

4K-MUTUAL BENEFIT ASSOCIATION, INC.

Name of Entity

Sebastian Building, Tiano-Echem Sts., Cagayan de Oro City

Address

BIOGRAPHICAL DATA

MARIA GLENDA S. LOBUSTA

Name of Director/Trustee/Officer

President

Position

I hereby certify that the information contained in this document and its supporting schedules of my own knowledge are true and correct.

August 5, 2023

Date



Signature of Trustee

Total Pages, Including This Page _____.

SUBSCRIBED AND SWORN TO BEFORE ME this **MAY 22 2024** day of _____ at Cagayan de Oro City, Philippines, affiant exhibit to me his Community Tax Certificate No. _____, issued at _____ on _____.

NOTARY PUBLIC

Until December 31, _____

PTR _____

Doc. No. 141 ;
Page No. 24 ;
Book No. CxIII ;
Series of 2024

RAMIL G. CARREON

Notary Public No. 2024-37
Valid Until December 31, 2025
PTR No. 5808342A, 11-23-2023 CDOC
IBP No. 36978, 11-22-2023 Mis Or.
PTR & IBP Both for 2024
TIN 932-710-579
ROLL NO. 51523, 5-10-2006
CAGAYAN DE ORO CITY
MCLE Comp. No. VL 0015256, 04-11-2022

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/complaint cases 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.

CS Form No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LOBUSTA		
FIRST NAME	MARIA GLENDA		NAME EXTENSION (JR., SR.)
MIDDLE NAME	SABUGA		
3. DATE OF BIRTH (mm/dd/yyyy)	08/29/1977	19. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Bobonuyan, Jasaan M. C.	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:
7. HEIGHT (in)	5'4	17. RESIDENTIAL ADDRESS	House/Block/Lot No. P-4 Street Bobonuyan School/Village Jasaan Municipality Misamis Oriental Province
8. WEIGHT (kg)		18. PERMANENT ADDRESS	P House/Block/Lot No. P-4 Street Bobonuyan School/Village Jasaan Municipality Misamis Oriental Province
9. BLOOD TYPE	"O"	19. TELEPHONE NO.	
10. GSIS ID NO.		20. MOBILE NO.	09050980235
11. PAG-IBIG ID NO.		21. E-MAIL ADDRESS (if any)	
12. PhilHEALTH NO.			
13. SSS NO.	08-1125991-4		

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	LOBUSTA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	FRANCIS MICHAEL	NAME EXTENSION (JR., SR.)	LOBUSTA, YUAN MIKYLIN S.	9/9/2004
MIDDLE NAME	Regalado		LOBUSTA, LOUISE ANNE S.	10/27/2010
OCCUPATION	Private Employee		LOBUSTA, MATTHEW BEN S.	2/5/2012
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	SABUGA			
FIRST NAME	RENATO	NAME EXTENSION (JR., SR.)	SR.	
MIDDLE NAME	Achas			
25. MOTHER'S MIDDLE NAME	(Virtudazo) GANZAN			
SURNAME	(GANZAN) SABUGA			
FIRST NAME	YOLANDA			
MIDDLE NAME	VIRTUDAZO			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Bobonuyan Elem. School		1989	1990			
SECONDARY	Bobonuyan National H.S.		1991	1994			
VOCATIONAL/TRADE COURSE							
COLLEGE	LICED CAGAYAN UNIVERSITY	BS Commerce					
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8/5/2023
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4K-MUTUAL BENEFIT ASSOCIATION, INC.

Name of Entity

Sebastian Building, Tiano-Echem Sts., Cagayan de Oro City

Address

BIOGRAPHICAL DATA

JULITA B. SALVADOR

Name of Director/Trustee/Officer

Vice - President

Position

I hereby certify that the information contained in this document and its supporting schedules of my own knowledge are true and correct.

August 5, 2023

Date

Signature of Trustee

Total Pages, Including This Page _____.

SUBSCRIBED AND SWORN TO BEFORE ME this 5th day of AUGUST, 2023 at Cagayan de Oro City, Philippines,
affiant exhibit to me his Community Tax Certificate No. _____,
issued at _____ on _____.

NOTARY PUBLIC

Until December 31, _____

PTR _____

Doc. No. _____;

Page No. _____;

Book No. _____;

Series of _____

PERSONAL DATA SHEET

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CS E-16

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	SALVADOR		
FIRST NAME	JULITA		NAME EXTENSION (JR., SR.)
MIDDLE NAME	BUCOL		
3. DATE OF BIRTH (mm/dd/yyyy)	June 8, 1955	14. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization P/s indicate country:
4. PLACE OF BIRTH	DAVAO CITY	Holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS	Purok 1, Mabini Ext. Quezon Blvd Davao City 37-D
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	18. PERMANENT ADDRESS	Purok 1, Mabini Ext. Quezon Blvd Davao City 37-D 8000
7. HEIGHT (in)	5'1"	19. TELEPHONE NO.	
8. WEIGHT (kg)	76 kilos	20. MOBILE NO.	09256259407
9. BLOOD TYPE	A+	21. E-MAIL ADDRESS (if any)	julitasalvador08@yahoo.com
10. OSS ID NO.			
11. PAG-IBIG ID NO.			
12. PhilHEALTH NO.			
13. BSS NO.	04-04		
14. TIN NO.	123-970-723		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

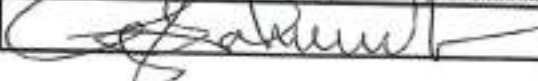
22. SPOUSE'S SURNAME	SALVADOR		23. NAME of CHILDREN (With full name and sex)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ALEJANDRO		SIR PATRICK HENRY SALVADOR	11-12-1987
MIDDLE NAME	MUNEZ		MRS KENNETH HENRY SALVADOR	10-28-1992
OCCUPATION	MECHANICAL ENGINEER (Retiree)			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	ICP 09991621057			
24. FATHER'S SURNAME	BUCOL			
FIRST NAME	SACINTO			
MIDDLE NAME	ARCAJ			
25. MOTHER'S MAIDEN NAME	ENBRANO			
SURNAME	ENBRANO			
FIRST NAME	ELENA			
MIDDLE NAME	ZULUETA			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (With name)	BASIC EDUCATION/DEGREE/COURSE (With title)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNIT/ BARANGAY (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Sta Ana Central Elem	GRADUATED	1962	1968		✓	
SECONDARY	DAVAO CITY HIGH SCHOOL	GRADUATED	1968	1972		✓	
VOCATIONAL / TRADE COURSE	DAVAO BUSINESS SCHOOL	STENOGRAPHY / BOOKBINDING		1972		✓	4th honor
COLLEGE	UNIVERSITY OF MINORCA	BSc Acctg	1979	1980		✓	
GRADUATE STUDIES	UNIVERSITY OF MINORCA	Bachelor of Law	1982	1984		✓	Service Awarded

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 15, 2003
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4K-MUTUAL BENEFIT ASSOCIATION, INC.

Name of Entity

Sebastian Building, Tiano-Echem Sts., Cagayan de Oro City

Address

BIOGRAPHICAL DATA

MENCHU S. CARDINALES

Name of Director/Trustee/Officer

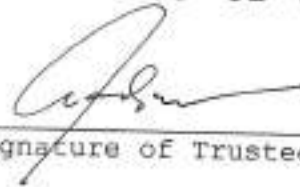
Treasurer

Position

I hereby certify that the information contained in this document and its supporting schedules of my own knowledge are true and correct.

August 5, 2023

Date



Signature of Trustee

Total Pages, Including This Page _____

MAY 22 2024

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____ at Cagayan de Oro City, Philippines, affiant exhibit to me his Community Tax Certificate No. _____, issued at _____ on _____.

Doc. No. 144 ;
Page No. 24 ;
Book No. CXIII ;
Series of 204

NOTARY PUBLIC
Until December 31, _____
PTR _____

RAMIL G. CARREON
Notary Public NC-2021-37
Valid until December 31, 2025
PTR No. 5808-02A, 11-27-2023 CDOC
IBP No. 389787-11-27-2023 Mis Or.
PTR of IBP Both for 2024
TIN 922-710-579
ROLL No. 51523, 5-10-2006
CAGAYAN DE ORO CITY
MCLE Comp. No. VII-0015256, 04-11-2023

PERSONAL DATA SHEET

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

130303

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CARDINALES		
FIRST NAME	MENJAU	NAME EXTENSION (JR, SR)	
MIDDLE NAME	SUMASTRE		
3. DATE OF BIRTH (mm/dd/yyyy)	DEC. 11, 1979	16. CITIZENSHIP	<input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Talisayan, Mis. Or.	If holder of dual citizenship, please indicate the details:	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other(s):	17. RESIDENTIAL ADDRESS	
7. HEIGHT (in)	5'2"	Zone 6 Barra, Opal, Mis. Or.	
8. WEIGHT (kg)	120 lbs	9016	
9. BLOOD TYPE	B ⁺	18. PERMANENT ADDRESS	
10. GRS ID NO.	957-0019-6690-16	19. TELEPHONE NO.	
11. PAG-IBIG ID NO.		20. MOBILE NO.	
12. PHILHEALTH ID NO.	15-050018377-4	21. E-MAIL ADDRESS (if any)	
13. SSS NO.			
14. TIN NO.	919-977-282		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	# Cordinales		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Wilfredo Jr.	NAME EXTENSION (JR, SR)	Kent William S. Cordinales	10/24/2003
MIDDLE NAME	Guidans		Kaye Carmela S. Cordinales	09/27/2005
OCCUPATION	Self-employed		Keen Marie S. Cordinales	10/21/2006
EMPLOYER/BUSINESS NAME	K4 laundry		Kennel S. Cordinales	10/24/2009
BUSINESS ADDRESS	Zone 6, Barra, Opal, Mis. Or.			
TELEPHONE NO.				
24. FATHER'S SURNAME	Sumastre Sumastre			
FIRST NAME	Melvin	NAME EXTENSION (JR, SR)		
MIDDLE NAME	Silman			
25. MOTHER'S MAIDEN NAME	Dalaguan			
SURNAME	Sumastre			
FIRST NAME	Cimplecia			
MIDDLE NAME	Macas			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BARO EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC AWARDS RECEIVED
			From	To			
ELEMENTARY	Talisayan Central School					1991	
SECONDARY	Mount Carmel School					1995	4/ Honor
VOCATIONAL/ TRADE COURSE							
COLLEGE	Xavier University (Ateneo de Cagayan)						
GRADUATE STUDIES	Xavier University (Master in Business Administration) Jose Maria College Foundation - Juris Doctor					2001 2023	

(Continue on separate sheet if necessary)

SIGNATURE	DATE
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4K-MUTUAL BENEFIT ASSOCIATION, INC.

Name of Entity

Sebastian Building, Tiano-Echem Sts., Cagayan de Oro City

Address

BIOGRAPHICAL DATA

LINDA L. MONDOÑEDO

Name of Director/Trustee/Officer

Independent Trustee

Position

I hereby certify that the information contained in this document and its supporting schedules of my own knowledge are true and correct.

August 5, 2023

Date



Signature of Trustee

Total Pages, Including This Page _____

MAY 22 2024

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____ at Cagayan de Oro City, Philippines, affiant exhibit to me his Community Tax Certificate No. _____, issued at _____ on _____.

NOTARY PUBLIC
Until December 31, _____
PTR _____

Doc. No. 142 ;
Page No. 29 ;
Book No. CXIII ;
Series of 2024

RAMIL G. CARREON
Notary Public MC-2024-37
Valid Until December 31, 2025
PTR No. 580342A, 11-23-2023 CDOC
IBP No. 369382, 11-22-2023 Mis Or.
PTR & IBP Both for 2024
TIN 922-710-579
ROLL NO. 51523, 5-10-2006
CAGAYAN DE ORO CITY
MCLE Comp. No. VII-0015256, 04-11-2022

PERSONAL DATA SHEET

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(Do not fill up)

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	MONOORNEO		
FIRST NAME	LINDA	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	LABALAN		
3. DATE OF BIRTH (mm/dd/yyyy)	06-30-43	15. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Iponan, Cagayan de Oro	16. If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	452 House/Block of No. Captain Jabulin Subdivision/Village Barangay Iponan City/Municipality Cagayan de Oro City Province Mis. Ori.
7. HEIGHT (in)	5.2	18. PERMANENT ADDRESS	452 House/Block of No. Capt. Jabulin Subdivision/Village Barangay Iponan City/Municipality Cagayan de Oro Province Mis. Ori.
8. WEIGHT (kg)	130	19. TELEPHONE NO.	
9. BLOOD TYPE		20. MOBILE NO.	
10. QSS ID NO.		21. E-MAIL ADDRESS (if any)	
11. PAG-BIG ID NO.			
12. PHU-HEALTH ID NO.			
13. SSS NO.			
14. TIN NO.			
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MONOORNEO (deceased)	23. NAME of CHILDREN (Write full name and last initial)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ERNESTO	Mania Gracia	05-05-81
MIDDLE NAME	Del ROSARIO		
OCCUPATION	COMMUNITY WORKER		
EMPLOYER/BUSINESS NAME	XAVIER UNIVERSITY		
BUSINESS ADDRESS	Comalco Ave, Cag. de Oro City		
TELEPHONE NO.			
24. FATHER'S SURNAME	LABALAN		
FIRST NAME	Jose	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	Verdadern		
25. MOTHER'S MARDEN NAME	FILOMINA		
SURNAME	LABALAN		
FIRST NAME			
MIDDLE NAME	LAVICTORIA		

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC AWARDS RECEIVED
			From	To			
ELEMENTARY	Iponan, Elem. Sch.		1950	1955	6.6	May/55	1st Honor
SECONDARY	Lourdes College		1954	1959	H.S. Grad	May/59	
VOCATIONAL / TRADE COURSE							
COLLEGE	Xavier University	Bachelor in Commerce major in Accty	1960	1963	College Grad	Nov/63	
GRADUATE STUDIES	University of the Philippines	Master in Library Science	1969	1970			
	Univ. de Cagayan Univ.	Doctor in Management	1984	1996		Mar/96	

(Continue on separate sheet if necessary)

SIGNATURE	Linda	DATE	August 5, 2023
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4K-MUTUAL BENEFIT ASSOCIATION, INC.

Name of Entity

Sebastian Building, Tiano-Echem Sts., Cagayan de Oro City

Address

BIOGRAPHICAL DATA

SALVADOR C. DELA PEÑA III

Name of Director/Trustee/Officer

Independent Trustee

Position

I hereby certify that the information contained in this document and its supporting schedules of my own knowledge are true and correct.

August 5, 2023

Date

[Signature]
Signature of Trustee

Total Pages, Including This Page _____

MAY 22 2024

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____ at Cagayan de Oro City, Philippines, affiant exhibit to me his Community Tax Certificate No. _____, issued at _____ on _____.

NOTARY PUBLIC
Until December 31, _____
PTR

RAMILG. CARREON

Notary Public NC-2024-37
Valid Until December 31, 2025
PTR No. 588342A, 11-23-2023 CDOC
IRP No. 309782, 11-22-2023 Mis Or.
PTR & IRP Both for 2024
TIN 922-710-579
ROLL NO. 51523, 5-10-2006
CAGAYAN DE ORO CITY
MCLE Comp. No. VII-0015256, 04-11-2022

Doc. No. 147 ;
Page No. 29 ;
Book No. CVIII ;
Series of LOW

PERSONAL DATA SHEET

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PDS 0109 (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	dela Peña		NAME EXTENSION (JR., SR.)	III
FIRST NAME	Salvador			
MIDDLE NAME	Campomanes			
3. DATE OF BIRTH (mm/dd/yyyy)	01/18/1969	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pts. indicate country:	
4. PLACE OF BIRTH	Iligan City	If holder of dual citizenship, please indicate the details.		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other(s):	17. RESIDENTIAL ADDRESS		
7. HEIGHT (in)		Block 7, Phase 2		
8. WEIGHT (kg)	69	House/Block/Lot No. N/A Street Karamogan		
9. BLOOD TYPE	O	Subdiv./Village Cagayan de Oro City, Misamis Oriental City/Municipality Province		
10. OHS ID NO.		18. PERMANENT ADDRESS		
11. PAG-IBIG ID NO.	1211-3731-1055	Purok 2-A Katipunan		
12. PHILHEALTH NO.	19-090127219-4	House/Block/Lot No. Green Village Street Hinaplaman		
13. BSS NO.	08-0836805-4	Subdiv./Village Iligan City, Lanao del Norte City/Municipality Province		
14. TIN NO.	141-012-777	19. TELEPHONE NO.		
15. AGENCY EMPLOYEE NO.	10000000960	20. MOBILE NO. 09177927299		
		21. E-MAIL ADDRESS (if any) vad2-2000@yahoo.com		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME				
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	dela Peña			
FIRST NAME	Salvador		NAME EXTENSION (JR., SR.) Sr.	
MIDDLE NAME	Chua			
25. MOTHER'S MAIDEN NAME	dela Peña			
SURNAME	dela Peña			
FIRST NAME	Jane			
MIDDLE NAME	Lagdaan			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Iligan City South Central School				1979		
SECONDARY	St. Michael's College				1985		
VOCATIONAL/ TRADE COURSE							
COLLEGE	MSU - Iligan Institute of Technology	A.B. English			1989		
GRADUATE STUDIES	St. Michael's College Xavier University	M.A.Ed. (English Teaching) Ph.D. in Education			2010		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Aug. 5, 2023
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4K-MUTUAL BENEFIT ASSOCIATION, INC.

Name of Entity

Sebastian Building, Tiano-Echem Sts., Cagayan de Oro City

Address

BIOGRAPHICAL DATA

ROSARIO M. LAPA

Name of Director/Trustee/Officer

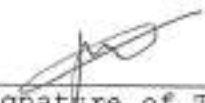
Board of Trustee

Position

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August 5, 2023

Date


Signature of Trustee

Total Pages, Including This Page _____.

SUBSCRIBED AND SWORN TO BEFORE ME this 5 day of August at Cagayan de Oro City, Philippines,
affiant exhibit to me his Community Tax Certificate No. _____,
issued at _____ on _____.

NOTARY PUBLIC

Until December 31, _____

PTR _____

Doc. No. _____;

Page No. _____;

Book No. _____;

Series of _____

PERSONAL DATA SHEET

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

1. CSO ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	Lapa		
FIRST NAME	Rosario	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	Mosqueda		
3. DATE OF BIRTH (mm/dd/yyyy)	10-9-1964	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	Pob. Talibon Bohol	If holder of dual citizenship, please indicate the date:	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	P-5
7. HEIGHT (in)	5'3"	House/Block/Lot No.	
8. WEIGHT (kg)	57k	Street	Casisang
9. BLOOD TYPE	O	Subdivision/Village	Malaybalay
10. QSS ID NO.		City/Municipality	Butkisan
11. PRC-BSID NO.		Province	Bohol
12. PHILHEALTH NO.		18. PERMANENT ADDRESS	P-5
13. SSS NO.	08-2893631-4	House/Block/Lot No.	
14. TIN NO.	764-112-901	Street	Casisang
15. AGENCY EMPLOYEE NO.		Subdivision/Village	Malaybalay
		City/Municipality	Butkisan
		Province	Bohol
		19. TELEPHONE NO.	
		20. MOBILE NO.	09265892449
		21. E-MAIL ADDRESS (if any)	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Lapa	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Bonifacio		
MIDDLE NAME	Elladora		
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	Mosqueda		
FIRST NAME	Tomás		
MIDDLE NAME	García		
25. MOTHER'S MARDEN NAME			
SURNAME	Feliza		
FIRST NAME	Luciana		
MIDDLE NAME	Evangelista		

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIS EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEV./UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Central Elementary						
SECONDARY	Holy Cross						
VOCATIONAL / TRADE COURSE							
COLLEGE	First college						
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8-5-23
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4K-MUTUAL BENEFIT ASSOCIATION, INC.

Name of Entity

Sebastian Building, Tiano-Echem Sts., Cagayan de Oro City

Address

BIOGRAPHICAL DATA

VIRGENCITA DAISY Q. CARAEL

Name of Director/Trustee/Officer


Board of Trustee

Position

I hereby certify that the information contained in this document and its supporting schedules of my own knowledge are true and correct.

August 5, 2023

Date


Signature of Trustee

Total Pages, Including This Page _____.

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____ at Cagayan de Oro City, Philippines, affiant exhibit to me his Community Tax Certificate No. _____, issued at _____ on _____.

NOTARY PUBLIC

Until December 31, _____

PTR _____

Doc. No. _____;

Page No. _____;

Book No. _____;

Series of _____

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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.

I. PERSONAL INFORMATION

1. CSC ID No. _____ (Do not fill up for CSC use only)

2. SURNAME	CARAPET		
FIRST NAME	JINGENCITA DAISY		NAME EXTENSION (JR., SR.)
MIDDLE NAME	QUICATO		
3. DATE OF BIRTH (mm/dd/yyyy)	Dec - 14 1969	14. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	DAVAO SOUTH	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	If holder of dual citizenship, please indicate the details.	
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other's:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (in)	5' 3"	Purok PANDOS House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE _____	
8. WEIGHT (kg)	69 kgs	18. PERMANENT ADDRESS	
9. BLOOD TYPE	B	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ City/Municipality _____ Province _____ ZIP CODE _____	
10. QSB ID NO.	N/A	19. TELEPHONE NO.	
11. PAG-BIG ID NO.		20. MOBILE NO.	0917678086
12. PHILHEALTH NO.		21. E-MAIL ADDRESS (if any)	jingencitadaisycarapet@gmail.com
13. BSB NO.	OSB - 9166167		
14. TIN NO.	190971240		
15. AGENCY EMPLOYEE NO.	1999-010		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CARAPET		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARCIAN JR.	NAME EXTENSION (JR., SR.)	MARC MICHAEL CARAPET	9-10-2005
MIDDLE NAME	DAISY		MARC NATHANIEL CARAPET	11-15-2006
OCCUPATION	PRIVATE EMPLOYE		MARC POWER CARAPET	10-9-2007
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	QUICATO			
FIRST NAME	ISABELO JR.	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	ARONETA			
25. MOTHER'S MIDDLE NAME				
SURNAME	SASPAWIG			
FIRST NAME	VIRGENIA			
MIDDLE NAME	ALCANA			

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Magsaysay Elem School			1982			
SECONDARY	North Central HS			1986			
VOCATIONAL / TRACE COURSE	N/A						
COLLEGE	UNIVERSITY of ROSEL	BACHELOR OF ARTS		1990			
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	8-5-23
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4K-MUTUAL BENEFIT ASSOCIATION, INC.

Name of Entity

Sebastian Building, Tiano-Echem Sts., Cagayan de Oro City

Address

BIOGRAPHICAL DATA

DARLENE B. BACABIS

Name of Director/Trustee/Officer

Board of Trustee

Position

I hereby certify that the information contained in this document and its supporting schedules of my own knowledge are true and correct.

August 5, 2023

Date

Bacabis

Darlene B. Bacabis

Signature of Trustee

Total Pages, Including This Page 2.

SUBSCRIBED AND SWORN TO BEFORE ME this 5 day of August at Cagayan de Oro City, Philippines,
affiant exhibit to me his Community Tax Certificate No. _____,
issued at _____ on _____.

NOTARY PUBLIC

Until December 31, _____

PTR _____

Doc. No. _____;

Page No. _____;

Book No. _____;

Series of _____

PERSONAL DATA SHEET

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

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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 CDC use only)

I. PERSONAL INFORMATION

2. SURNAME	Bacabio		
FIRST NAME	Darlus	NAME EXTENSION (JR., SR.)	
MIDDLE NAME	Baldo		
3. DATE OF BIRTH (mm/dd/yyyy)	08-20-03	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Baitinan, Balinguag, Mis. Or.	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (ft)	4' 11"	9005 ZIP CODE	House/Block/Lot No. P-7 Street Lunabu Bantay
8. WEIGHT (kg)	50 kgs		Subdiv. Village Balinguag Municipality Misamis Oriental Province
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	
10. OGB ID NO.		9005 ZIP CODE	House/Block/Lot No. P-7 Street Lunabu Bantay
11. PAG-IBIG ID NO.			Subdiv. Village Balinguag Municipality Misamis Oriental Province
12. PHILHEALTH ID NO.	1090005-5411-00009	19. TELEPHONE NO.	
13. SSS NO.		20. MOBILE NO.	09519890367
14. TIN NO.		21. EMAIL ADDRESS (if any)	
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Bacabio	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Marlon		
MIDDLE NAME	Eaja		
OCCUPATION	Farmer		
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	Baldo		
FIRST NAME	Eduenio		
MIDDLE NAME	Runggay		
25. MOTHER'S MARDEN NAME			
SURNAME	Alaba		
FIRST NAME	Patrimoxia		
MIDDLE NAME	Damenar		

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Lunabu Elem. Sch.		1990	98		97-98	
SECONDARY	Balinguag Natl. High Sch.		98	2003		2003	
VOCATIONAL/ TRADE COURSE							
COLLEGE							
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	Bacabio	DATE	08-05-28
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