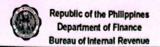
PNB DEP	OSIT SLIP DATE:					
Account Name:	MMDDYY					
	reviety Agency a					
Account No.	00933					
Pasig-Ortigas Garnet BRANCH i You have made a ON-US CHECK of PHP 22.921.84 From/to 123370003672 Chk#2000 308170000933 RICSAN SECURITY	DEPOSIT on 08-28-2024 12:00:34 000314					
Bervice Charge: PHP 0.00 Processed by PUNIO. RIA JOY Thank you for banking with us	O. Seq# 216 abaomm . With PNB. You First!					
PAYMENT FOR JEG	이 그리고 있는데 그 가장, 그렇게 되었다. 그리고 얼마나 없다면 다 먹다.					
UNLY 1-31, 2	2024 CFIRMUS)					
Before leaving the counter, please e seen on the validation. This docum	nsure the correctness of the transaction details as ent is considered valid when machine validated.					
Currency: \$	Others					
CASH (For FX Deposit, plea	se fill-out cash breakdown at the back)					
NOTES QTY AMOUNT	NOTES QTY AMOUNT					
1,000	100					
500	50					
TOTAL COINS	TOTAL CASH					
CHECK						
NO. OF CHECKS (max. of 10)	DEROSIT F 523/92/0054					
If you are not the accountholder, I	please provide the information below.					
Name:	T malmitt					
Purpose: Dt posit	Relationship: The line of the					
Valid ID:	_ Signature:					
I/We consent to the collection provided herein that will transaction. All personal date the Bank's Data Privacy F (www.pnb.com.ph) and ap	ction and processing of personal data be used for facilitating the deposit ta will be processed in accordance with colicy provided in the Bank's website plicable data privacy laws, rules and ded from time to time.					
Depositor's Signature						
Approved by:	CA004.3 Sept (2)					



For BIR BCS/ Use Only Item:



BIR Form No. 2307

Certificate of Creditable Tax Withheld at Source

The second	2307 01/18ENCS

January 2018 (ENCS)			vvitnnei	at Source	,		2307 01/18ENCS
ill in all applicable spaces. Mark a	Il appropriate bo	xes with an "	X*.		Procedure V -		
1 For the Period F	rom 0,8 01	2024	(MM/D	DYYYM	To 08 3	1 2024	(MM/DD/YYY)
and the second second second				vee Information			
2 Taxpayer Identification Number	er (TIN)	[000 - 856	- 3981 - 0	02		
3 Payee's Name (Last Name, F		a Mama for l					A CONTRACTOR OF THE PARTY OF TH
		e Name for i	Mividual Of Register	to real to			
RICSAN SECURITY AGE	NCY	NA SERVICE DE			Parameter (2009) and the		4A ZIP Code
4 Registered Address							
Florenceville Subd., P.		colod City					
5 Foreign Address, if applicable							
			Part II - Pa	vor Information		Santale In the	Mary State of the
6 Taxpayer Identification Number	er (TIN)		862		00		
7 Payor's Name (Last Name, Fi	rst Name, Middle	Name for In	dividual OR Registere	d Name for Non-Individ	dual)		
FIRMUS CEMENT	TRADING	INC.					
8 Registered Address							8A ZIP Code
620 Magnolia St., San	Juan, Cainta,	Rizal					1900
			etails of Monthly Inc	ome Payments and T			
Income Payments Subject to	Expanded	ATC	1st Month of the	2nd Month of the	3rd Month of the		Tax Withheld for the
Withholding Tax			Quarter	Quarter	Quarter	Total	Quarter
Income payment made by top with to their local/resident supplier of go those covered by other rates of wit	ods other than	WC160		1,954.25			39.08
				1,954.25			39.08
				1,504.25			
				denomination of the second			
Total							78.16
Money Payments Subject to W Business Tax (Government				and the second		1.00	
Dusiness Tax (Government	a r maicj	CONTRACTOR OF THE PARTY OF THE	Section Control of Programme Control	mental ed ealer plants that the			
							24H217
					The second secon		
				-			-
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Total		NAME OF THE PARTY	The source of States of States and States an				
We declare under the penaltie	s of perjury that t	his certificate	has been made in g	ood faith, verified by us	, and to the best of	our knowledge and b	elief, is true and correct,
pursuant to the provisions of the No	ational Internal Re Lunder the *Data	Privacy Act	of 2012 (R.A. No. 10)	e regulations issued un	ider authority thereo lawful purposes.	r. Further, we give or	it consent to the processing
o, ou management	didej tile Dota	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A-X			
				(R)TAHID			
				15ER 7510-5390-20			
	Signa	ture over Pri		Payor's Authorized Rep Designation and TIN)	presentative/ lax Age	ent	
Tax Agent Accreditation No.J		The state of the s	Date of	Issue		Date of Expiry	
Attorney's Roll No. (If applicable)			(MM/DD	mm)		(MM/DDYYYY)	
		100	COI	NFORME:			
				CURITY AGENCY			
	Signal	ture over Prin		Payee's Authorized Rep Designation and TIN)	presentative/Tax Ag	ent	
Tax Agent Accreditation No.J		A CONTRACTOR OF THE PARTY OF TH	Date of	Contraction of the Contraction o		Date of Expiry	
Attorney's Roll No. (if applicable)			(MM/DD/			(MM/DD/YYYY)	ليبيليا
*NOTE: The BIR Data Privacy is	in the BIR website	e (www.bir.go					