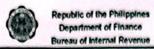
BDO		Check Transaction Slip		[18] [18] [18] [18] [18] [18] [18] [18]			
☐ Deposits	Account Name	int (Fin) (Restinge) Phil. Inc.	☐ Local ☑ On-us	□MC/DD □O	thers		
Current Savings Time Deposit/ Placement	Account No.	पर या कर पार्ट के हिन्दू है जिल्ला कर है है जिल्ला है है जिल्ला है	Use separate slip(s) for e	Use separate slip(s) for each type of transaction  Bank/Branch Check No.			
For Account with Deposit Reference Facility	Payor's Name	Ho I Cement lider profit semisses not	es and penalties and the B mod on OOF The deposit	压力死了	44,473:16		
☐ Bills Payment	Company Name	Institution Code Product Code	enorii integ chocks ("Fare)	ryonamya baaji ana nga tani amatana			
olemo red red Marieno	Subscriber's Name	ng para Tangarahan Account No. Derio Toeles ger antagarahan by reference than a new paramanan pan	rand such other applicable reg Laws 7 which are deer	ed States of America Pereign Oracle Dies	# 1		
Payment Loan Trade	Borrower's Name	Promissory Note No. / Trade Reference No.	senis will guseen he subs as singinal of the check sha purposes of aresentinent	furtirer serges that the serges of the serge			
	cation Transfer 3012919	PHP 94,473,16	ind cyffes that the original tot presentment of such of coly, the darkostor bereby	perpatwork in Kulik. Islamoj artirom (8) Richal, of societinos			
NIPPOH 00495	N PAINT (COAT Fr OUS	cause of action that the Deposit of the leaders	ives from apy right-claim, or plead herewith	striéze i nor bine étaet regrada endit lessaut	Legisland of		
Ref#:	19 Aug 2024 19-08-24	Dep Ref Fee 15:41:07 510C 495 603 144	shy check for deposit inclu rappleable laws rules and	evides of their self s we are no cooperated	of the local date		
ĝod gendo <b>Overri</b>	A Letian Laborate	White the manner of the development of the second of the s	ence vali be updated, upg	Total Amoun	\$94,473.tc		

This serves as your receipt when machine validates



For BIR BCS/ Use Only Item:



2307

## Certificate of Creditable Tax Withheld at Source



January 2018 (ENCS)			-	neia	at Sour	ce			2307	01/18ENCS
l in all applicable spaces. Mark	-	boxes with a	70 "X".	Paras			e» [	Andread and the state of the state of	(MMDOY)	WW.
For the Period	From 06 0	1 20	)24	(MWDD			06 3	0 2024	(INNO DICYY	(11)
			THE	-	avee Information					
Taxpayer Identification Numb	per (TIN)	0	041	6381	702	000				
Payee's Name (Last Name,	First Name, Mik	ddle Name I	or Individual (	OR Regis	tered Name for N	on-Individ	uaij			
Nippon Paint (Coat	ings) Phili	ppines, II	nc.						4/	ZIP Code
No. 4 Hologram St	1 ISD 1 I	Diezmo I	Cabuyao	Lagun	2					1 1 1
No. 4 Hologram St Foreign Address, if applicable	REAL PROPERTY OF THE PARTY OF	rezino,	Cabuyao,	Lagun						
Foreign Address, ir applicable										
	all to the design	A Carlos		art II - P	avor Information					
6 Taxpayer Identification Numb		0	06 -	534	- 2111	- 000				
7 Payor's Name (Last Name, I	First Name, Mic	idle Name f	or Individual C	R Regist	ered Name for No	n-Individu	ial)			
STARPORT PH H	OLDINGS	, INC. (F	ORMERI	LY: ST	ARPORT TI	RADIN	G CORPO	ORATION)		7ID Code
8 Registered Address								Approved the sales and the		ZIP Code
Room 301 Grace B	uilding, Or	tigas Av	enue, Gre	enhills	come Payments	ty and Taxe	s Withheld			1506
Income Payments Subject to	Expanded		The state of the s		AMOUNT OF I	NCOME	PAYMENTS Month of the		The second secon	held for the
Withholding Tax	Expanded	ATC	1st Month Quart	SUB-COMPANY PARK	2nd Month of th Quarter	e 3ra	Quarter Quarter	Total	Qu	arter
income payment made by top wi agents to their local/resident supp services other than those covered rates of withholding tax	olier of	WC158					85,110.9	6		851.11
otal										851.1
Money Payments Subject to W Business Tax (Government										
otal			A STATE OF THE STA	A CONTRACTOR OF THE PARTY OF TH					1 .	-
We declare under the penalt ursuant to the provisions of the I rocessing of our information as of	National Interna contemplated u	I Revenue ( inder the *D	Code, as ame ata Privacy A	nded, and ct of 201	othe regulations in 2 (R. R. 196, 10173)  TAMIL FICER / 7510-5	ssued und i) for legit	der authority the mate and law	nereof. Further, we g full purposes.	and belief, is tru jive our consent	e and correct to the
	Sign	ature over F			/Payor's Authorize /Designation and		sentative/Tax	Agent		
Tax Agent Accreditation No./				Date of I	ssue			Date of Expiry	, , , , ,	1 1 1
Attorney's Roll No. (if applicable)			one of the second	(MM/DD/	ONFORME:			(MM/DD/YYYY)	CALL PARK STEEL	
	6;	oturo com D		Paint (C	oatings) Philippli		contati a (T-	<b>A-0-</b>		
	Sign	ature over P			/Payee's Authorize/Designation and		seniative/Tax		11.00	
Tax Agent Accreditation No./ Attorney's Roll No. (if applicable)				Date of				Date of Expiry (MM/DD/YYYY)		1 1 1