GULLAS COLLEGE OF MEDICINE
Visa Office
ENROLLMENT SLIP FOR VISA PURPOSES

Date Issued: July 29, 2024
NAME OF THE STUDENT: KEFAS, DIVINE NADIO
VISA APPLICATION: VISA CONVERSION
STATUS: [✓] IN PROCESS
REMARKS: ON GOING PROCESS

CERTIFICATION
This certifies that the above-named student is currently enrolled at Gullas College of Medicine and that the student's visa application is currently on process in the Bureau of Immigration.

Issued by:
Name and Signature of Visa Staff
Visa Office

nor does it exempt me from complying with the requirements of the Bureau of Immigration or any other government agency;

5. That I further understand that the acceptance, processing or enrollment of a student without a valid visa or with an expired visa may subject the College to assessment, penalties, administrative fines, sanctions or other liabilities that may be imposed by the Bureau of Immigration or other competent authorities;
6. That, in consideration of the College's acceptance and processing of my application despite my current visa or immigration status, I voluntarily agree and undertake to assume full responsibility for any penalties, administrative fines, charges, assessments, or similar liabilities imposed upon the College by reason of my lack of a valid visa, expired visa or non-compliant immigration status at the time of my application, enrollment or attendance;
7. That I further undertake to pay and indemnify the College for any and all amounts that it may be required to pay, including penalties, administrative fines, charges, legal fees and related expenses, arising directly or indirectly from my failure to maintain or secure a valid visa or lawful immigration status;
8. That I agree to settle and pay such amounts promptly upon demand by the College and to execute any further documents that may be necessary to effectuate this undertaking;
9. That I am executing this Affidavit freely and voluntarily, with full knowledge of its legal consequences, for the purpose of evidencing my understanding of the foregoing matters and my assumption of responsibility therefor.

IN WITNESS WHEREOF, I have hereunto set my hand this 24 JUL 2024 in CEBU CITY, Philippines.

KEFAS DIVINE NADIO
Affiant

Republic of the Philippines }
City of Cebu } S.S

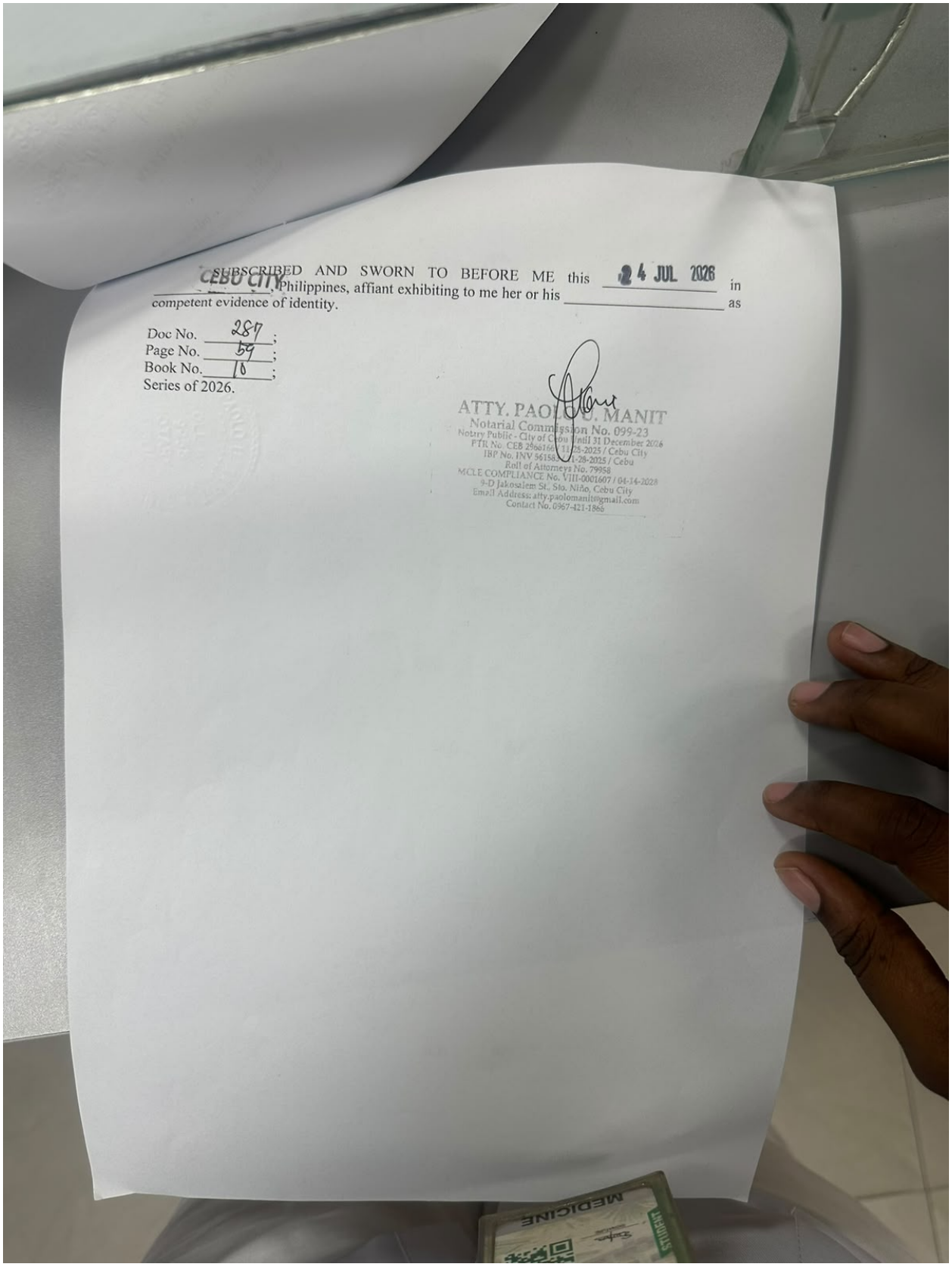
AFFIDAVIT OF UNDERTAKING AND ASSUMPTION OF LIABILITY

I, ICEFAS DIVINE NADID *(name)*, of legal age, NIGERIAN *(nationality)*, single/married, and presently residing at URBAN DECA BANILAD TOWER 1 *(residence address)*, after having been duly sworn in accordance with law, hereby depose and state:

1. That I am applying for admission/enrollment at Gullas College of Medicine, Inc., Banilad Mandaue City ("the College");
2. That I acknowledge and understand that, under applicable Bureau of Immigration laws, rules and regulations of the Republic of the Philippines, foreign students are generally required to possess and maintain a valid visa or immigration status in order to lawfully stay and/or pursue studies in the Philippines;
3. That at the time of my application for admission/enrollment with the College, I either:
   a. do not possess a valid visa; or
   b. possess a visa that has already expired; or
   c. have an immigration status that is not currently valid or compliant with applicable requirements.
4. That I understand that the College's acceptance and processing of my application does not constitute a representation, guarantee or assurance that my immigration status is valid, nor does it exempt me from complying with the requirements of the Bureau of Immigration or any other government agency;
5. That I further understand that the acceptance, processing or enrollment of a student without a valid visa or with an expired visa may subject the College to assessment, penalties, administrative fines, sanctions or other liabilities that may be imposed by the Bureau of Immigration or other competent authorities;
6. That, in consideration of the College's acceptance and processing of my application despite my current visa or immigration status, I voluntarily agree and undertake to assume full responsibility for any penalties, administrative fines, charges, assessments, or similar liabilities imposed upon the College by reason of my lack of a valid visa, expired visa or non-compliant immigration status at the time of my application, enrollment or attendance;
7. That I further undertake to pay and indemnify the College for any and all amounts that it may be required to pay, including penalties, administrative fines, charges, legal fees and related expenses, arising directly or indirectly from my failure to maintain or secure a valid visa or lawful immigration status;
8. That I agree to settle and pay such amounts promptly upon demand by the College and to execute any further documents that may be necessary to effectuate this undertaking;
9. That I am executing this Affidavit freely and voluntarily, with full knowledge of its legal consequences, for the purpose of evidencing my understanding of the foregoing matters and my assumption of responsibility therefor.

IN WITNESS WHEREOF, I have hereunto set my hand this 24 JUL 2026 in ~~CEBU CITY~~, Philippines.

ICEFAS DIVINE NADID
Affiant



SUBSCRIBED AND SWORN TO BEFORE ME this 24 JUL 2026 in CEBU CITY, Philippines, affiant exhibiting to me her or his _____ as competent evidence of identity.

Doc No. 287;
Page No. 59;
Book No. 18;
Series of 2026.

ATTY. PAOLO U. MANIT
Notarial Commission No. 099-23
Notary Public - City of Cebu until 31 December 2026
PTR No. CEB 2968168 / 01-05-2025 / Cebu City
IBP No. INV 561585 / 01-28-2025 / Cebu
Roll of Attorneys No. 79958
MCLE COMPLIANCE No. VIII-0001607 / 04-14-2028
9-D Jakosalem St., Sto. Niño, Cebu City
Email Address: atty.paolomanit@gmail.com
Contact No. 0967-421-1868