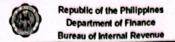
BDO		Check Transaction Slip	Currency Peso US Dollar Others	Date 0827/24
Deposits	Account Name	epositor's collecting agent, assuming no responsib	Local On-us MC/DD Oth	ers and a filtraction of
Current Savings Time Deposit/ Placement For Account	Account No. Corp Perfors Name 102 7981	into the possession of the Bank, the render and hord and united this area applies to enecks and not a your clency of funds, unauthorized drawing against uncertainty or render to be counterfeit, whether or not become the counterfeit whether or not become the counterfeit.	Use separate slip(s) for each type of transaction. Bank/Branch Check No.	Amount
with Deposit Reference Facility	Charport Tradir		Seant Rank 252436	392,464.29
Bills Payment	Subscriber's Name	Subscriber's Account No. Joans and some being an expectable and some being and some being and some being and some being and so	PAYMENT FOR SO28798	With respect to or 8
Payment Loan Trade	Borrower's Name	Promissory Note No. / Trade Reference No.	o the drawes and consents to the use of the sul further agrees that the original of the check st we been delivered for purposes of presentmen	of the deplication check to the Depositor original check shall be
Machine Validation	spondent Bank, as the case of	theck shall be disposed of by BDC or the Core	ostor adknowledges and agrees that the origin	Fuithermore the Dep
Current A	[[] [[] [[] [[] [] [] [] [[] [] [] [] []	5 2 - 74 G 5 3 G 2/57 (1) 13 14 14 15 17 17 18 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17 18 17 17	from time to time Figures The Depositor has	
0049080275	980 e mais vom engut och m T CORPORATION	Float Index: 93	gents and representatives from any right, clain; transactions contemplated herewith.	officers (molayees a an connection with the
O0495 BPCK		icluding but not limited to checks with second e	is the right to refuse any check for deposit in	The Bank at Seserv
Ref#: STAR	PORT CORP STARPORT	CORP Dep Ref Fee: 0.00	P Sami 'sAPI adeoudde buw acheridose iii an	to am An in passidistri
Date :27 A Override I	•	:58 0110 495 go 612 10112 Igmuser node	bolishqu ad lliv a vinded in Total Amount	392,464.29
490: ROCKW		n machine validated. Host accepted		Voesons



For BIR BCS/ Use Only Item:



2307

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropri	iate boxes with	an "X".				2307 0171821403
1 For the Period From Q		Charles and a second	DYYYY)	To 08 31	2024	(MMDDYYYY)
L G			Payee Information			
2 Taxpayer Identification Number (TIN)		009 - 828	- 2061 - 0	000		
3 Payee's Name (Last Name, First Name						
PHILCEMENT CORPORA	Control of the Control					
4 Registered Address						4A ZIP Code
Garcia Rd. Mariveles Dive	rsion Road	Mariveles, Bata	ian			
5 Foreign Address, if applicable				Amenda Maria (Alba)		
		Part II -	Payor Information			
6 Taxpayer Identification Number (TIN)		006 - 534		000111		
7 Payor's Name (Last Name, First Name,						
STARPORT PH HOLDING	GS, INC. (I	FORMERLY: S	TARPORT TRA	DING CORPO	RATION)	
8 Registered Address						8A ZIP Code
Room 301 Grace Building,						1503
	Service Torre	- Details of Monthly	AMOUNT OF INC	ME PAYMENTS		T
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Tax Withheld for the Quarter
Income payment made by top withholding agents to their local/resident supplier of good other than those covered by other rates of withholding tax	ds WC158	Quarter	353,571.43	quarter	353,571.43	3,535.71
Total	4-1					3,535.71
Money Payments Subject to Withholding Business Tax (Government & Private)	or					
	-					
			(2)			
l'otal						
We declare under the penalties of perju- pursuant to the provisions of the National Inte- processing of our information as contemplate	arnai Revenue	Code, as amended, as Data Privacy Act of 20	or the regulations issue	ad under authority ther	ant Eurthan wa aim	belief, is true and correct our consent to the
	Signature over	(COMPLIANCE O	FFICER / 7510-5390 or/Payor's Authorized F	-2000) Representative/Tax Ad	ent .	
Tax Agent Accreditation No./		(Indicate Titi	e/Designation and TIN			
Attorney's Roll No. (if applicable)		Date of (MM/DD			Date of Expiry	
		C	ONFORME:			
	Signature over I	Printed Name of Paye	ENT CORPORATION e/Payee's Authorized F	Representative/Tax Ag	jent	
Tax Agent Accreditation No./		(Indicate Title Date of	e/Designation and TIN	The second secon	Date of Expiry	
Attorney's Roll No. (if applicable)		(MM/DD			MM DDDDDDD	

