYAS MIDDLE NAME EDUCATIONAL BACKGROUND HIGHEST LEVEL/ 26. PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL YEAR **ACADEMIC** LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From То ELEMENTARY IPIL CENTRAL SCHOOL FI FMENTARY 06/04/2007 04/05/2013 GRADUATED 2013 WITH HONORS IPIL NATIONAL HIGH SCHOOL (SSC) JUNIOR HIGH SCHOOL(SHS-ICT-PROGRAMMING SECONDARY 06/01/2013 24/07/2020 GRADUATED 2020 WITH HONORS ACLC COLLEGE OF ORMOC STRAND) VOCATIONAL / NΑ NA NA NA TRADE COURSE EASTERN VISAYAS STATE UNIVERSITY - ORMOC BACHELOR OF SCIENCE IN SECONDARY ACADEMIC ACHIEVER COLLEGE 07/12/2024 **GRADUATED** 2024 08/24/2020 CAMPUS **EDUCATION (MAJOR IN GENERAL SCIENCE)** GRADUATE STUDIES NΑ NA NΑ NΑ NA NA NA SIGNATURE DATE September 5, 2025

IV. CIVIL SE	ERVICE ELIGI	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			DATE OF	DI ACE OF EVAMINATION / CONFEDNENT			LICENSE (if applicable)		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
LICENSED PROFESSIONAL TEACHER 85.40			85.40	23/03/2025	TACLOBAN CITY			2331551	01/05/2028
			(Cor	ntinue on separate sheet	if necessary)				
	XPERIENCE ate employmer	nt. Start from your recent				l Work Expe	rience sheet.		
28. INCLU	INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE		ITLE	DEPARTMENT / AGENCY / OFFICE / COMPANY		MONTHLY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in ful	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)	
08/05/2024	05/30/2025	Part-time Assistant	Admin Officer	Camp Downes Departme	1500.00	NA	Part-time job	Yes	
10/07/2023	05/22/2024	Pre-Service T	eacher	Ipil National High School, Department of Education		NA	NA	OJT	Yes
				Education					
			(Cor	ntinue on separate sheet	if necessary)				
—									
SIGNA	NIUKE	9			DATE	September 5, 2		S FORM 212 (Revised 2	017), Page 2 of 4

VI. VOLUNTARY WORK OR INVOLVEMENT	/ PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy) From To		POSITION / NATURE OF WORK		
GENDER AND DEVELOPMENT YOUTH COORDII	NATORS-EVSU ORMOC	09/04/2023	07/10/2024		VICE PRESIDEN	IT FOR EVENTS	
READING ADVOCACY AS VALUED VOLUNTEER	IN QUEZON JR. ELEM SCHOOL	06/30/2024	06/30/2024	4HRS	VALUED VOLUNTEER		
	(Contin	ue on separate she	eet if necessary)				
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	OGRAMS AT	TENDED				
Start from the most recent L&D/training program and includ	only the relevant L&D/training taken for th	e last five (5) years	for Division Chief	/Executive/Manage	rial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full	ATTEN	DATES OF DANCE d/yyyy) To	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
DEVELOPING EXPERTISE DEEP DIVE INTO JOB FUN PERSONNEL	CTIONS FOR NON-TEACHING	05/03/2025	05/03/2025	3HRS		Career Advancement, Research, and Lifelong Learning (CARL INSTITUTE)	
NTERNATIONAL SEMINAR ON LEADERSHIP AND OF	FICE ADMINISTRATION	04/15/2025	04/24/2025	80HRS	TECHNICAL	Continuing Professional Development Center for Trainings (CPDCFT) Training Center	
COMPUTER SKILLS DEVELOPMENT TRAINING IMPRO	OVING CLASSROOM LEARNING THRU	04/01/2025	04/10/2025	80HRS		Continuing Professional Development Center for Trainings (CPDCFT) Training Center	
CAREER DEVELPMENT AND OFFICE SYSTEM ADMIN	03/15/2025	03/24/2025	80HRS		Continuing Professional Development Center for Trainings (CPDCFT) Training Center		
	(Contin	ue on separate she	eet if necessary)				
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Knowledgeable in Google workspace, canva, and Microsoft apps (MS word, excel, powerpoint, publisher, graphic designing)	1st Place of the Advocacy Vide	NA					
Photography, modelling, video editing, directing, content creator	1st Place in Essay Writing						
Dancing, singing, cooking, writing stories, reading	mpetition in Celebration of the 31st Library and Information Services (LIS) 2021						
	Best in Innovation 2020						
	Miss ACLC 2019						
	Dance Troupe Awardee						
	ue on separate she	eet if necessary)					
SIGNATURE				DATE		September 5, 2025	

b. within the fourth degree (for Local Government Unit - Career Employees)? YES	04.	chief of bureau or office or to the person who has immediate Bureau or Department where you will be approinted, a. within the third degree?		☑ NO				
b. Have you ever been comicided of any crime or violation of any law, decree, ordinance or regulation by IYES, give details: 28 Have you ever been conscided of any crime or violation of any law, decree, ordinance or regulation by IYES, give details: 29 Here you ever been separated from the service in any of the following modes: resignation, reliement, diopped from the rolls, dismissed, termination, end of term, finished contract or phased out IYES, give details: 29 Here you ever been apparated from the service in any of the following modes: resignation, reliement, diopped from the rolls, dismissed, termination, end of term, finished contract or phased out IYES, give details: 20 Here you ever been a candidate in a national or local election held within the last year (except Barragay) election? 20 Leave 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 excelledate? 30 Here you as acquired the status of an immigrant or permanent resident of another country? 31 Here you as acquired the status of an immigrant or permanent resident of another country? 42 Pursuant to: (a) Indigenous People's Act (SA 8371); (b) Magna Carts for Disabled Persons (RA 2777); and (c) Solo Parents Welfare Act of 2000 (RA 8372), please answer the following items: 43 Are you a person with disability? 44 Pursuant to: (a) Indigenous People's Act (SA 8371); (b) Magna Carts for Disabled Persons (RA 2777); and (c) Solo Parents Welfare Act of 2000 (RA 8372), please answer the following items: 45 Are you a person with disability? 46 Pursuant to: (a) Indigenous People's Act (SA 8371); (b) Magna Carts for Disabled Persons (RA 2777); and (c) Solo Parents Welfare Act of 2000 (RA 8372), please answer the following items: 47 Are you a person with disability? 48 Are you a person with disability? 49 Pursuant to: (a) Indigenous People's Act (SA 8371); (b) Magna Carts for Disabled Persons (RA 2772); and (c) Solo Parents Welfare Act of 2000 (RA		b. within the fourth degree (for Local Government Unit - Care						
If YES, give details: Data Place Shatus of Casels:	35.	a. Have you ever been found guilty of any administrative offe						
any court or tribunal? 17		b. Have you been criminally charged before any court?	If YES, give details: Date Filed:					
reterment, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abollison) in the public or private sector? 38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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? 39. Have you acquired the status of an immigrant or permanent resident of another country? 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: a. Are you a member of any indigenous group? 41. REFERENCES (Person not related by consenguinty or affinity to applicant (appointse) NAME ADDRESS TEL NO. CHERYL I. LUNA SCHOOL, HADD, MABBI ELEMENTARY SCHOOL, ORNOC CITY DR. BEATRICE D. MABITAD Television of the Public School's District Supervisor. Ones City DR. BEATRICE D. MABITAD Television of the Republic of the Public or 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. Covernment Issued ID: NATIONAL ID DukePlace of Issuance: OCT. 10, 2022 / ORNOC CITY DukePlace of Issuance: OCT. 10, 2022 / ORNOC CITY DukePlace of Issuance: OCT. 10, 2022 / ORNOC CITY DukePlace of Issuance: OCT. 10, 2022 / ORNOC CITY DukePlace of Issuance: OCT. 10, 2022 / ORNOC CITY Report Television of Issuance: OCT. 10, 2022 / ORNOC CITY DukePlace of Issuance: OCT. 10, 2022 / ORNOC CITY DukePlace of Issuance: OCT. 10, 2022 / ORNOC CITY DukePlace of Issuance: OCT. 10, 2022 / ORNOC CITY Divide Accomplished ADDRESS TEL NO. BYES. pive details: If YES. give details: If YES. give details. If YES. giv	36.							
Barangay election)? 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 of local candidate? 39. Have you acquired the status of an immigrant or permanent resident of another country? 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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 11. REFERENCES (Person not related by consenguinly or affinity to applicant Appointse) NAME ADDRESS TEL NO. CHERYL I. LUNA SCHOOL HEAD, MABIN ELEMENTARY SCHOOL, ORMOC CITY DR. BEATRICE D, MABITAD These Search Portigent Office Community of 10 period before the last of 12 period by 13 period by 14 period by 15 period by	37.	retirement, dropped from the rolls, dismissal, termination, en						
election to promote/actively campaign for a national or local candidate? Jet Send an immigrant or permanent resident of another country? Wes No If YES, give details: PYES NO If YES, give details (country): 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: Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? Are you a solo parent? NAME ADDRESS TEL NO. CHERYL I. LUNA SCHOOL HEAD, MABINI ELEMENTARY SCHOOL, DRIVE CITY MA. JEREZA C. MATIGA, DevEdD District II Public School's District Supervisor, Organization of the Republic of the Philippines I. alunthrize 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/crminal cases against me. Covernment Issued ID = Amagon, 258, SSR PRC, Devir's Lorens, etc.) PLEASE INDICATE ID Number and Date of Issuance Oct. 10, 2022 / ORMOC CITY Date Accomplished Date Place of Issuance: OCT. 10, 2022 / ORMOC CITY Date Accomplished Right Thumbmark	38.		<u> </u>					
If YES, give details (country):		election to promote/actively campaign for a national or local						
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 11 YES, please specify: 12 YES 13 NO 14 YES, please specify: 15 YES, please specify: 16 YES, please specify: 17 YES 18 NO 18 YES, please specify: 18 NO 19 YES, please specify: 19 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YES, please specify: 10 NO: 19 YES 20 NO 18 YE	39.	Have you acquired the status of an immigrant or permanent						
a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? c. Are you a solo parent? If YES, please specify: YES NO If YES, please specify: YES NO If YES, please specify: YES NO If YES, please specify: NO If YES NO NO If	40.							
D. Are you a solo parent? C. Are you a solo parent? LI REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) NAME ADDRES TEL. NO. CHERYL I. LUNA SCHOOL HEAD, MABINI ELEMENTARY SCHOOL, ORMOC CITY DR. BEATRICE D. MABITAD Leastern Visayas State University, Ormoc City Leastern Visayas State University, Ormoc City Additionable a 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. Government Issued ID. (In Passport, GSIS, SSS, PRC. Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID. NATIONAL ID ID/License/Passport No: 3963-8217-4187-0423 Date /Place of Issuance: OCT. 10, 2022 / ORMOC CITY Date Accomplished PYES NO NO If YES, please specify ID No: YES NO NO If YES, please specify ID No: TEL NO. 9482099877 09482099877 09482099877 09482099877 09482099877 09482099877 09482099877 09482099877 09482099877 PORC City 09688560991 Eastern Visayas State University, Ormoc City 09688560991 Eastern Visayas State University, Ormoc City PHOTO PHOTO	a.							
c. Are you a solo parent? YES NO If YES. please specify ID No: ADDRESS TEL. NO. CHERYL I. LUNA SCHOOL, DRMOC CITY	b.	Are you a person with disability?	☐ YES ☑ NO					
CHERYL I. LUNA CHERYL I. LUNA SCHOOL, MABINI ELEMENTARY SCHOOL, ORMOC CITY D18trict II Public School's District Supervisor, Op482099877 DR. BEATRICE D. MABITAD Plead-Research Development Office Eastern Visayas State University, Omnoc City 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. Government Issued ID (ii.e Passport, GSIS, SSS, PRC, Dimer's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: NATIONAL ID IDILicense/Passport No.: 3963-8217-4187-0423 Date/Place of Issuance: OCT. 10, 2022 / ORMOC CITY Date Accomplished TEL. NO. 99482099877 09482099877 09688560991 Eastern Visayas State University, Omnoc City 09688560991 Eastern Visayas State University, Omnoc City PHOTO PHOTO PHOTO PHOTO PHOTO Right Thumbmark	C.	Are you a solo parent?	☐ YES ☑ NO					
CHERYL I. LUNA SCHOOL HEAD, MABINI ELEMENTARY SCHOOL, ORMOC CITY MA. JEREZA C. MATIGA, DevEdD District II Public School's District Supervisor, Ormoc City DR. BEATRICE D. MABITAD Head-Research Development Office Eastern Visayas State University, Ormoc City 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 filling of administrative/criminal case/s against me. Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: NATIONAL ID ID/License/Passport No.: 3963-8217-4187-0423 Date/Place of Issuance: OCT. 10, 2022 / ORMOC CITY Date Accomplished SCHOOL HEAD, MABINI ELEMENTARY COPHOC CITY D9482099877 09482099877 09482099877 09482099877 09482099877 09482099877 O9482099877 O948209987 O94	41.	REFERENCES (Person not related by consanguinity or affinity to applicant /	appointee)					
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Date/Place of Issuance: OCT. 10, 2022 / ORMOC CITY SEPTWMBER 5, 2025 Date Accomplished Right Thumbmark	ID	//License/Passport No.: 3963-8217-4187-0423	ox)					
SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.	Da	ate/Place of Issuance: OCT. 10, 2022 / ORMOC CITY	,	Right Thumbmark				
Person Administering Oath			h					