PNB **DEPOSIT SLIP** DATE: 09/23/24 (M M D D Y Y)

Account Name: PCBSI Port Terminal Management Corp.

Account No. 241170016963

Online

Pasig-Ortigas Garnet BRANCH is happy to serve you
You have made a ON-US CHECK DEPOSIT
of PHP 48,594.35 on 09-23-2024 13:28:47
from/to 123370006585 Chk#2000000497
241170016963 PCBSI PORT TERMINAL MANAGEMENT CORP

Service Charge: PHP 0.00
Processed by Joniela D Seq# 183 apaomm
Thank you for banking with us. With PNB. You First !

e-PR-350956 payment for arrastre & stevedoring for MV Blue Ocean 5

Before leaving the counter, please ensure the correctness of the transaction details as seen on the validation. This document is considered valid when machine validated.

Currency: ☑ ₱ ☐ $ ☐ Others _____

☐ CASH (For FX Deposit, please fill-out cash breakdown at the back)

NOTES	QTY	AMOUNT	NOTES	QTY	AMOUNT
1,000			100		
500			50		
200			20		
TOTAL COINS			TOTAL CASH DEPOSIT		

☑ CHECK — TOTAL CHECK DEPOSIT ₱ 48,194.35

NO. OF CHECKS (max. of 10) 1

If you are not the accountholder, please provide the information below.

Name: Sonia Ilyn Calabia
Contact No.: 09951470693 Relationship: Employee
Purpose: Deposit Citizenship: Filipino
Valid ID: _____ Signature: _____

☑ I/We consent to the collection and processing of personal data provided herein that will be used for facilitating the deposit transaction. All personal data will be processed in accordance with the Bank's Data Privacy Policy provided in the Bank's website (www.pnb.com.ph) and applicable data privacy laws, rules and regulations as may be amended from time to time.

Depositor's Signature

Approved by:

CLIENT'S COPY CA004.3 Sept '21

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For BIR Use Only | BCS/ Item:

Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

BIR Form No. **2307** January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source

2307 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Period From 09 01 2024 (MM/DD/YYYY) To 09 30 2024 (MM/DD/YYYY)

Part I – Payee Information

2 Taxpayer Identification Number (TIN) 000 - 856 - 398 - 00002

3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
PCBSI PORT TERMINAL MANAGEMENT CORP.

4 Registered Address
Caminawit, San Jose , Occidental Mindoro

4A ZIP Code

5 Foreign Address, if applicable

Part II – Payor Information

6 Taxpayer Identification Number (TIN) 009 - 210 - 296 - 000

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)
TOP ARMADA CEMENT CORPORATION

8 Registered Address
Unit 311 AIC Burgundy Empire Tower, ADB Avenue, Ortigas Center, Brgy. San Antonio, Pasig

8A ZIP Code 1605

Part III – Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payment made by top withholding agents to their local/resident supplier of services other than those covered by other rates of withholding tax	WC160			44,176.68	44,176.68	883.53
Total						883.53
Money Payments Subject to Withholding of Business Tax (Government & Private)						
Total						-

We declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, we give our consent to the processing of our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

JOY R. TAHIL
(COMPLIANCE OFFICER / 7510-5390-2000)
Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) | Date of Issue (MM/DD/YYYY) | Date of Expiry (MM/DD/YYYY)

CONFORME:

PCBSI PORT TERMINAL MANAGEMENT CORP.
Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent
(Indicate Title/Designation and TIN)

Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) | Date of Issue (MM/DD/YYYY) | Date of Expiry (MM/DD/YYYY)

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

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