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 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 DIMAGIBA NAME EXTENSION (JR., SR) FIRST NAME **FORTUNATO** LACSON MIDDLE NAME 3. DATE OF BIRTH 09/21/1961 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH MALABON RIZAL If holder of dual citizenship, Pls. indicate country: please indicate the details Female ✓ Male 17. RESIDENTIAL ADDRESS 13 A **ZIPPER** Single ✓ Married 6 CIVIL STATUS House/Block/Lot No Street ☐ Widowed Separated SAN LORENZO Other/s: Subdivision/Village Barangay MAKATI NCR 5'8" 7. HEIGHT (m) City/Municipality Province 165lbs ZIP CODE 1223 8. WEIGHT (kg) 18. PERMANENT ADDRESS 13 A ZIPPER 9 BLOOD TYPE At House/Block/Lot No Street SAN LORENZO 10. GSIS ID NO. Subdivision/Village Barangay MAKATI NCR 11. PAG-IBIG ID NO. 030241764809 City/Municipality Province 12. PHILHEALTH NO 01-050451160-5 ZIP CODE 1223 13. SSS NO. 03-8119585-4 19. TELEPHONE NO. 14. TIN NO 136-167-071 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. 05-01-001 21. E-MAIL ADDRESS (if any) DIMAGIBA 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME IAME EXTENSION (JR., SR FRANCIS EMIL FORT V. DIMAGIBA MARIA ELOISA 03/10/1991 FIRST NAME EARIEL FORT D. SANTE VALLE 11/25/1993 MIDDLE NAME ERIN MARIE FORT V. DIMAGIBA CORPORATE SECRETARY 09/01/1998 OCCUPATION ELLEANA FORT V. DIMAGIBA NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC. 03/02/2001 EMPLOYER/BUSINESS NAME 228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, **BUSINESS ADDRESS** NUEVA ECIJA TELEPHONE NO. (044) 4642063/463-9112 FATHER'S SURNAME DIMAGIRA NAME EXTENSION (JR., SR) FORTUNATO FIRST NAME CRUZ MIDDLE NAME MOTHER'S MAIDEN NAME LACSON SURNAME FIRST NAME AURORA JACOB (Continue on separate sheet if necessary) MIDDLE NAME SCHOLARSHIP PERIOD OF ATTENDANCE HIGHEST LEVEL BASIC EDUCATION/DEGREE/COURSE NAME OF SCHOOL YEAR **ACADEMIC** LEVEL UNITS EARNED GRADUATED HONORS (Write in full) (Write in full) (if not gradu RECEIVED То ST. JAMES ACADEMY 1975 ELEMENTARY 1979 SECONDARY ST.JAMES ACADEMY VOCATIONAL / TRADE COURSE COLLEGE DE LA SALLE UNIVERSITY BA MANAGEMENT 1990

GRADUATE STUDIES Minagela & DATE SIGNATURE

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			DATE OF			LICENSE (if applicable)			
В	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFE	RMENT	NUMBER	Date of Validity
	***************************************								-
			(Co	ontinue on separate sheet if	necessary)				
	EXPERIENCE ivate employment.	Start from your rece			e indicated in the attach	ed Work Ex	operience shee	ıt.	
. INC	LUSIVE DATES	POSITION T			NCY / OFFICE / COMPANY		SALARY/ JOB/ PAY GRADE (if		GOV
From	mm/dd/yyyy)	(Write in full/Do not			o not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)
	То	PDECIDE	AIT	NOVO ECIJANO	TEACHERS MUTUAL		INCREMENT		
002	PRESENT	PRESIDE		BENEFIT AS	SOCIATION INC. FEACHERS MUTUAL		-		-
001	2002	TREASUR	RER	BENEFIT ASSOCIATION INC. MANILA TEACHERS SAVINGS AND LOAN					
984	2001	SPECIAL LOAN	OFFICER	ASSOCIATION					

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CS FORM 212 (Revised 2017), Page 2 of 4

NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES (mm/dd/yyyy) NUMBER OF HO			POSITION / NATURE OF WORK	
(Write in full)	From	To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
		-	+			
		1	1			
		-	-			
	(Continue on separat		ny)			
EARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAIL			1 1			
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRA	MS ATTE	ENDANCE	N MADED OF LIGHTS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write in full)	(mm	/dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
	From	То				
SIAN CORPORATE GOVERNANCE SCORECARD(ACGS) WORKSHOP	03/26/2015	03/26/2015			INSTITUTE OF CORPORATE DIRECTOR	
DRATE GOVERNANCE AND AMLA SEMINAR	06/21/2016	06/21/2016	5 HOURS		PHIL.CORPORATE ENHANCEMENT AN GOVERNANCE, INC.	
MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF)	10/16/2020	10/16/2020	2.5 HOURS		SGV&CO.	
ILE I:AML/CTF STANDARDS AND BASELINE TRAINING MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF)		-	+			
LE II: AML/CTF RISK MANAGEMENT FRAMEWORK	11/27/2020	11/27/2020	2.5 HOURS		SGV&CO.	
CTF FUNDAMENTALS WEBINAR FOR COVERED PERSONS	03/22/2022	03/22/2022	3 HOURS		AMLC	
REPORTING AND REGISTRATION GUIDELINES WEBINAR	03/16/2022	03/16/2022	3 HOURS		AMLC	
tive ML/TF Risk Assessment in Insurance	04/02/2025	04/02/2025	2 HOURS			
uve ML/1F RISK Assessment in insurance	04/02/2025	04/02/2023	2 10013		FINTELEKT	
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OTHER INFORMATION	(Containe on Separal	ए आक्रम् ॥ ॥क्रक्ड	uy)			
OTHER IN ORMATION	NOW AGAPTHIC DIG	TIMOTIONS I DESC	CONTION		MEMORRALID IN ADDROGATION OF DAME	
SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DIST	rite in full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)	

				-		
	(Continue on separa	te sheet if necessa	ary)			
SIGNATURE	nagibe &	n	DA	ATE		
	0	/			CS FORM 212 (Revised 2017), Pa	
	•					

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?	할 때 가장하다면서 많은 것이다. 내 가장하는 데 얼마를 하는 것이 없는 것이다. 나는 것이다. 그 사람	☐ YES ☑ NO
b. within the fourth degree (for Local Government Unit - Care	eer Employees)?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————
35. a. Have you ever been found guilty of any administrative offe	nse?	☐ 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 an by any court or tribunal?	☐ YES ☑ NO If YES, give details:	
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:	
38. a. Have you ever been a candidate in a national or local electron Barangay election)?	☐ YES ☑ NO If YES, give details:	
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of the service of the service during the election to promote actively campaign for a national or local of the service of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote actively campaign for a national or local of the service during the election to promote active the service during the election of the service during the service during the election of the service during the service dur	☐ YES ☑ NO If YES, give details:	
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):	
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 	He telegraph and the company of	
a. Are you a member of any indigenous group?	please answer the following flems.	☐ YES ☑ NO If YES, please specify:
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:
c. Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:
41. REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)	
NAME	ADDRESS	TEL. NO.
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docum administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Almiegbe of	
Government Issued ID: UMID ID/License/Passport No.: 0003-8119585-4	()	
Date/Place of Issuance:	Signature (Sign inside the b	Right Thumbmark
SUBSCRIBED AND SWORN to before me this		ing his/her validly issued government ID as indicated above.
	Person Administering Oat	h

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 LAHOM FIRST NAME TOMAS NAME EXTENSION (JR., SR) III MIDDLE NAME **FAUSTO** DATE OF BIRTH 02/05/1959 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino ☐ Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH QUEZON CITY If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX ☐ Female ✓ Male Philippines V Single ✓ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS ☐ Widowed House/Block/Lot No. Street Separated Lahom Farms Dona Lucia Quezon Other/s: Subdivision/Village Barangay 7. HEIGHT (m) 176cms Nueva Ecija City/Municipality Province 8. WEIGHT (kg) 98 kg ZIP CODE 3113 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No. Street Brgy. Dona Lucia Quezon Lahom Farms 10. GSIS ID NO. Subdivision/Village Barangay Nueva Ecija 11. PAG-IBIG ID NO. City/Municipality Province 12 PHILHEALTH NO 3113 ZIP CODE 13. SSS NO. 19. TELEPHONE NO. 14. TIN NO 174-979-968 20. MOBILE NO. 0917-5448846 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) lahom_farms@hotmail.com 22. SPOUSE'S SURNAME Lahom 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) Tomas Uzeil Lahom IV 12/14/1998 FIRST NAME Ma. Lourdes MIDDLE NAME Cupcupin OCCUPATION **Government Official** EMPLOYER/BUSINESS NAME Local Government unit of Quezon N.E. Municipal Hall Quezon N.E **BUSINESS ADDRESS** TELEPHONE NO. FATHER'S SURNAME Lahom AME EXTENSION (JR., SR) FIRST NAME Bienvenido Padilla MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME Fausto FIRST NAME Lydia MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP PERIOD OF ATTENDANCE HIGHEST LEVEL/ NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC HONORS RECEIVED YEAR UNITS EARNED (if not graduated) LEVEL GRADUATED (Write in full) (Write in full) То ELEMENTARY San Beda College Elementary 1972 SECONDARY San Beda College High School 1972 1976 1976 VOCATIONAL / TRADE COURSE COLLEGE San Beda College **BSC Accounting** 1976 1980 1980 **GRADUATE STUDIES** San Beda College Bachelor of Laws 1981 1985 1985 Millon SIGNATURE DATE CS FORM 212 (Revised 2017), Page 1 of 4

7. CAREE	ER SERVICE/ RA 108	80 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	
SPECIAL LAWS/ ČES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE Certified Public Accountant Bar Exam		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION	ON / CONFER	MENT	NUMBER	Date of Validity	
		Passed	1980	Man	ila				
		Passed	1986	Man	ila				
			(Cc	ontinue on separate sheet i	f necessary)				
	EXPERIENCE vate employmer	nt. Start from your rece	nt work) Descript	ioη of duties should b	e indicated in the attache	ed Work Ex	perience shee	t.	
	USIVE DATES nm/dd/yyyy) To	POSITION (Write in full/Do no		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
01/01/2001	present	Treasurer/Board	of Directors		chers Mutual Benefit				
05/01/1992	present	Owner/Pro	prietor		m Farms				
01/04/2015	01/01/2016	Municipal Depar	tment Head		on Nueva Ecija a Joson House of				
07/01/2010	06/30/2013	Legislative S		Repres					
07/01/2007	10/30/2009	Political Affairs		Represo					
07/01/2004	06/30/2007	Provincial Boar Legislative S		Rep. Josefin					
10/07/2002	06/30/2004	Partn		Representative Q.C Vivero Ferrer Lahom & Bahia Law Office					
11/01/1996	06/30/1998	Consul		Office of the Gover	Office of the Government Cabanatuan City				
10/28/1992	11/30/1996	Provincial Boar	d Secretary		alawigan ng Nueva Ecija				
07/01/1992	10/27/1992	Chief of	Staff	Ph	Coseteng-Senate of the lippines				
01/01/1988	06/30/1992	Partn	er		hom & Madarietta Law Office				
06/01/1987	10/01/1988	General M			curity Agency		-		
11/25/1986	12/30/1987	Associ			Maronilla Law Office cip Gorres Velayo and				
11/05/1985	05/30/1986	Tax St Faculty of Arts			ompany e of Arts and Sciences				
01/25/1980	10/30/81	Cost Acco		Sycip Salazar Fe	liciano Hernandez law Office				
		///	Rom	Continue on separate shee					
SIGI	NATURE	///	2 019		DATE			S FORM 212 (Revised	2047. 5

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT 29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/de	/E DATES	Y ORGANIZAT	ION'S	POSITION / NATURE OF WORK
	From	То			
Integrated Bar of te Phils.				Member	
Phils. Institute of Public Accounts				Member	
San Beda Alumni Association				Member	
Philippine practical Shooting Association				Member	
PDP Laban Nueva Ecija				Member	
				Legal Team	
(Cont.) VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING P	l tinue on separate s		(ימ		
VII. LEARINING AND DEVELOPMENT (L&D) INTERVENTIONS TRAINING P	INCLUSIVE		1	l I	
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATTEN (mm/de	DANCE	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
	From To		<u> </u>	Technical/etc)	
			-		
	tinue on separate s	sheet if necessa	ry)		
VIII. OTHER INFORMATION				T	
31. SPECIAL SKILLS and HOBBIES 32. NON-	ACADEMIC DISTIN (Write	ICTIONS / RECC in full)	OGNITION	3	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Managemenrt/Supervision					
Bill Drafting					
Computer Literate			4		
Policy Making					
Organization and Implementatio					
SIGNATURE (Cont.)	tinue on separate s	sheet if necessar	ry)		
SIGNATURE			D	ATE	
					CS FORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immediat					
Bureau or Department where you will be appointed,	o deportition over journ the office,				
a. within the third degree?		☐ YES ☑ NO			
b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	☐ YES ☑ NO			
		If YES, give details:			
35. a. Have you ever been found guilty of any administrative of	fense?	☐ 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	any law decree ordinance or regulation				
by any court or tribunal?	any law, decree, ordinarios or regulation	☐ YES ☑ NO If YES, give details:			
		in rea, give detaile.			
37. Have you ever been separated from the service in any of the	ne following modes: resignation				
retirement, dropped from the rolls, dismissal, termination, e	마이지 않는데 하는데 하는데 그렇게 하는데 살아보니 그렇게 되었다. 그 사람들이 얼마나 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	☐ YES ☑ NO If YES, give details:			
out (abolition) in the public or private sector?					
38. a. Have you ever been a candidate in a national or local el	ection held within the last year (except	☐ YES ☑ NO			
Barangay election)?		If YES, give details:			
b. Have you resigned from the government service during		☐ YES ☑ NO If YES, give details:			
election to promote/actively campaign for a national or local	election to promote/actively campaign for a national or local candidate?				
39. Have you acquired the status of an immigrant or permaner	39. Have you acquired the status of an immigrant or permanent resident of another country?				
		If YES, give details (country):			
La	0 4 6 District Deserve (DA				
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 	그리트를 가입된 사람들은 일반 열면 있다면 하면				
a. Are you a member of any indigenous group?	,, peace anone are remaining	☐ YES ☑ NO			
		If YES, please specify:	1		
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:			
c. Are you a solo parent?		YES NO			
7 No you a coo parsiin		If YES, please specify ID No:			
41. REFERENCES (Person not related by consanguinity or affinity to applie	cant /appointee)				
NAME	ADDRESS	TEL. NO.			
			0.00		
42. I declare under oath that I have personally accomplished	ed this Personal Data Sheet which is a t	rue, correct and			
complete statement pursuant to the provisions of perti		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
Philippines. I authorize the agency head/authorized repres			PHOTO		
agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ument and its attachments shall caus	se the filling of	PHO10		
daminional voluminario according and the			A Contract		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		181			
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: UMID	M. Ban				
	Mechonio	***			
ID/License/Passport No.: 006-0104-3404-2	oox)				
Date/Place of Issuance:	Date Accomplished		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	affiant evhibit	ing his/her validly issued government ID	as indicated above		
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	Person Administering Oat	h			
	1 Groon Auministering Oat				

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

Print legibly. Tick appropriate boxe	as () and use separate sheet if necessary. Indic	ate N/A if not applicable. DO NOT	ABBREVIA	THE PDS TE.	1. CS ID N	0.	(Do not fill up	. For CSC use on	
I. PERSONAL INFORMATI	ON								
2. SURNAME	DIMAGIBA								
FIRST NAME	FRANCIS EMIL FORT			NAME EXTENSION (JR., SR)					
MIDDLE NAME	VALLE								
DATE OF BIRTH (mm/dd/yyyy)	03/10/1991	16. CITIZENSHIP		PHILIPPINES					
4. PLACE OF BIRTH	MAKATI CITY, METRO MANILA	If holder of dual citizer	nship,	Pls. indicate country:					
5. SEX	MALE	please indicate the de	tails.						
6 CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	н	13A House/Block/Lot No.			ZIPPER		
			SAN	LORENZO V	LLAGE		Street SAN LORENZO		
7. HEIGHT (m)	1.7M			ubdivision/Vili MAKATI	age		Barangay METRO MANILA	1	
8. WEIGHT (kg)	100 KG	ZIP CODE		City/Municipal	lity	1223	Province		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		13A		1223	ZIPPER		
10. GSIS ID NO.	<u></u>	_		ouse/Block/Lo		Т	Street SAN LORENZO		
				ubdivision/Villa	age		Barangay		
11. PAG-IBIG ID NO.	121103971159			City/Municipal			METRO MANIL Province	Α	
12. PHILHEALTH NO.	01-051838778-8	ZIP CODE		1223					
13. SSS NO.	34-2963583-3	19. TELEPHONE NO.				88760070			
14. TIN NO.	411-581-160	20. MOBILE NO.		09175360310					
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)			francis_din	nagiba310@yahoo.cor	<u>n</u>		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	N/A		23. NAME of C	HILDREN (W	rite full name an	d list all)	DATE OF BIR	RTH (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME					N/A				
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	DIMAGIBA								
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR) JR.							
MIDDLE NAME	LACSON						1		
25. MOTHER'S MAIDEN NAME									
SURNAME	VALLE								
FIRST NAME	MARIA ELOISA	4							
MIDDLE NAME	NEYRA			((Continue on se	parate sheet if neces	ssary)		
II. EDUCATIONAL BACKG	ROUND	T							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS	
		(**************************************		From	То	(if not graduated)	GIOLDONIED	RECEIVED	
ELEMENTARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION		1998	2005		2005		
SECONDARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION		2005	2009		2009		
VOCATIONAL / TRADE COURSE									
COLLEGE	DE LA SALLE UNIVERSITY- MANILA	BS ACCOUNTANCY		2009	2013		2013		
GRADUATE STUDIES									
		Continue on separate sheet if necess	sary)						
SIGNATURE	for			D	ATE				
						CS	FORM 212 (Revised	d 2017). Page 1 of 4	

27. CAR	EER SERVICE/ RA 108	80 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)		EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	NUMBER	Date of Validity		
	CPA BOA	.RD		OCT. 2013	MANILA		155951	2026	
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	5-00-000					*******************			
-				+			***************************************		
							, ,		
V. WORK	EXPERIENCE		(Co	ntinue on separate sheet if	necessary)				
(Include pri	vate employment	t. Start from your recer	nt work) Descripti	on of duties should b	e indicated in the attac	hed Work E	7	et.	
	LUSIVE DATES mm/dd/yyyy)	POSITION T			ICY / OFFICE / COMPANY	MONTHLY		STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full/Do not abbreviate)		SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
02/01/2022		VP OPERAT	IONS	1	EACHERS MUTUAL SSOCIATION				
14/08/2014	31/12/2021	INTERNAL AUDI	TOR (AM)	1	HILIPPINE ISLANDS				
01/11/2013	01/05/2014	AUDIT STA	AFF	SYCIP GORRES	VELAYO AND CO				

			Profesional Englishment Statement of the Control of						

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		y Autoria and a management of the Autoria and Autoria and Autoria and Autoria and Autoria and Autoria and Autoria							
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			75	ntinua a					
SIGN	ATURE	1/3		ntinue on separate sheet if	necessary) DATE				
		12					CST	ORM 212 (Revised 20	117). Page 2 of

VI. VOLUNTARY WORK OR INVOLVEMENT 29. NAME & ADDRESS OF		INCLUS	SIVE DATES		IN/S	
(Write in		(mm	/dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
			-			
			-			
		1	1	1		
			-			
VII. LEARNING AND DEVELOPMENT (L8		ontinue on separat		nry)		
VII. LEARINING AIND DEVELOPINEN (Lo						
		INCLUSION	VE DATES OF		Type of LD	
 TITLE OF LEARNING AND DEVELOPMENT II (Write in 			ENDANCE /dd/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	То		recnnicavetc)	
Effective ML/TF Risk Assessment in Insurar	ıce	04/02/2025	04/02/2025	2 HOURS		FINTELEKT
		1	1			
		-		+		
		-	+	+		
		-	-	-		
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		-	+	-		
		-	-	-		
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*						1
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			+	+		
	(Co	entinue on separat	e sheet if necessa	nry)		
VIII. OTHER INFORMATION			aras :		Callegge a	
31. SPECIAL SKILLS and HOBBIES	32. NO	N-ACADEMIC DIST		OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION
TO THE STATE OF TH		(W	rite in full)			(Write in full)
			1 48			
	1					
	(Co	ntinue on separat	e sheet if necessa	nry)		
SIGNATURE	- Jan			DA	TE	
	1					CS FORM 212 (Revised 2017). Page 3 of

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 approinted,					
	a. within the third degree?	NO				
	b. within the fourth degree (for Local Government Unit - Career Employees)?	NO If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offense?	NO If YES, give details:				
	b. Have you been criminally charged before any court?	NO If YES, give details: Date Filed: Status of Case/s:				
36.	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	NO If YES, give details:				
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?	, YES If YES, give details: RESIGNATION				
38.	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	NO If YES, give details:				
	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?	NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent resident of another country?	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:					
a.	Are you a member of any indigenous group?	NO If YES, please specify:				
b. c.	Are you a solo parent?	INO If YES, please specify ID No: NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)					
	NAME ADDRESS	TEL. NO.				
42.	I declare under oath that I have personally accomplished this Personal Data Sheet which is a complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stat agree that any misrepresentation made in this document and its attachments shall cau administrative/criminal case/s against me.	Republic of the led herein.				
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: PRC //License/Passport No.: 0155951 Signature (Sign inside the but in the support of t	oox)				
D	ate/Place of Issuance: Nov.7,2013 Date Accomplished	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this, affiant exhibit	ing his/her validly issued government ID as indicated above.				
	Person Administering Oa					
-		CS FORM 212 (Revised 2017), Page 4 of 4				

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 1. CS ID No. Print legibly. Tick appropriate boxes 🔲) 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 DIMAGIBA NAME EXTENSION (JR., SR) FIRST NAME MARIA ELOISA MIDDLE NAME VALLE 3. DATE OF BIRTH 05/15/1963 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization MAKATI RIZAL 4. PLACE OF BIRTH If holder of dual citizenship, Pls. indicate country: please indicate the details. ✓ Female 5. SEX ☐ Male V 17. RESIDENTIAL ADDRESS 13 A ZIPPER ☐ Single ✓ Married 6 CIVIL STATUS House/Block/Lot No Street ☐ Widowed Separated SAN LORENZO Other/s: Subdivision/Village Barangay MAKATI NCR 7. HEIGHT (m) 5'1 City/Municipality Province 145lbs 8. WEIGHT (kg) ZIP CODE 1223 18. PERMANENT ADDRESS ZIPPER 13A 9. BLOOD TYPE House/Block/Lot No Street SAN LORENZO 10. GSIS ID NO. Subdivision/Village Barangay MAKATI NCR 11. PAG-IBIG ID NO. 03023438505 City/Municipality Provinc 12. PHILHEALTH NO 19-052685916-6 ZIP CODE 1223 13. SSS NO. 03-8417547-3 19. TELEPHONE NO. 817-0547/817-2541 14. TIN NO. 121-535-092 20. MOBILE NO. 09175344057 15. AGENCY EMPLOYEE NO. 05-01-002 21. E-MAIL ADDRESS (if any) eloi.dimagiba@yahoo.com 22. SPOUSE'S SURNAME DIMAGIBA 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) AME EXTENSION (JR., SR) FRANCIS EMIL FORT V. DIMAGIBA **FORTUNATO** FIRST NAME 03/10/1991 EARIEL FORT D. SANTE LACSON 11/25/1993 MIDDLE NAME ERIN MARIE FORT V. DIMAGIBA 09/01/1998 OCCUPATION PRESIDENT ELLEANA FORT V. DIMAGIBA 03/02/2001 EMPLOYER/BUSINESS NAME NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC. 228 GABALDON ST. BRGY, SAN ROQUE, CABANATUAN CITY, NUEVA ECIJA **BUSINESS ADDRESS** (044) 464-2063/463-9112 TELEPHONE NO. VALLE 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) **EMILIANO** FIRST NAME GATAPIA MIDDLE NAME MOTHER'S MAIDEN NAME NEYRA SURNAME REMEDIOS FIRST NAME MIDDLE NAME AHYONG (Continue on separate sheet if necessary) SCHOLARSHIP ACADEMIC HIGHEST LEVEL UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To AURORA A. QUEZON ELEMENTARY SCHOOL ELEMENTARY 1976 MALATE CATHOLIC SCHOOL SECONDARY VOCATIONAL / TRADE COURSE JUNIOR MANAGEMENT BS IN COMMERCE-1982 ST. PAUL'S COLLEGE MANILA COLLEGE ACCOUNTING 1985 **GRADUATE STUDIES** SIGNATURE DATE willedmanty CS FORM 212 (Revised 2017), Page 1 of 4

V. UIVIL	SERVICE ELICIBI								
27. CAREER SERVICE/ RA 1080 (I SPECIAL LAWS/ C		CICECICCE RATING		DATE OF EXAMINATION /	PLACE OF EXAMINAT	ION / CONET	PMENT	LICENSE (if a	
BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	PLACE OF EXAMINAT	ION / CONFE	NIVIENI	NUMBER	Date of Validity
								in calabia a galandar ingan tangan in ana ana an	
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			(Co	ntinue on separate sheet it	necessary)				
	EXPERIENCE								
	LUSIVE DATES	Start from your recei	n work) Descripti	on of duties should b	e indicated in the attach	ea Work E	SALARY/JOB/PAY		
	(mm/dd/yyyy)	POSITION T			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То	(Write in full/Do not	appreviate)	(Write in full/t	SALAKT	(Format "00-0")/ INCREMENT	AFFORTMENT	(Y/N)	
2005	PRESENT	CORP. SECR	ETARY	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC. METROPOLITAN BANK & TRUST					
1987	2000	OFFICIAL ASS	CICTANT						_
	-			COMPANY (LAW DIVISION) HURA & ARCILLA LAW				-
1986	1987	SECRETA	ARY		FFICE				
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CS FORM 212 (Revised 2017), Page 2 of 4

		I IN GIVIG / NOIN-GOVERNINEN					
29. NJ	AME & ADDRESS OF 0 (Write in fu		(mm/	IVE DATES dd/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
			From	10			
				-			
				1			
			-	-			
18" 4							
		(Co	ntinue on separate	sheet if necessar	y)		
III. LEARNING AND DEVE	ELOP M ENT (L&I) INTERVENTIONS/TRAINING	PROGRAMS.	ATTENDED			
30. TITLE OF LEARNING AN	ID DEVELOPMENT INT	ERVENTIONS/TRAINING PROGRAMS		E DATES OF		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
OC. TITLE OF LEARNING AN	(Write in fu			/dd/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)
			From	То		,	
115 ASIAN CORPORATE GOVERNANCE SCORECARD(ACGS) WORKSHOP			03/03/2015	03/03/2015			INSTITUTE OF CORPORATE DIRECTORS
ORPORATE GOVERNANCE AND AMLA SEMINAR			06/21/2016	06/21/2016	5 HOURS		PHIL.CORPORATE ENHANCEMENT AND GOVERNANCE, INC.
ATA PROTECTION OFFICERS	BRIEFING		02/15/2018	02/15/2018			NATIONAL PRIVACY COMMISSION
NTI-MONEY LAUNDERING(AM			10/16/2020	10/16/2020	2.5 HOURS		SGV&CO.
MODULE I:AML/CTF STANDARDS AND BASELINE TRAINING ANTI-MONEY LAUNDERING(AML) AND COUNTER-TERRORIST FINANCING(CTF)			11/27/2020	11/27/2020	2.5 HOURS		SGV&CO.
IODULE II: AML/CTF RISK MANAGEMENT FRAMEWORK			+	+	+		
022 SEC COMMUNICATION, ADVOCACY AND NETWORK (SEC CAN)			03/04/2022	03/04/2022	2 HOURS		SECURITIES AND EXCHANGE COMMISSION
MILICTF FUNDAMENTALS WEBINAR FOR COVERED PERSONS			03/22/2022	03/22/2022	3 HOURS		AMLC
MLC REPORTING AND REGIS	TRATION GUIDELIN	ES WEBINAR	03/16/2022	03/16/2022	3 HOURS		AMLC
ffective ML/TF Risk Assess	ment in Insurance		04/02/2025	04/02/2025	2 HOURS		FINTELEKT
			-				
			-	-	-	<u> </u>	
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		(0)	ontinue on separat	e sheet if necessa	nv)		
III. OTHER INFORMATIO	ON	(00			•		
		l NO	N-ACADEMIC DIST	INCTIONS / RECO	OGNITION		MEMBERSHIP IN ASSOCIATION/ORGANIZATION
31. SPECIAL SKILLS a	and HOBBIES	32.	(Wi	rite in full)			33. (Write in full)
						<u> Masie e</u>	
				31			
			ontinue on separat	e sheet if necessa			
SIGNATUR	RE	malledm	anto		DA	ITE	CS FORM 212 (Revised 2017), Page 3 o

34	Are your related by concentration or effect, to the anneating and the state of the					
04.	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 apppointed,					
	a. within the third degree?	D VES EL NO				
	b. within the fourth degree (for Local Government Unit - Career Employees)?	YES NO				
	b. within the fourth degree (for Local Government Offit - Career Employees)?	YES NO				
		If YES, give details:				
35.	a. Have you ever been found guilty of any administrative offense?	☐ YES ☑ NO				
		If YES, give details:				
	h Have very been advised by the second by few and the					
	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 any law, decree, ordinance or regulation	☐ YES ☑ NO				
	by any court or tribunal?	If YES, give details:				
		n . 25, give details.				
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	☐ YES ☑ NO If YES, give details:				
	out (abolition) 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	YES V NO				
	Barangay election)?	If YES, give details:				
	b. Have you resigned from the government service during the three (3)-month period before the last	YES NO				
	election to promote/actively campaign for a national or local candidate?	If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO				
		If YES, give details (country):				
40.	raiseant to (a) magerious respises rectification right out to blooms (it it					
	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?	YES NO				
b.	Ara you a parago with disphility?	If YES, please specify:				
	Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:				
C.	Are you a solo parent?	YES V NO				
		If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)					
	NAME ADDRESS	TEL. NO.				
<u> </u>						
		42				
42	I dealers under eath that I have personally accomplished this Demand Date Cheet which is a					
12.	I declare under oath that I have personally accomplished this Personal Data Sheet which is a complete statement pursuant to the provisions of pertinent laws, rules and regulations of the					
	Philippines. I authorize the agency head/authorized representative to verify/validate the contents sta					
	agree that any misrepresentation made in this document and its attachments shall cau	ise the filing of				
	administrative/criminal case/s against me.					
G	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
P	LEASE INDICATE ID Number and Date of Issuance					
G	overnment Issued ID: UMID					
ID	/License/Passport No.: 0003-8417547-3	la l				
Da	Signature (Sign inside tiple	box)				
L	Date Accomplished	Right Thumbmark				
	SUBSCRIBED AND SWORN to before me this affiant exhibit	iting his/her validly issued government ID in the total				
	, anancexnib	iting his/her validly issued government ID as indicated above.				
	Person Administering Oa	th				

CS Form No. 212 Revised 2017	PFRSO	NAL DAT	ra e	LIE				
WARNING: Any misrepreser concerned.	ntation made in the Personal Data Sheet and	the Work Experience Shee	et shall cause	the filing of	administra	tive/criminal cas	se/s against ti	ne person
Print legibly. Tick appropriate box	DE TO FILLING OUT THE PERSONAL DATA See []) and use separate sheet if necessary. Indicates	SHEET (PDS) BEFORE ACC ate N/A if not applicable. DO N	OMPLISHIN OT ABBREVIA	G THE PDS	FORM.	0	(Do not fill us). For CSC use of
I. PERSONAL INFORMAT	ION						(Boriot iiii d	or or osc use t
2. SURNAME	SANTE							
FIRST NAME	EARIEL FORT					NAME EXTENSION	(JR., SR)	
MIDDLE NAME	DIMAGIBA				×			
3. DATE OF BIRTH (mm/dd/yyyy)	11/25/1993	16. CITIZENSHIP		☑ Fil	ipino	Dual Citizensi	nip	
4. PLACE OF BIRTH	MAKATI PHILIPPINES	If holder of dual citiz	zenship,			☐ by birth Pls. indicate	by natur	alization
5. SEX	☐ Male ☑ Female	please indicate the	details.			, io. maiori		
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS	T	13A			ZIPPER	
	☐ Widowed ☐ Separated			louse/Block/Lot			Street	
	Other/s:			N LORENZO VIL Subdivision/Villa			SAN LORENZO Barangay	
7. HEIGHT (m)	1.68m			MAKATI City/Municipalit	ν		Province	
8. WEIGHT (kg)	61kg	ZIP CODE				1223	riovince	
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS		13A			ZIPPER	
10. GSIS ID NO.	N/A			louse/Block/Lot I I LORENZO VIL			Street SAN LORENZO	
11. PAG-IBIG ID NO.	1211-6308-2543			MAKATI			Barangay	
12. PHILHEALTH NO.	01-052196623-3	ZIP CODE		City/Municipality 1223	У		Province	
13. SSS NO.	34-4939962-5	19. TELEPHONE NO.	+632 88170547					
14. TIN NO.	326 124 254 0000	20. MOBILE NO.			+6	339175361125		
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)			efvdima	giba@yahoo.com	1	
II. FAMILY BACKGROUND			3000					
22. SPOUSE'S SURNAME	SANTE		23. NAME of C	HILDREN (Writ	te full name an	d list all)	DATE OF BIR	TH (mm/dd/yyy)
FIRST NAME	RON ALLEN	NAME EXTENSION (JR., SR)		Anton Er	nilio D. Sar	nte	09/0	5/2023
MIDDLE NAME	PE BENITO							
OCCUPATION								
EMPLOYER/BUSINESS NAME								
BUSINESS ADDRESS								
TELEPHONE NO.								***************************************
24. FATHER'S SURNAME	DIMAGIBA							
FIRST NAME	FORTUNATO	JR.						
MIDDLE NAME	LACSON							
5. MOTHER'S MAIDEN NAME								
SURNAME	VALLE							
FIRST NAME	MARIA ELOISA							
MIDDLE NAME	NEYRA			(Co	ontinue on se	parate sheet if nece	ssary)	
II. EDUCATIONAL BACKG	ROUND							
6. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
ELEMENTARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	ON	2001	2007			
SECONDARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	N	2007	2011			
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	ATENEO DE MANII A LINIVERSITY	AR EURODEAN STU	DIEC	2014	2045			

GRADUATE STUDIES

SIGNATURE

N/A

epobanty

DATE

27. CAF	REER SERVICE/ RA 1	080 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if a	annicable)
E	SPECIAL LA BARANGAY ELIGIBILI	WS/ CES/ CSEE TY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	ON / CONFERMENT NUMBER		
	N/A	1							Validity
									-
			(Co.	ntinue on separate sheet if n	ecessary)				
	EXPERIENCE vate employmen	t Start from your room	wash Basadata						
INCL	USIVE DATES	t. Start from your recent		n of duties should be	ndicated in the attach	ed Work Ex	SALARY/ JOB/ PAY	t	
	nm/dd/yyyy)	POSITION TIT (Write in full/Do not at		DEPARTMENT / AGENC	CY / OFFICE / COMPANY not abbreviate)	MONTHLY SALARY	GRADE (if applicable) & STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То						(Format "00-0")/ INCREMENT	A FORTIMENT	(Y/ N)
/1/2019	PRESENT	COMPLIANCE O	FFICER	NOVO ECIJANO TE BENEFIT ASSO	CIATION INC	PHP 30,000.00		PERMAMENT	N
6/02/2016	26/02/2019	ADMISSIONS ADMIN	IISTRATOR	DS STUDY INTERNA CONSULT	TIONAL EDUCATION	PHP 25,000.00		RESIGNED	N
				GONOGET	ANTO INC.	20,000.00			
		2							
			-						
			(Cont	inue on separate sheet if nec	essary)				
	TURE	epdoonts			DATE			The state of the s	

29. NAME & ADDRESS O (Write in			SIVE DATES m/dd/yyyy)	NUMBER OF HOURS		POSITION ANATHER OF WORK
		From	То	NOMOCK OF HOOKS		POSITION / NATURE OF WORK
N/A						
		+	+			
		1				
		-	_			
		-		-		
VII. EADNING AND DEVELORMENT //	(Co)	ntinue on separat	te sheet if necessa	ry)		
VII. LEARNING AND DEVELOPMENT (L8	D) IN ERVENTIONS/TRAINING	T				
30. TITLE OF LEARNING AND DEVELOPMENT IN	NTERVENTIONS/TRAINING PROGRAMS		VE DATES OF ENDANCE		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 PROC	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	2.5 HOURS		00/000
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 GUIDELI	NES WEBINAR	03/16/2022	03/16/2022	3 HOURS		AMLC AMLC
			-	-		AWLC
Effective ML/TF Risk Assessment in Insurance	e	04/02/2025	04/02/2025	2 HOURS		FINTELEKT
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			-	-		
			-	+		
			-	+		
			-	-		
W X=17= 11= 2221	(Com	tinue on separate	sheet if necessary	y)		
VIII. OTHER INFORMATION	Attendance - Institute - 1					Andrew Continues of Continues of the Con
31. SPECIAL SKILLS and HOBBIES	32. NON-		INCTIONS / RECOR	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A		N//	Α			N/A
	(Cont	nue on separate	sheet if necessary)		
SIGNATURE	epidoarti			DAT	E T	
						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 - Ca	b. within the fourth degree (for Local Government Unit - Career Employees)?				
35. a. Have you ever been found guilty of any administrative of	☐ 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 the retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	☐ YES				
a. Have you ever been a candidate in a national or local ele Barangay election)?	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 permanen	☐ YES ☑ NO If YES, give details (country): ————————————————————————————————————				
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) a. 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 specify ID No:			
⊂ 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.			
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42. I declare under oath that I have personally accomplisher complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	nent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	:		
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					
Date/Place of Issuance:	box) Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ting his/her validly issued government ID as indicated abov	е.		
	Person Administering Oat	ih			

CS Form No. 212

SIGNATURE

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PERSONAL DATA SHEET Revised 2017 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 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. LIM 2 SURNAME NAME EXTENSION (JR., SR) FIRST NAME **JOSELITO** MIDDLE NAME DIONISIO 3. DATE OF BIRTH 16. CITIZENSHIP ☐ Dual Citizenship 05/05/1968 ✓ Filipino (mm/dd/yyyy) by birth by naturalization Pls. indicate country: If holder of dual citizenship MALABON CITY 4. PLACE OF BIRTH please indicate the details. ☐ Female ✓ Male 5. SEX ST.MARGARET BLOCK 7 LOT 5 17. RESIDENTIAL ADDRESS ✓ Married Single 6 CIVIL STATUS Street House/Block/Lot No. ☐ Widowed Separated LOMA DE GATO DECA HOMES Other/s: Subdivision/Village Barangay MARILAO BULACAN 7. HEIGHT (m) 1.67M City/Municipality Province ZIP CODE 3019 75kg 8. WEIGHT (kg) BLOCK 7 LOT 5 MARGARET 18 PERMANENT ADDRESS AB 9. BLOOD TYPE Street House/Block/Lot No. LOMA DE GATO DECA HOMES 10. GSIS ID NO. Subdivision/Village Barangay BULACAN MARILAO 030234357508 11. PAG-IBIG ID NO. Province City/Municipality 3019 07-050390565-3 ZIP CODE 12. PHILHEALTH NO. 03-8899132-3 19. TELEPHONE NO. 13. SSS NO. 164-135-993 20. MOBILE NO. 14. TIN NO. 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) joey_lim5@yahoo.com.ph DATE OF BIRTH (mm/dd/yyyy) 23. NAME of CHILDREN (Write full name and list all) LIM 22 SPOUSE'S SURNAME NAME EXTENSION (JR SR) JOSE KARLO RODRIGO B. LIM 01/25/2002 KAREN FIRST NAME BRIONES MIDDLE NAME NONE OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. 24. FATHER'S SURNAME I IM NAME EXTENSION (JR., SR) FIRST NAME ROGELIO DE SILVA MIDDLE NAME 5 MOTHER'S MAIDEN NAME DIONISIO SURNAME MEDITA FIRST NAME (Continue on separate sheet if necessary) BASCO MIDDLE NAME SCHOLARSHIP ACADEMIC HONORS RECEIVED HIGHEST LEVEL/ UNITS EARNED YEAR GRADUATED PERIOD OF ATTENDANCE BASIC FDUCATION/DEGREE/COURSE NAME OF SCHOOL LEVEL (Write in full) (Write in full) (if not graduated) From To 1981 1975 TONSUYA ELEMENTARY SCHOOL ELEMENTARY 1985 1981 ELISA ESGUERRA HIGH SHOOL SECONDARY VOCATIONAL / TRADE COURSE 1993 1988 BSA ACCOUNTING UNIVERSITY OF THE EAST COLLEGE GRADUATE STUDIES

DATE

CAREER SERVICE/ RA 1080	(BOARD/BAR) UNDER	RATING	DATE OF	BY LOT OF FULL INC.	TON LOONERS	MENT	LICENSE (if ap	
SPECIAL LAWS/ BARANGAY ELIGIBILITY	CES/ CSEE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFER	MENI	NUMBER	Date of Validity
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WORK EXPERIENCE clude private employment	Start from your rece	ent work) Descript	ion of duties should b	e indicated in the attacl		perience shee	t.	
INCLUSIVE DATES						SALARY/ JOB/ PAY GRADE (if		GOVT
(mm/dd/yyyy)	POSITION (Write in full/Do no			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	SERVICE (Y/N)
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NAME & ADDRESS OF ORGANIZATION (Write in full)		d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
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	ntinue on separate		ary)		
LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING		E DATES OF			
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS	ATTE	NDANCE	NUMBER OF HOURS	Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
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II. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES 32.	ON-ACADEMIC DIS		COGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZA (Write in full)
of. SPECIAL SMILES and PODDIES	(V	/rite in full)			(varite in ion)
	Continue on separ	ate sheet if nece	F. W. Pr. L. W. W. W. W. L. W. W.		T
SIGNATURE	_			DATE	OS FORM 212 (Partical 2017) Pa

	Are you related by consanguinity or affinity to the appointing of reconfinentialing authority, of the 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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35.	a. Have you ever been found guilty of any administrative offense?	☐ 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:
	Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————
	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?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————
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 recigned from the government service during the three (3)-month period before the last.	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO
	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?	If YES, give details:
39.	Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):
40. a. b.	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?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:
41	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)	
	NAME ADDRESS	TEL. NO.
42	I declare under oath that I have personally accomplished this Personal Data Sheet which is a complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents star agree that any misrepresentation made in this document and its attachments shall cau administrative/criminal case/s against me.	e Republic of the ted herein.
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: SSS ID/License/Passport No.: 03-8899132-3 Signature (Sign inside the Date/Place of Issuance:	
	SUBSCRIBED AND SWORN to before me this, affiant exhib	oiting his/her validly issued government ID as indicated above.
	Person Administering O	ath

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. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. ADELANTE 2. SURNAME NAME EXTENSION (JR., SR) FIRST NAME RHEA BERNANDINO MIDDLE NAME 3. DATE OF BIRTH 16. CITIZENSHIP 11/09/1977 ☐ Dual Citizenship ✓ Filipino (mm/dd/yyyy) by birth by naturalization Pls. indicate country: PENARANDA, NUEVA ECIJA If holder of dual citizenship, 4. PLACE OF BIRTH please indicate the details. Male ✓ Female 5. SEX CASTILLANO 17. RESIDENTIAL ADDRESS ✓ Married Single 6 CIVIL STATUS Street House/Block/Lot No. Separated Widowed SAN LEONARDO Other/s: Subdivision/Village Barangay NUEVA ECIJA 7. HEIGHT (m) 1.57M City/Municipality Province 3102 ZIP CODE 85kg 8. WEIGHT (kg) CASTILLANO 65 18 PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No SAN LEONARDO 10. GSIS ID NO. Subdivision/Village Barangay NUEVA ECIJA 11. PAG-IBIG ID NO. 0302-34358102 City/Municipality Province ZIP CODE 3102 12. PHILHEALTH NO. 020500085348 13. SSS NO. 02-1650019-0 19. TELEPHONE NO. 14. TIN NO. 205-371-723 20 MOBILE NO. rhea_adelande@yahoo.com 15. AGENCY EMPLOYEE NO. 21 F-MAIL ADDRESS (if any) DATE OF BIRTH (mm/dd/vvvv) 23. NAME of CHILDREN (Write full name and list all) ADELANTE 22. SPOUSE'S SURNAME NAME EXTENSION (JR., SR) YVAN GABRIEL B. ADELANTE 10/18/2005 Have you a DENNIS FIRST NAME TIANGCO MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME **BUSINESS ADDRESS** TELEPHONE NO. 05/01/1954 BERNANDINO 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FELIPE FIRST NAME LORENZO MIDDLE NAME 25. MOTHER'S MAIDEN NAME 01/29/1954 **GABOY** SURNAME FI ORIDA

FIRST NAME	FLORIDA									
MIDDLE NAME	DLE NAME AVES			(Continue on separate sheet if necessary)						
. EDUCATIONAL BACK	GROUND									
i. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREI (Write in full)	ONEBOCONOL		ATTENDANCE	TTENDANCE HIGHEST LEVEL/ UNITS EARNED (if not graduated)	GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED		
	(From	То					
ELEMENTARY	LAS PINAS ELEMENTARY SCHOOL			1984	1990		1990			
SECONDARY	PENARANDA NATIONAL HIGH SCHOOL			1990	1995		1995			
VOCATIONAL / TRADE COURSE						9				
COLLEGE	WESLEYAN UNIVERSITY PHILS.	BSA ACCOUNTIN	G	1995	1998		1998			
GRADUATE STUDIES										
	(0	Continue on separate sheet if nece	ssary)							
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CS FORM 212 (Revised 2017), Page 1 of 4

7. CAREE		80 (BOARD/ BAR) UNDER		DATE OF			I	LICENSE (if ap	oplicable)
	SPECIAL LAWS		RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	RMENT	NUMBER	Date of Validity
SHADON STORES OF A SANA									
/ WAIRIES	XPERIENCE		(Col	ntinue on separate sheet i	f necessary)				
		t. Start from your rece	nt work) Description	on of duties should b	se indicated in the attacl	ned Work Ex		t	
	USIVE DATES m/dd/yyyy)	POSITION T	TITLE	DEPARTMENT / AGE	NCY / OFFICE / COMPANY	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP	STATUS OF	GOVT SERVICE
From	То	(Write in full/Do not abbreviate)		(Write in full/	(Write in full/Do not abbreviate)		(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/N)
1/01/2005	PRESENT	ACCOUNTANT			TEACHERS MUTUAL SSOCIATION INC.				
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9. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIV (mm/de	l/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
		From	То			
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I. LEARNING AND DEVELOPMENT (L&D) INTERVENTION	NS/TRAINING PI					
0. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAININ	IG PROGRAMS		DATES OF IDANCE		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY
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VIII. OTHER INFORMATION						
	NON-	ACADEMIC DIST	INCTIONS / RE	COGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATI
31. SPECIAL SKILLS and HOBBIES 32.		(Wi	ite in full)			33. (Write in full)
	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS ASSESSED.	tinue on separat	e sheet if neces	sary)		
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1000	(11)X - (-1)					CS FORM 212 (Revised 2017), Page

J4.	Are you related by consanguinity of allimity to the appointing of recommending additions, of the discrete of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO		
		If YES, give details:		
35.	a. Have you ever been found guilty of any administrative offense?	☐ 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 any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:		
	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?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————		
38.	a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:		
	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?	☐ YES ☑ NO If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):		
40. a. b.	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?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:		
41	REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
	NAME ADDRESS	TEL. NO.		
42	I declare under oath that I have personally accomplished this Personal Data Sheet which is a complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated agree that any misrepresentation made in this document and its attachments shall cau administrative/criminal case/s against me.	e Republic of the ted herein.		
Н	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance			
H	Government Issued ID: SSS			
H	D/License/Passport No.: 02-1650019-0 Signature (Sign inside the Date/Place of Issuance: Date Accomplished			
-	SUBSCRIBED AND SWORN to before me this, affiant exhib	oiting his/her validly issued government ID as indicated above.		
	Person Administering Oa	ath		