BDO	**************************************	Check Transaction Slip	Currency US Dolla	r 🗌 Others	Date (6/22/by
☐ Deposits	Account Name	er • 1	Local On-us	MC/DD Oth	ners / / //
Current	distributed the exercise of due	Thurst of collecting all seconds in the second	the Bank acts only as the c	r deposit/payments_	or zmeli palvieder ni
Savings Savings	Account No.	Turned This also applies to checks and classic chawk	Use separate slip(s) for each	ch type of transaction.	amount previously c
Time Deposit,	of OOO it, forgery stoops	ciency of funds, unauthorized draw 9 10103	Hueni to Bank/Branch	Check No.	Amount Insert
ent tan For Accou		reason or found to be counted somether or not re	but are distronored for any	dichecks and drafts th	any other reason. A
neve and Reference Facility		I mada Charas I ormation servines	ges and conditions and the	1563401	278 290 56
☐ Bills Payment	Company Name	Institution Code Product Code	Dearing thereon.	all endorsements an	se ilaw se belisadah
othwighten of the	Subscriber's Name and of b	elign quirrancy (Checks: ), the thepasitor agrees to be of Foreign Currency of throspanished but not limite	denominated checks. For	regulations that are	pas swal lia brawns
fect from time to	urrency Checks as may be in a	ale electronic check clearing systems for Foreign Ca	ce and sugn other applicat	auxell si	1200-1-10
deamyseq not nous	itor herapy waives the present	emed incorporated herein by reference. The Deposi	ob of the tolk	41 11 20 44 - DK	WS8257/
☐ Payment	Borrower's Name Foreign	bstitut.or. as o Bromissory Note No. Trade Reference with, or as o	of sents to the use of the su	to the drawee and co	of the diginal check
And to Loan Trad	h bank (the "Correspondent Lak	hall be kept by BDO where it was presented or such	( - 088 E     ) check s	M 240948	Unada shedi tanidha
Machine Validation	s shen ber provided in case of the case may i	it to the drawlee dark and only the substitute check all check shall be disposed of by BDQ or the Corresp	sand agrees that the ofigir	positor acknowledge	Furthern the De
gA may otherwise	plication Transfer Noedo	other period as may 138 12921.875 unter the Foreign	Programme and the control of the con	e (3) months from da	of the per od of thre
00 ners, directors,	0768019076 Predozib bas 2926	by knowingly, unconditionally and irrevocably rele	Finally, the Depositor here	from time to time.	notify the Depositor
Managh out to the cold	BUHAY FILCEMENT	n, cause of action that the Depositor may now or in I	tatives from any right, clain	agents and tepresen	compers employees
	495 Fr OUS		, Harris Corrie	pured.	
Record for the Area of Surround to House	orsements. Unclaimed dishonal	cluding but not limited to checks with second endo	e any check for deposit in	ges the right to refus	The Bank also resen
		nd i <b>es</b> Full est idea.	<del>alle applicable laws, rule</del> s a	ank in accordance w	A ve to become o
MINE CONTRACTOR FREINGE	te: 22 Aug 2024 22-08-24 erride ID 102 612	4 16:52:08 - 510C 495 lino 612 out 202 and notified the state of the s	balance will be updated u	Total Amount	7278,292.86



For BIR BCS/ Use Only Item:



Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. **Certificate of Creditable Tax** 2307



Taxpayer Identification Number (TIN)  Payee's Name (Lest Name, First Name MABUHAY FILCEMEN  Registered Address  Doña Emilia Benedicto B  Foreign Address, if applicable  Taxpayer Identification Number (TIN)	04 01 2  ie, Middle Name T INC.	Part I = 1 224 - 928   for Individual OR Region		000 j j	M 30	2024	(MWDDYYYY)	
2 Taxpayer Identification Number (TIN) 3 Payee's Name (Last Name, First Name MABUHAY FILCEMEN 4 Registered Address Doña Emilia Benedicto B 5 Foreign Address, if applicable 6 Taxpayer Identification Number (TIN)	T INC.	Part I = F 224   - 928   for Individual OR Regi enedicto St., Zap	Payee Information  - 005   -   stored Name for Non-	000	4 30	2024		
Payee's Name (Lest Name, First Name) MABUHAY FILCEMEN Registered Address Doña Emilia Benedicto B Foreign Address, if applicable Taxpayer Identification Number (TIN)	re, Middle Name T INC.	1224 - 928 for Individual OR Regional Or Region of the Individual OR Region of the Ind	stered Name for Non-	Individual)				
Payee's Name (Lest Name, First Name) MABUHAY FILCEMEN Registered Address Doña Emilia Benedicto B Foreign Address, if applicable Taxpayer Identification Number (TIN)	re, Middle Name T INC.	for Individual OR Regional Control of the Individual Control of the In	stered Name for Non-	Individual)				
MABUHAY FILCEMEN  Registered Address  Doña Emilia Benedicto B  Foreign Address, if applicable  Taxpayer Identification Number (TIN)	T INC.	enedicto St., Zap						
Registered Address  Doña Emilia Benedicto B  Foreign Address, if applicable  Taxpayer Identification Number (TIN)	ldg., & E. B		oatera, Cebu City	1				
Doña Emilia Benedicto B  Foreign Address, if applicable  Taxpayer Identification Number (TIN)			oatera, Cebu City	/			4A ZIP	Code
Foreign Address, if applicable  Taxpayer Identification Number (TIN)			Jacora, Ceca Cit					1
6 Taxpayer Identification Number (TIN)								
		Deat I						
		Part I -	Payor Information			The Spanish	orania managara	
	A STATE OF THE PARTY OF THE PAR	909 - 210	- 2961 -	000				
7 Payor's Name (Last Name, First Name	e, Middle Name							
TOP ARMADA CEMEN								
8 Registered Address							8A ZIP	Code
Unit 311 AIC Burgundy E	Empire Tow	er, ADB Avenue	, Ortigas Center	, Brgy. Sa	an Ant	tonio, Pasig	1605	
	Part III	- Details of Monthly I	AMOUNT OF INC	Taxes With	held	State of the State		Newson
Income Payments Subject to Expande	ed ATC	1st Month of the	2nd Month of the	3rd Month		Total	Tax Withheld fo	or the
Withholding Tax		Quarter	Quarter	Quart	er	Jotal	Guarter	
ncome payment made by top withholding igents to their local/resident supplier of ervices other than those covered by other ates of withholding tax	WC158	135,000.00				135,000.00	1,	350.00
					-			
				PATE TO				
		1						
otal							1,	350.00
Money Payments Subject to Withholdin Business Tax (Government & Private								
							April 10 May	
	4				-			
			-					
Total Total				T-1				
We declare under the penalties of perjoursuant to the provisions of the National In processing of our information as contemple	ternal Revenue	Code, as amended, ar	nd the regulations issue	ed under auth	ority the	reof. Further, we give	belief, is true and our consent to the	correc
			O TAHIL					
		(COMPLIANCE O	FFICER / 7510-5390	-2000)				
	Signature over	Printed Name of Payo	r/Payor's Authorized Re/Designation and TIN		e/Tax Ag	jent		
Tax Agent Accreditation No./		Date of	Issue		C16205-X3	Date of Expiry	ПП	
Attorney's Roll No. (if applicable)		(MM/DD/	ONFORME:			(MM/DD/YYYY)		F8-10-
		MABUHA	Y FILCEMENT INC.					
	Signature over	Printed Name of Payer (Indicate Title	e/Payee's Authorized F e/Designation and TIN		e/Tax Aç	gent		
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)		Date of	NAME OF TAXABLE PARTY.		1000	Date of Expiry		

Attorney's Roll No. (if applicable)

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

For BIR BCS/ Use Only Item: BIR Form No. 2307



Republic of the Philippines Department of Finance Bureau of Internal Revenue

Certificate of Creditable Tax
Withheld at Source

MINING THE PARTY OF THE PARTY AND THE PARTY

January 2018 (ENCS)			at Source	9		2307 01/18ENCS
ill in all applicable spaces. Mark all appropria	te boxes with	lan "X".				
1 For the Period From 0,5	01 2	024 MM/D	011111	To 05 34	2024	(MWDDYYYY)
		Part1-	Pavee Information			
2 Taxpayer Identification Number (TIN)		2241 - 9281	- 0051 -	000		
3 Payee's Name (Last Name, First Name,		for Individual OR Reg	stered Name for Non-	Individual)	Market and the same of the sam	
MABUHAY FILCEMENT	INC.					
4 Registered Address					Age Sale Sale	4A ZIP Code
Doña Emilia Benedicto Bldg	g., & E. B	enedicto St., Za	patera, Cebu Cit	у		
5 Foreign Address, if applicable						
		Total Total	Payor Information			
6 Taxpayer Identification Number (TIN)		$909_1 - 210_1$	- 296 -	000		
7 Payor's Name (Last Name, First Name, N		med to protect the same of the	stered Name for Non-li	ndividual)		
TOP ARMADA CEMENT (	CORPOR	ATION				
8 Registered Address						8A ZIP Code
Unit 311 AIC Burgundy Em					nio, Pasig	1605
	Part III -	- Details of Monthly I	AMOUNT OF INC			
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the	2nd Month of the	3rd Month of the	Total	Tax Withheld for the Quarter
Triumolating (ux		Quarter	Quarter	Quarter		
ncome payment made by top withholding agents to their local/resident supplier of services other than those covered by other ates of withholding tax	WC158		115,714.29		115,714.29	1,157.14
			2100 1210 1210			
otal						1,157.14
Money Payments Subject to Withholding of				T. T		
Business Tax (Government & Private)						
			Access to the second se			
	The state of the s					
	an open bold min			Manager than the property of the control of the con		
Total	271 - 1 3					•
We declare under the penalties of perjury to pursuant to the provisions of the National Intern processing of our information as contemplated	al Revenue C	ode, as amended, an	d the regulations issue	d under authority thereo	of. Further, we give ou	elief, is true and correct ir consent to the
		()	DY TAAIL			
		(COMPLIANCE O	FICER 7510-5390-	2000)		
Sig	nature over P	Printed Name of Payor	/Payor's Authorized Re /Designation and TIN)	epresentative/Tax Ager	1	
Tax Agent Accreditation No./	31 12	(Indicate Title	AND DESCRIPTION OF THE PARTY OF	Da	ate of Expiry	
Attorney's Roll No. (if applicable)		(MM/DD/	7777)	LI (M	M/DD/YYYY)	
		Language and	NFORME:			
			FILCEMENT INC.			
Sig	nature over P		/Payee's Authorized R /Designation and TIN)	tepresentative/Tax Ager	1	Constitution of the
Tax Agent Accreditation No./		Date of I	ssue	Da	te of Expiry	1 1 1 1 1 1 1 1
Attorney's Roll No. (if applicable)		(MM/DD/	YYYY)	(MA	W/DD/YYYY)	