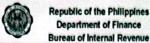
	<b>5</b> /	IB	DE	PO	311 31	E CONTRACTOR OF	HO	11	1/-	YY
Account h	Name:	Ric	san		Securi	hy	Aar	ncy	,	1
Account I	No.			-14		,	7			
3 0	8	11 7	0 0	0	0 9	3	3			-
				4						
Pasio-Or	times	Carnel	+ BRANC	N ie I	Or happy to	nline	unu			
on have	made	a ON-	-US CHE	CK DEF	OSIT /					
of PHP 2 from/to			Chk#20	000000	on 10-11	-2024	11:05	:48		
30817000	0933 R	ICSAN	SECURI	TY AGE	NCY					
		201								
Service (	Charge d by	: pyp	0.00 a D		Sea	H 72	2525			
hank you	u for l	bankin	g with	us. W	ith PNB.	You F	irst	1001 !		
Þ	AUDAH	= hr =		·=_						
					UTY 1					
	(EP)	r. /-	15,2	2024	CBA	-an a		084 -		
			1-,-	1	Cui				1 ·	
						r	that	)		
Bet Se	ore leaving	g the cour validation	nter, please n. This docu	e ensure ti	he correctness considered val	s of the tra	nnsaction achine V	n detalls validated	as 1.	
urrency:	<b></b> ✓	₽ [	]\$ [	Oth	ers	id when m	achine V	andated		
urrency:	<b></b> ✓	₽ [	]\$ [	Oth	ers II-out cash	n break	down	at the	bac	k)
CAS	<b></b> ✓	FX Dep	]\$ [	Othe	ers II-out cash	id when m	down	andated	bac	k)
CAS NOTES 1,000	√1 H (For	FX Dep	\$ posit, ple	Othe	ers II-out cash	n break	down	at the	bac	k)
CAS NOTES 1,000	√1 H (For	FX Dep	\$ posit, ple	Othe	ers II-out cash NOTES	n break	down	at the	bac	k)
CAS NOTES 1,000	H (For	FX Dep	\$ posit, ple	Othe	NOTES 100 50 TOTAL	o break	down	at the	bac	ю
CAS NOTES 1,000 500 200 TOTAL C	H (For QTY)	FX Dep	\$ posit, ple	Othe	ers	o break	down	at the	bac	
CAS NOTES 1,000 500 200 TOTAL C	H (For QTY)	FX Der	\$ posit, plo	Othe	II-out cash NOTES 100 50 20 TOTAL C DEPOSIT	o break  GTY  ASH	down	at the	bac UNT	
CAS NOTES 1,000 500 200 TOTAL C	H (For QTY) OINS	FX Dep	\$ Desit, plo	Otho	ers	OTY  CASH	down	at the	bac UNT	.83
CAS NOTES 1,000 500 200 TOTAL C CHE	H (For QTY) OINS CK CHECKS	FX Dep	\$ Desit, plo	Otho	ers	ASH	down	at the	bac UNT	.83
CAS NOTES 1,000 500 200 TOTAL C	OINS CK CHECKS	FX Dep  FX Dep  A  G(max, or  g 7 hr  g 9 1 lu	s posit, plo	Othorise fi	ers	ASH CHECK the the in	down	at the	bac UNT	.83
CAS NOTES 1,000 500 200 TOTAL C CHE NO, OF C If you are Name: Contact N	OINS CK CHECKS	FX Dep  A  6 (max. o  e account  g 7 hr	s posit, plo	Othorise fi	II-out cash NOTES 100 50 20 TOTAL C DEPOSIT	ASH CHECK	down	at the	bac UNT	.83
CAS NOTES 1,000 500 200 TOTAL C CHE NO, OF C	OINS CK CHECKS	FX Dep  FX Dep  A  G(max, or  g 7 hr  g 9 1 lu	s posit, plo	Othorise fi	II-out cash NOTES 109 50 20 TOTAL C DEPOSIT	ASH CHECK	down	at the	bac UNT	.83
CAS NOTES 1,000 500 200 TOTAL C  If you are Name: Contact N Purpose: Valid ID:	OINS  CK CHECKS OIL	FX Dep  A  G(max. o e account g fly g fly g fly gent to	s posit, plo	Othorise of T	II-out cash NOTES 109 50 20 TOTAL C DEPOSIT See provide Relationship Signature:	ASH CHECK	down formation of the state of	at the AMOU	P21 pelow	. 83
CAS NOTES 1,000 500 200 TOTAL C  CHE NO, OF C  If you are Name: Contact N Purpose: Valid ID:  I/W pro trai	OINS  CK CHECKS ON TO THE CONTROL OF CONTROL	FX Dep  A  G(max. o e accoud 7 hr  G(y) (1)  Gent to herein h. All po	s posit, plo	Othorise of the control of the contr	II-out cash NOTES 100 50 20 TOTAL C DEPOSIT TOTAL C DEPOSIT see provide G Relationship Citizenship Signature: used for	ASH CHECK The the increased of the constant of	down down	at the AMOU	921 pelow	. 83
CAS NOTES 1,000 500 200 TOTAL C  CHE NO, OF C  If you are Name: Contact N Purpose: Valid ID:  I/W pro trair the	OINS  CK CHECKS not the loss of the loss o	FX Dep  A  G(max. o o e accoud 7 hr  G(y) ()  G(y) ()  Gent to herein  All pos  B Data	s posit, plo	Othorise of T	II-out cash NOTES 100 50 20 TOTAL C DEPOSIT TOTAL C DEPOSIT See provide Citizenship Signature: used for	ASH CHECK The the increased and in the control of t	down  forma  forma  forma  in acting	at the AMOU	pelow	- 83
CAS NOTES 1,000 500 200 TOTAL C  CHE NO, OF C  If you are Name: Contact N Purpose: Valid ID:  I/W pro trai	OINS  CK CHECKS not the form of the form o	FX Dep  A  G(max. o o e accounce of fluid o o o o o o o o o o o o o o o o o o o	posit, plo MOUN  of 10)  untholded  of 10  the co that w ersonal of the co Privacy h) and	Othorical State of the Control of th	II-out cash NOTES 100 50 20 TOTAL C DEPOSIT TOTAL C DEPOSIT see provide G Relationship Citizenship Signature: used for	ASH CHECK To cessing r facilities of the private of	down  formation  forma	at the AMOU	pelow	- 83
CAS NOTES 1,000 500 200 TOTAL C  CHE NO, OF C  If you are Name: Contact N Purpose: Valid ID:  I/W pro trai	OINS  CK CHECKS not the form of the form o	FX Dep  A  G(max. o o e accounce of fluid o o o o o o o o o o o o o o o o o o o	s posit, plo	Othorise of the control of the contr	NOTES 100 20 TOTAL CODEPOSIT T	CASH CHECK C	down  formation  forma	at the AMOU	pelow	- 83
CAS NOTES 1,000 500 200 TOTAL C  CHE NO, OF C  If you are Name: Contact N Purpose: Valid ID:  I/W pro trai	OINS  CK CHECKS OINS  CHECKS ON	FX Dep  A  G(max. o o e accounce of fluid o o o o o o o o o o o o o o o o o o o	s posit, plo	Othorise of the control of the contr	II-out cash NOTES 100 50 20 TOTAL C DEPOSIT TOTAL C DEPOSIT See provide Citizenship Signature: used for	CASH CHECK C	down  formation  forma	at the AMOU	pelow	- 83

For BIR BCS/ Use Only Item:



2307
Certificate of Creditable Tax
Withheld at Source

AND DESCRIPTION OF THE PERSON NAMED IN	2307 01/18ENCS

January 2018 (ENCS)		Withheld	d at Source	9		2307 01/18ENCS
I in all applicable spaces. Mark all appro		24.4	DYYYY)	to 10 3	1 2024	(MM/DDYYYY)
For the Period From	10 01 2	J2H	Payee Information	To 10 3	2024	
Taxpayer Identification Number (TIN)	12/2000 CORT NEEDFORM TO CO.	900 - 856	- 3981 - 0	002		
Payee's Name (Last Name, First Na	me, Middle Name	for Individual OR Reg	istered Name for Non-	Individual)	1000	
RICSAN SECURITY AGENCY					Torker A. T. Walier	4A ZIP Code
Registered Address	D	Cit.				1
Florenceville Subd., Pahano	ocoy, Bacolod	City	CELESCO PORT	A CONTRACTOR		
5 Foreign Address, if applicable						
	nertilist der W	Part II -	Payor Information	Washington and the second		
6 Taxpayer Identification Number (TIN)		909 - 219	1000	0001 1		
7 Payor's Name (Last Name, First Name		for Individual OR Regis				
TOP ARMADA CEMEN				The Laboratory is		n Salay Said E
8 Registered Address						8A ZIP Code
Unit 311 AIC Burgundy E	mpire Tower	, ADB Avenue, O	rtigas Center, B	rgy. San Antonio	o, Pasig City	1606
	Part III -	- Details of Monthly I	ncome Payments an	OME PAYMENTS		Tax Withheld for the
Income Payments Subject to Expand Withholding Tax	ded ATC	1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	Quarter
ncome payment made by top withholding agents to their local/resident supplier of g other than those covered by other rates of withholding tax	oods WC160	3,908.49			3,908.49	78.17
					Not pulped	
	and the second second					70.47
otal Noney Payments Subject to Withholdi	20 00					78.17
Business Tax (Government & Privat						
				Pur service and a service and		
				la de la companya de		
otal						
We declare under the penalties of pe ursuant to the provisions of the National rocessing of our information as contemp	Internal Revenue	Code, as amended, ar lata Privacy Act of 201	d the regulations issue 2 (R.A. No. 10173) for	ed under authority ther	eof. Further, we give	belief, is true and correct our consent to the
			FICER 7510-5390	-2000)		
	Signature over I	Printed Name of Payor	/Payor's Authorized R	epresentative/Tax Ag	ent	
Tax Agent Accreditation No./		Date of	ssue		Date of Expiry	
Attorney's Roll No. (if applicable)		(MM/DD/	ONFORME:		(MM/DD/YYYY) L_L	
		DICEAN O	ECURITY AGENCY			
	Signature over Pr	rinted Name of Payee.	/Payee's Authorized R		jent	
Tax Agent Accreditation No./		(Indicate Title	/Designation and TIN)		Date of Expiry	do los deservos de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición dela composi
Attorney's Roll No. (if applicable)		(MM/DD/Y		N/96 (A10) (A10)	MM/DD/YYYY)	

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