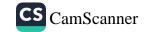
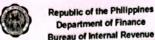
BDO		Check Transaction Slip		llar 🗌 Others	Date	
☐ Deposits	Account Name	y? Thilippine 1 1106 Police 10 on	Don't Local On-us MC/DD Others  It of Use separate slip(s) for each type of transaction.  Bank/Branch Check No. Amount			
Current	ices entro thed 3 1411					
Savings  Time Deposit/ Placement	Account No.	med. This also applies to enecks and literal states along the states of funds, unauthorized die with 180 pc 190 pc				
For Account with Deposit Reference Facility	Payor's Name	Reference No. of Information Services of Missing Property and Services of Missing Property Inc.	and personal resolutions of the Books of the	1500483	t3, 3/8:06	
Bills Payment	Company Name	e boo toucks), the Dapos for ignees to be to	nominated checks ("Akai	and taind currence dube	With respect to dollar	
C1 gmid months at 15 dines at	Subscriber's Name  Borrower's Name	Subscriber's Account No. Apend Dinomber 9 of Subscriber's Account No. Appnd Dinomber 9 of Subscriber 9 o	and such other applicable ng. Laws??, which are deci ents to the use of the subs a original of the check sha	of States of America, Fareign Creck Clear the drawes and cons uniner agrees that th	(Check 21) of the United the United States (Collect Neily, United States (Check Laws, The Chrositor)	
Loan Trade	shall be provided micase of	to the drawee bank and only the substitute check	purposes of presentinent	of begoves delivered for	enotes descipante	
Machine Validation V1998 0013801 CITIBAN 00495 B	27635 K FAO SIGNIFY PHILIPPIN	I check shall be also 0.318.06. THE Or the Consequence of the Consequence of the Foreign of Check Amt 53.318.06 he Foreign by Yangwingly, uncontrolled axabra tasks of action 11.58 the axabra tasks o	nd agrees that the origins of presentiment or such cally the Deposition herebyes from any right, claim, pleted necewith.	(3) 'months from date ents and represental bensachjons content	Furnishmens fre Leg of the pened of three rolls to be con- infloors, employes, a in connection with the	
led leds an Ref#: Date :1	oda o be niemny stnemosi 4 Oct 2024 14-10-24 1	obre bridge attiv Dep Ref: Feet mit ton aud british to attivit by the content of	ny check for deposit inci applicable laws, rutes and ance will be diposted up	s the right to refuse nice of a secondance with	D 13 210 6 FL	
138: VA		Host accepted	the proposed on the filling	Total Amount	17/5/18:50	



For BIR BCS/



Use Only Item:		Bureau o	of Internal Revenue			
BIR Form No. 2307 January 2018 (ENCS)	Certificate of Creditable Tax Withheld at Source				2307 01/18ENCS	
ill in all applicable spaces. Mark all appropriat	te boxes with	CALL DELICATION			- Con	
1 For the Period From 10	01 20	D24 (MM/DI	DYYYY)	To 10 31	2024	(MM/DDYYYY)
		Part I - I	Payee Information			
2 Taxpayer Identification Number (TIN)		000 - 409		pogo		
Payee's Name (Last Name, First Name, N		for Individual OR Regi	stered Name for Non-	Individual)		
SIGNIFY PHILIPPINES, IN	<u>C</u> .					
Registered Address						4A ZIP Code
9th Floor The Brilliance Cen	ter 11th A	Ave. 40th Ave Fo	ort Bonifacio Ta	guig City		4634
Foreign Address, if applicable						
	12117	Dark II	Payor Information	and the same of th		
6 Taxpayer Identification Number (TIN)				1		26 12 12 12 12 12 12
7 Payor's Name (Last Name, First Name, M				polividual)		
STARPORT PH HOLDINGS					RATION)	
Registered Address						8A ZIP Code
Room 301 Grace Building, O	rtigas Av	enue, Greenhill	s, San Juan City			
	Part III -	Details of Monthly In				
Income Payments Subject to Expanded Withholding Tax	ATC	1st Month of the	2nd Month of the	3rd Month of the	Total	Tax Withheld for the Quarter
come payment made by top withholding ents to their local/resident supplier of goods her than those covered by other rates of thholding tax	WC158	Quarter 48,034.29	Quarter	Quarter	48,034.29	480.3
tal oney Payments Subject to Withholding of						480.
Business Tax (Government & Private)						
tal						
We declare under the penalties of perjury the ursuant to the provisions of the National Internation occasing of our information as contemplated to	al Revenue C	ode, as amended, ark	the regulations issue	d under authority there	eof. Further, we give	belief, is true and corre our consent to the

JOY 1APIL

(COMPLIANCE OFFICER + 7510-5390-2000)

Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Date of Expiry (MM/DD/YYYY) Date of Issue (MM/DD/YYYY) Tax Agent Accreditation No./ Attorney's Roll No. (if applicable) CONFORME: SIGNIFY PHILIPPINES, INC. Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN)

Date of Issue (MM/DD/YYYY)

Attorney's Roll No. (if applicable) \*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)

Tax Agent Accreditation No.J

Date of Expiry

(MM/DDYYYYY)