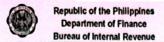
<b>®</b> PN	B DEPO	SIT SLIP	ATE: 9/17/24
Account Name:			MUUTI
	Ricsan G	ecuity Age	ocy
Account No.	17000		
You have made of PHP 47.837. from/to 123370	Garnet BRANCH is a ON-US CHECK DE 01 006585 Chk#200000 ICSAN SECURITY AG	POSIT on 09-17-2024 09 0495	
Service Charge Processed by Thank you for		Sea# 74 a With PNB. You Fir	
PATME	INT FOR VE	anyty for	r
Anc	nut 1 -31,	,2024	
C	kholoo a	omm - WHILE	=)
Before lea seen on l	ving the counter, please ensu	is considered valid when ma	nsaction details as chine validated.
		thers	
	or FX Deposit, please		A STATE OF THE STA
NOTES QTY	AMOUNT	NOTES QTY	AMOUNT
500		50	
200		20	
TOTAL COINS		TOTAL CASH DEPOSIT	
NO. OF CHECK	S (max. of 10)	TOTAL CHECK DEPOSIT	747,837.0
If you are not	ZHEN V. CALABRIAT.	lease provide the in	formation below.
Name.	- THE PROPERTY OF THE PARTY OF		
Contact No.:		Ī	ODING
1- 70	1951670693	Relationship:	MPINE
Purpose:		Ī	mplate
Valid ID:  I/We corprovided transaction the Bank (www.pn)	nsent to the collector herein that will personal data is Data Privacy Pob.com.ph) and appress as may be amend	Relationship: Citizenship: Signature: tion and processin be used for facil a will be processed blicy provided in blicable data privaled from time to time.	o of personal data taking the deposit in accordance with the Bank's websity lay laws, rules and
Valid ID:  I/We corprovided transaction the Bank (www.pn)	nsent to the collector herein that will personal data is Data Privacy Pob.com.ph) and appress as may be amend	Relationship: Citizenship: Signature: tion and processing will be processed blicy provided in blicable data privaled from time to time	o of personal data taking the deposit in accordance with the Bank's websit/ toy laws, rules and

For BIR BCS/ Use Only Item:



2307

## Certificate of Creditable Tax Withheld at Source



January 2018 (ENCS)				at Source	,		2307 01/18ENCS
ill in all applicable spaces. Mark al			40000	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			(MWDD/YYYY)
1 For the Period Fr	om 09 (	01 202			To 09 3	0 2024	(MM/DD/YYYY)
				avee Information			
2 Taxpayer Identification Number			36 - 871		000		
3 Payee's Name (Last Name, Fi	The second second		or Individual OR Regis	stered Name for Non-	Individual)		
RICSAN SECURITY	Y AGENC	Y				Annual Control	44 700 0-4-
4 Registered Address			101				4A ZIP Code
Florenceville Subd.,	Pahanoco	y, Bacol	od City				
5 Foreign Address, if applicable							
			Port II = I	Pavor Information			
6 Taxpayer Identification Number	r (TIN)	[a	1000	CHTC MICE	0001 1 1		
7 Payor's Name (Last Name, Fit							
TOP ARMADA CE			prints to the second se				
8 Registered Address	WEITT CO	ora ora					8A ZIP Code
Unit 311 AIC Burgu	ndy Empi	re Towe	r, ADB Avenue	Ortigas Center	, Brgy. San An	tonio, Pasig	1,605
City	DE TRANSPORTE	The second second		ncome Payments and	d Taxes Withheld	(1) have doubtered again. The	
Income Payments Subject to I	Expanded	ATC	1st Month of the	2nd Month of the	OME PAYMENTS  3rd Month of the	1	Tax Withheld for the
Withholding Tax			Quarter	Quarter	Quarter	Total	Quarter
Income payment made by top with agents to their local/resident suppli services other than those covered rates of withholding tax	ier of	WC160	14.00		11,725.50	11,725.50	234.51
						-	
						-	
					W 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	-
						\$19.00 Table 10.00	
Total							234.51
Money Payments Subject to Wit Business Tax (Government &			100				
Business Tax (Government a	riivatej		to the second second second				
						2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
							Uman um Pharman
Lucia Caracteria							
<b>Total</b>							•
We declare under the penaltie	s of perjury th	nat this certif	ficate has been made	n good faith, verified	by us, and to the best	of our knowledge and	belief, is true and correct,
oursuant to the provisions of the No processing of our information as co	ontemplated u	inder the *D	code, as amended, a lata Privacy Act of 20	the regulations issuit	ed under authority the or legitimate and lawfi	ereof. Further, we give	our consent to the
				VIII	A STATE OF THE STA		
				FICER 7510-5390	1-20001		
	Sign	ature over f	Printed Name of Payo	r/Payor's Authorized f	Representative/Tax A	gent	
Tax Agent Accreditation No./			Date of	e/Designation and TIN Issue		Date of Expiry	
Attorney's Roll No. (if applicable)	a to the town to the town		(MM/DD	mm LLL		(MM/DD/YYYY)	
		ar 21 (28 indirect)	C	ONFORME:			
			RICSAN	ECURITY AGENCY			
	Signa	ature over P	Printed Name of Paye	e/Payee's Authorized		gent	
Tax Agent Accreditation No./			(Indicate Titi	e/Designation and TIN		Date of Expiry	
Attorney's Roll No. (if applicable)			(MM/DD		البلل	(MM/DD/YYYY)	

**CS** CamScanner