V052019	This serves as your receipt when machine validated.
belificate see that sometimes and an Total Amount	495: ROBINSON'S GALLERIA - ORTIGAS Host accepted
Wildergon do Stands Vin souder of tilphieff and any sea of the ent	Date :28 Sep 2024
State State State State State & Bob 1811 - 55 bo	01251 LCK L
	7 IGIG
	☐ Payment Borrower's Name Promissory Note No. / Trade Reference No.
AVER SUPERIOR SUPERIOR ESTIMATE TO A VESTER SUCCESSION OF THE CLEANING STATES OF CLEANING STATES AND SUCCESSION OF THE SUPERIOR STATES OF CLEANING STATES AND SUCCESSION OF THE SUPERIOR STATES OF CLEANING SUPERIOR STATES OF CLE	Subscriber's Name Subscriber's Account No.
The Kitken of Section and Charles of the Cold Cold Cold Cold Cold Cold Cold Cold	Bills Payment Company Name Institution Code Product Code
Check No. Amount	Placement  On 19 1 - 5 9 03 - (9)3  With Deposit Payor's Name Reference Reference No.
Local On-us MC/DD Chers  Use separate slip(s) for each type of transaction.	□ Deposits  Account Name □ Current □ Savings Account No. □ Time Deposit/
Currency  Date  Others	

บริษัท อิต <del>นลียน</del> ไทย ดีเวล๊อปเมนต์ จำกัด (มหาชน)	1
Italian-Thai Development Public Company Limite	d



ı	ใบสำคัญจ่ายเงิน	Pay-Out Vouc	her NO	• • • • • • • • • • • • • • • • • • • •
d	วันที่ Date	2 5 SEP	2024	

าเกลีรากดา	5 Bank Account SCB	เช็กเลขที่ Cheque No.		
ข่ายให้แก่	5 Bank Account SCB	IBAIAUN Cheque No.		CPN-03
Pay TO P ARM APA CEMENT CORPORATION				Philippines
จำนวนเงิน Amount	One hundred Sixty tho	ousand Fire hundred fifty.	three £57/100 PHP	37
จ่ายเพื่อ Reason	Payment for Freight	Charge for Cement.		
Job No.	รายการ Description	จำนวนเงิน Amount	เดบิต Debit	เครดิต Credit
	CP0004966			
***************************************				
	รวมยอด T			
ได้รับมอบอ์	1		%	
	านาจ Authorized	อนุมัติโดย Approved by	9	
	านาจ Authorized		9	
	านาจ Authorized	อนุมัติโดย Approved by	9	
ุ้จ่ายเช็ค Ch   	านาจ Authorizedeque Issued by	อนุมัติโดย Approved byผู้รับเงิน Received by	снеск no. 00014792	BRSTN 01-005 001-1
นู้จ่ายเช็ก Ch count no. A/C PAYE	account name ITALIAN-THAI DE COMPANY LIMITE	อนุมัติโดย Approved by ผู้รับเงิน Received by EVELOPMENT PUBLIC	снеск no. 00014792	297 01-003 011-1 25-2024
COUNT No.  COUNT No.  COEDAY  AVC PAYE  AY TO THE  RDER OF	account name ITALIAN-THAI DE COMPANY LIMITE	อนุมัติโดย Approved by ผู้รับเงิน Received by  EVELOPMENT PUBLIC ED  CORPORATION	CHECK No. <b>00014792</b> DATE 0 9 -	297 01-003 011-1 25-2024
AY TO THE RDER OF	Account NAME ITALIAN-THAI DE COMPANY LIMITE  TOP ARMADA CEMENT  HUNDRED SIXTY THOUSAND FIVE HUN  1/ We allow	อนุมัติโดย Approved by ผู้รับเงิน Received by  EVELOPMENT PUBLIC ED  CORPORATION	CHECK No. 00014792  DATE 0 9 -	297 01=003 001=1 2 5 - 2 0 2 4 0 0 7 7 7 7
COUNT NO.  COUNT NO.  COESTANT OF THE ROER OF ESOS	Account name ITALIAN-THAI DE COMPANY LIMITE  TOP ARMADA CEMENT  HUNDRED SIXTY THOUSAND FIVE HUN	อนุมัติโดย Approved by ผู้รับเงิน Received by  WELOPMENT PUBLIC ED  CORPORATION  IDRED FIFTY-THREE and 57/100	CHECK No. 00014792  DATE 0 9 -	297 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

#0001479297#01005#0011#1140522433125# 000

YFH ....

(7) Less W/H (Before VAT) (1.446.43) (8) Less Retention Payable (0.00) (9) = (4)-(5)-(6)-(7)-(8) Net Paid 160.553.57

Site Accountant

(Ms.Bussaba Fakatong)

Date 2 9 9 4

Account Manager

Commercial Manager

Nimy 4

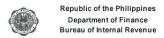
Mr Wiroj Leewiboonsin)

(Mr.Wiroj Leewiboonsin)

Project Manager

(Mr Vethin Wasuntarasook)

Jare. 4 03 2024



BIR Form No. 2307

## Certificate of Creditable

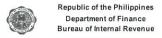


Tax Withheld At Source January 2018 (ENCS) Fill in all applicable spaces. Mark all appropriate boxes with an For the Period From (MM/DD/YYYY) To (MM/DD/YYYY) 09 01 2024 2024 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 0 0 9 2,10 2,96 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) TOP ARMADA CEMENT CORPORATION 4A Zip Code ROOM 311 AIC BURGUNDY EMPIRE TOWER ADB AVENUE ORTIGAS CENTER BRGY SAN ANTONIO PASIG CITY 1,6,0 5 Foreign Address, if Part II - Payor Information 6 Taxpayer Identification Number (TIN) 0.04 964 0,0,6 0,0,0,0 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) ITALIAN THAI DEVELOPMENT PUBLIC COMPANY LIMITED 8A Zip Code MCRP BUILDING COASTAL ROAD SAN DIONISIO, CITY OF PARAÑAQUE NCR FOURTH DISTRICT PHILIPPINES 1700 Part III - Details of Monthly Income Payments and Tax Withheld for the Quarter AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Tax Withheld For the Quarter Total ATC 1st Month of 2nd Month of 3rd Month of Withholding Tax the Quarter the Quarter the Quarter Income payments made by top withholding agents to their local/resident supplier of WC158 144,642.86 144,642.86 1,446.43 goods other than those covered by other rates of withholding tax 144,642.86 1,446.43 Total Money Payments Subject to Withholding of Business Tax (Government & Private) We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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. MS MADELINE BUTTON
ASST. ACCOUNTING & HINANCE MANAGER 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 Expiry Date of Issuance CONFORME Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent

(Indicate Title/Designation and TIN)

Date of Issuance

Date of Fx ry



2307

## Certificate of Creditable Tax Withheld At Source



January 2018 (ENCS) ill in all applicable spaces. Mark all appropriate boxes with an "X" (MM/DD/YYYY) From То (MM/DD/YYYY) 2024 2024 Part I - Payee Information 0 0 9 210 296 2 Taxpaver Identification Number (TIN) 0,0,0 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) TOP ARMADA CEMENT CORPORATION 4A Zip Code ROOM 311 AIC BURGUNDY EMPIRE TOWER ADB AVENUE ORTIGAS CENTER BRGY SAN ANTONIO PASIG CITY Part II - Payor Information 6 Taxpayer Identification Number (TIN) 964 0,0,6 0,0,00 004 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) ITALIAN THAI DEVELOPMENT PUBLIC COMPANY LIMITED 8A Zip Code 1,7,0,0 MCRP BUILDING COASTAL ROAD SAN DIONISIO, CITY OF PARAÑAQUE NCR FOURTH DISTRICT PHILIPPINES Part III - Details of Monthly Income Payments and Tax Withheld for the Quarter AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Withholding Tax ATC Tax Withheld For the Quarter the Quarter the Quarter the Quarter Income payments made by top withholding agents to their local/resident supplier of WC158 144,642.86 144,642.86 1.446.43 goods other than those covered by other rates of withholding tax 144,642.86 1,446.43 Money Payments Subject to Withholding of Business Tax (Government & Private) We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, oursuant 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. MS. MADELINE ABUYUAN
ASST. ACCOUNTING & FINANCE MANAGER 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 Expiry Date of Issuance CONFORME Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)

Date of Issuance

aDate of Expiry



2307

## Certificate of Creditable Tax Withheld At Source



January 2018 (ENCS) Fill in all applicable spaces. Mark all appropriate boxes with an "X (MM/DDYYYY) (MM/DD/YYYY) To 2024 2024 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 0 0 9 296 2,10 0,0,0 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual TOP ARMADA CEMENT CORPORATION 4A Zip Code ROOM 311 AIC BURGUNDY EMPIRE TOWER ADB AVENUE ORTIGAS CENTER BRGY SAN ANTONIO PASIG CITY 1,6,0,5 Foreign Address, if Part II - Payor Information 004 964 0,0,6 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) ITALIAN THAI DEVELOPMENT PUBLIC COMPANY LIMITED 8A Zip Code MCRP BUILDING COASTAL ROAD SAN DIONISIO, CITY OF PARAÑAQUE NCR FOURTH DISTRICT PHILIPPINES 1700 Part III - Details of Monthly Income Payments and Tax Withheld for the Quarter AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Withholding Tax ATC 1st Month of 2nd Month of 3rd Month of Total Tax Withheld For the Quarter the Quarter the Quarter the Quarter Income payments made by top withholding agents to their local/resident supplier of WC158 144.642.86 1.446.43 144.642.86 goods other than those covered by other rates of withholding tax 144,642,86 1,446.43 Money Payments Subject to Withholding of Business Tax (Government & Private) We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by me, and to the best of my 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 🗚 No. 10173) for legitimate and lawful purposes. Maruji (III) ASST. ACCOUNTING & HUANCE MANAGER 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 Expiry CONFORME Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)

Date of Issuance

Date of Expiry

บริษัท อิต <del>นลียน</del> ไทย ดีเวล๊อปเมนต์	จำกัด (มหาชน)
Italian-Thai Development Public	Company Limited



ใบสำคัญจ่ายเงิง	Pay-Out Vouc	cher NO	
	2 5 SEP	0004	

บัญชีธนาคา	7 Bank Account SCB	เช็กเลขที่ Cheque No.		CODAL OS
จ่ายให้แก่				CPN-03
Pay TO				Philippines
จำนวนเงิน Amount	One hundred Sixty thous	and five hundred fift,	y-three 157/100 P	HP 160 <sub>9</sub> 553. 100°
จ่ายเพื่อ Reason	Payment for Freight C	harge for Cement.		
Job No.	รายการ Description	จำนวนเงิน Amount	เดบิต Debit	เครดิต Credit
	CP0004966			
	(1004106			
***************************************				
	รวมยอด TOT	AL _		
ฝีได้ร้างเคาเค	ว่านาจ Authorized	องเข้าโดย Approved by	*	
ผูงายเชค Ch	eque Issued by	ผูรบเงน Received by	*****************************	***************************************
1 1		[	1	
- 42				
	« » () » »			
	144.542.86 x			
	1. %			
	WIA A- 1.446.43 +			
	144.642.86 ×			
	12. %			
	VAT 12-1. 17.357.14 +	(1) Total Amount Before VAT	144,642.86	TO 5-SEP 2024
	162,000.00 +%	(2) VAT 12 %	17,357.14	
	170-00-00	(3) Total NON-VAT Amount (4) = (1)+(2)+(3) Grand Total	162,000.00	
	162,000.00 + 1046.43 -	(5) Less Discount	0.00	
	160.553.57	(6) Less A/P Down Payment	(0.00)	
	PAP	(7) Less W/H (Before VAT)	(1,446.43)	
\	* • Û e •	(8) Less Retention Payable	(0.00)	/
/		(9) = (4)-(5)-(6)-(7)-(8) Net Paid	160,553.57	
		L	916a	19/24
1220				D-1-11

Site Accountant

(Ms.Bussaba Fakatong)

Date 2 9 2 4

Account Manager

Commercial Manager

(Mr.Wiroj Leewiboonsin)

Project Manager

(Mr. Vethin Wasuntarasook)

Jate 4 09 2024