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 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) 2 SURNAME SANTE FIRST NAME **EARIEL FORT** AME EXTENSION (JR., SR) MIDDLE NAME DIMAGIBA 3. DATE OF BIRTH 11/25/1993 16. CITIZENSHIP (mm/dd/yyyy) √ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MAKATI PHILIPPINES If holder of dual citizenship. Pls. indicate country: please indicate the details. Male ✓ Female Single ✓ Married 6 CIVIL STATUS 17. RESIDENTIAL ADDRESS 13A ZIPPER ☐ Widowed ☐ Separated House/Block/Lot No. Street SAN LORENZO VILLAGE Other/s: SAN LORENZO Subdivision/Village Barangay 7. HEIGHT (m) MAKATI 1.68m City/Municipality Province 8. WEIGHT (kg) 61ka ZIP CODE 1223 18. PERMANENT ADDRESS 13A A+ ZIPPER House/Block/Lot No. Street 10. GSIS ID NO. SAN LORENZO VILLAGE N/A SAN LORENZO Subdivision/Village Barangay 11. PAG-IBIG ID NO 1211-6308-2543 MAKATI City/Municipality 12. PHILHEALTH NO. 01-052196623-3 ZIP CODE 1223 13. SSS NO. 34-4939962-5 19. TELEPHONE NO. +632 88170547 14. TIN NO. 326 124 254 0000 20. MOBILE NO. +639175361125 15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if any) efvdimagiba@vahoo.com 22. SPOUSE'S SURNAME SANTE 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/vvvv) NAME EXTENSION (JR., SR) FIRST NAME Anton Emilio D. Sante RON ALLEN 09/05/2023 MIDDLE NAME PE BENITO OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO 24. FATHER'S SURNAME DIMAGIBA JR. FIRST NAME **FORTUNATO** MIDDLE NAME LACSON 25. MOTHER'S MAIDEN NAME SURNAME VALLE FIRST NAME MARIA ELOISA MIDDLE NAME NEYRA (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL YEAR ACADEMIC HONORS UNITS EARNED (Write in full) (Write in full) GRADUATED (if not graduated) RECEIVED From To ELEMENTARY COLEGIO SAN AGUSTIN MAKATI BASIC EDUCATION SECONDARY COLEGIO SAN AGUSTIN MAKATI BASIC EDUCATION 2007 2011 VOCATIONAL / TRADE COURSE N/A COLLEGE ATENEO DE MANILA UNIVERSITY AB EUROPEAN STUDIES 2011 2015

**GRADUATE STUDIES** 

SIGNATURE

NIA

eludoanty

DATE

	REER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if a	annicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  N/A  RATING (If Applicable)			EXAMINATION / CONFERMENT	ATION / CONFERMENT		NUMBER	Date of		
						HOMBEN	Validity		
									-
/ MARK	EVERTENCE		(Co	ntinue on separate sheet if n	ecessary)				
	EXPERIENCE vate employmen	nt. Start from your recent	work) Descriptio	n of duties should be	indicated in the attack				
<ol><li>INCL</li></ol>	.USIVE DATES					ed Work Ex	SALARY/ JOB/ PAY		
	nm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То			NOVO ECIJANO TE		INCREMENT		(Y/ N)	
/1/2019	PRESENT	COMPLIANCE OFFICER		BENEFIT ASSO	PHP 30,000.00		PERMAMENT	N	
6/02/2016	26/02/2019	ADMISSIONS ADMIN	IISTRATOR	DS STUDY INTERNA CONSULT.	TIONAL EDUCATION ANTS INC.	PHP 25,000.00		RESIGNED	N
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SIGNA	TORL	endoont			DATE				), Page 2 of 4

29. NAME & ADDRESS O (Write in		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	DOSITION / NATURE OF WORK		
		From	То	NOMBER OF FIGURES		POSITION / NATURE OF WORK	
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VII - EADNING AND DEVELORMENT I	(Co)	ntinue on separat	te sheet if necessa	ry)			
VII. LEARNING AND DEVELOPMENT (L8	AD) IN FERVENTIONS/TRAINING	T					
30. TITLE OF LEARNING AND DEVELOPMENT IN	TERVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE			Type of LD ( Managerial/	CONDUCTED/ SPONSORED BY	
(Write in		(mm	n/dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
		From	То		Tochindayett)		
AML/CTF TRAINING FOR IC REGULATED ENTITIE	S	10/29/2019	10/29/2019	7 HOURS		BANGKO SENTRAL NG PILIPINAS	
CORPORATE GOVERNANCE ORIENTATION PROG	GRAM	11/19/2019	11/19/2019	8 HOURS		INSTITUTE OF CORPORATE DIRECTORS	
ANTI-MONEY LAUNDERING (AML) AND COUNTER	R-TERRORIST FINANCING (CTF)	10/16/2020	10/16/2020	25 HOURS			
MODULE I: AML/CTF STANDARDS AND BASELINI ANTI-MONEY LAUNDERING (AML) AND COUNTER	E TRAINING		10/10/2020	2.5 HOURS		SGV&CO.	
MODULE II: AML/CTF RISK MANAGEMENT FRAMI	EWORK	11/27/2020	11/27/2020	2.5 HOURS		SGV&CO.	
Anti-Money Laundering/Counter-Terrorism Financ for Covered Persons	ing (AML/CTF) Fundamentals Webinar	08/03/2022	08/03/2022	3 HOURS		AMIC	
AMLC REPORTING AND REGISTRATION GUIDELII	NES WEBINAR	03/16/2022	03/16/2022	3 HOURS		AMLC AMLC	
			-			AMILO	
Effective ML/TF Risk Assessment in Insuranc	e	04/02/2025	04/02/2025	2 HOURS		FINTELEKT	
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W X=17= 11= 224 2=2	(Com	tinue on separate	sheet if necessary	y)			
VIII. OTHER INFORMATION	Attendance - Institute - 1					Andrew Commence Commence	
31. SPECIAL SKILLS and HOBBIES	32. NON-		INCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
N/A	(Write in fulf)						
N/A		N/A				N/A	
				And the second second			
	(Cont	nue on separate	sheet if necessary	)			
SIGNATURE	epidoati			DA1	E		
						CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO		
b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO If YES, give details:		
35. a. Have you ever been found guilty of any administrative off	☐ YES ☑ NO If YES, give details:		
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:		
36. Have you ever been convicted of any crime or violation of a by any court or tribunal?	☐ YES ☑ NO If YES, give details:		
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, el out (abolition) in the public or private sector?	nd of term, finished contract or phased	☐ YES	
a. Have you ever been a candidate in a national or local ele Barangay election)?	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	Have you acquired the status of an immigrant or permanent resident of another country?		
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)</li> <li>a. Are you a member of any indigenous group?</li> </ul>		☐ YES ☑ NO If YES, please specify:	
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:	
्र Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:	
41. REFERENCES (Person not related by consanguinity or affinity to applications)	ant /appointee)		
NAME	ADDRESS	TEL. NO.	
			5)
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	11:
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: UMID	epoloanti		
ID/License/Passport No.: CRN-011-3072-8378-1	// inense/Passnort No. CRN.011.3072.8378.1		
Date/Place of Issuance:	Signature (Sign inside the b		humbmark
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued government ID as ind	icated above.
	Person Administering Oat	h	