		PAYMEN'	T REQUEST	FORM		
Date Requested: Requestor's Name: Company: Department/Branch: Amount:		APISTA ALKER CORP. 🥆			ded is 15 working days,	from date of request, liquidation
Detailed Purpose:	FOR NEW	APPLICATION of NTC - MPDP AND WE	ON - DW ROBINSO	NS GALLERIA	AND DW SM MEGA	
Attachment (please :	specify):	Approval screenshot, Copy of application	ı form,			
REQUESTED BY:  APPROVED BY:	Requ	JENNI RAPISTA estor's produname & signature	CASH  BANK ACCOUNT Bank/Branch: Account Name: Account Number:		DEPOSIT  BDO  JENIFER RAPISTA  006580144946	
Note: Accounting D	epartm <b>e</b> nt pro	ate Head wint name & signature  cost pays ples is 3 working days upon receive  request. This form will be used for NON P.	ved of original Payme	secutive (if applic ent Request Form. act & permits, me	Please attached appro	wed quotation or any proof that tation and etc.
		FOR ACC	COUNTING USE OF	NLY		
Accounting Dept: Received by: Print name & si	ignature	Processe by:	Verified by:	ece Denartmen	f	Approved by:
		I int name & signature	Pı	ture	Print name & signature	
		Store	PERMIT FEE	NOTARY PER APPLICATION	Amount	
	WDN	DW ROBINSONS GALLERIA 🔪	2,130.00 \	-	2,130.00	
	MPDP	DW ROBINSONS GALLERIA	3,830.00	-	3,830.00	
	WDN	DW SM MEGA	2,130.00	-	2,130.00	
	MPDP	DW SM MEGA	3,830.00	-	3,830.00	
TOTAL	:				11,920.00	, 



Republic of the Philippines

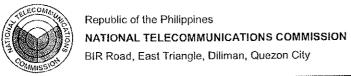
#### NATIONAL TELECOMMUNICATIONS COMMISSION

BIR Road, East Triangle, Diliman, Quezon City

Form No. NTC 1-18 Revision No. Revision Date 03/31/2021

## APPLICATION FOR DEALER/MANUFACTURER/SERVICE CENTER/RETAILER/RESELLER PERMIT/

No. 1744		<b>GPE SU</b>	PPLIER A	ACCREL	MOLLATIC	Santa Carlo				
INSTR	RUCTIO	NS:								
(1) /	Accomp	lish this application form properly, in	ALL CAPS	, handwritte	en or compu	ter-printed.				
		ne complete requirements including s					nents,			
p	olease r	efer to the NTC Citizen's Charter 20	21 Second	d Edition a	at NTC webs	ite: www	.ntc.gov.ph			
(3) (	Check (	✓) appropriate box. Indicate "N/A" for	or items not	t applicable	⊋.					
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TYPE	OF APP	PLICATION								
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]			1	Mobile F	Phone					
				Dea	aler (MPDP)					
				Ret	tailer/Reseller	(MPRR)				
				Ser	vice Center (N	MPSCP)				
				Custom	er Premises	Equipmen	it (CPE) Supp	lier Accreditatio		
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Applicant*		DIGITAL WALKER CORP	DVA/ CVA	MEGA	Fargista gasa					
	~~~~	pearing in the SEC/DTI Registration of		***************************************	Permit			<u> </u>		
	./	Corporation	, Dubiness	<del></del>	rtnership					
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Unit/Rm/Bldg	 . No.	UNIT 434 A, 4TH/F	************	Street		CYBERZONE SM MEGAMALL, BLDG B				
Barangay		EDSA COR. J VARGAS		City/Municipality			NG CITY	7,CC, OLOG D		
Province			Zip Code		7					
Contact Numb	ber	8654-3561		Email Address						
PERSONNEL	REQU	IRED (Not Applicable for WDN Ind	oor/SRD/R	RFID and N	lobile Phon	e)				
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Validity (mm/de	d/yy)			Validity (r						
DECLARATIO	ON									
hereby declare	e that all	the above entries are true and correct. L	Jnder the Re	evised Pena	l Code, I shali	l be held liab	le for any willful	false statement(s)		
misrepresentatio	ion(s) ma	ade in this application form that may sen	ve as a valid	d ground for	r the denial of	this applicat	tion and/or cand	cellation/revocation		
		ed. Further, I am freely giving full consen vacy Act of 2012.	t for the coll	ecuon ana p	processing of	personai inic	rmation in acco	rdance with Republ		
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		/HOWARD PAW		]	1 1 A	DAT	EE:	. 40		
		gnature over Printed Name of Applica		=	i			**************************************		
	Du	uly Authorized Signatory/Representat	tive		1	Co	llecting Officer			
	L.	JUNE 7, 2022	•							
		Date Accomplished								
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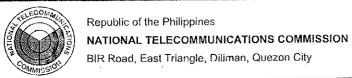


Form No. <u>NTC 1-18</u>
Revision No. <u>01</u>
Revision Date <u>03/31/2021</u>

## APPLICATION FOR DEALER/MANUFACTURER/SERVICE CENTER/RETAILER/RESELLER PERMIT/ CPE SUPPLIER ACCREDITATION

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(2) Attack	mplish the e refe	5:  h this application form properly, in Al complete requirements including su er to the NTC Citizen's Charter 202 ) appropriate box. Indicate "N/A" for	pporting do	ocuments, For th <i>Edition</i> at NTC	ne List of requ	uirements,		
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ype or ⊏nary	1.5	Single Proprietorship		Others, s	specify			
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Province				Code			1 1	
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	Ü	nature over Printed Name of Applica			1	or any many parameters of a process and a constant of the cons		
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		JUNE 7, 2022  Date Accomplished						
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THIS FORM IS NOT FOR SALE AND CAN BE REPRODUCED



Form No. <u>NTC 1-18</u>
Revision No. <u>01</u>
Revision Date <u>03/31/2021</u>

# APPLICATION FOR DEALER/MANUFACTURER/SERVICE CENTER/RETAILER/RESELLER PERMIT/ CPE SUPPLIER ACCREDITATION

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		complete requirements including support								
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Barangay Province		ORTIGAS AVE. UGONG NORTE 3	Zip Co		J	<del> </del>	14			
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Form No. <u>NTC 1-18</u>
Revision No. <u>01</u>
Revision Date <u>03/31/2021</u>

### APPLICATION FOR DEALER/MANUFACTURER/SERVICE CENTER/RETAILER/RESELLER PERMIT/ CPE SUPPLIER ACCREDITATION

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INSTRUC'	TIONS	<b>:</b> :					
		h this application form properly, in ALL C	APS. ł	nandw	ritten or co	mputer-prin	ted.
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1		) appropriate box. Indicate "N/A" for item				***	
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		aring in the SEC/DTI Registration or Busi				<u> </u>	
	1./	Corporation			Partnershi	p	
Type of Entity	<b>*</b>	Single Proprietorship			Others, sp	ecify	
Permit No.	<b> </b>		Validi	ty (mr	n/dd/yy)	T	
Unit/Rm/Bldg No	1 ',	LEVEL 1 - 01485	Stree	t		ROBINSO	ONS GALLERIA COR.
Barangay		ORTIGAS AVE. UGONG NORTE 3	City/Municipality		pality	QUEZON	ICITY
Province			Zip Code				
Contact Number		8654-3561	Email Address		ess		
PERSONNEL R	EQUIF	RED (Not Applicable for WDN Indoor/S	RD/RI	FID ar	nd Mobile	Phone)	
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Name				Name	9		
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Validity (mm/dd/y	/)			Valid	ity (mm/dd/y	/y)	
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I hereby declare th	at all t	he above entries are true and correct. Under the land is application form that may serve as	the Re	vised I	Penal Code,	I shall be he	ld liable for any willful false statement(s) o
misrepresentation( the permit issued/g	s) mad  ranted	ie in this application form that may serve as I. Further, I am freely giving full consent for th	a valio ne colle	groun ection a	and process	ing of person	nal information in accordance with Republi
Act No. 10713, Dai							
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r		- HOWARD BANK					NO.: DATE: 20
L	Sign	HOWARD PAW nature over Printed Name of Applicant /				AMOUN	Π:
	•	y Authorized Signatory/Representative				į	Collection Officer
	آ ا	JUNE 7, 2022					Collecting Officer 1
		Date Accomplished					
		THIS FORM IS NOT FOR	SALE	AND C	AN BE REF	RODUCED	

REPUBLIC OF THE PHILIPPINES CITY OF MANDALUYONG

MP FORM NO 01

THIS PERMIT WILL EXPIRE ON DEC. 31, 2022

OFFICE OF THE MAYOR **MAYOR'S PERMIT** 

TO WHOM IT MAY CONCERN:

PURSUANT TO THE METROPOLITAN MANILA REVENUE CODE, ORDINANCE NO. 82-03, AFTER PAYMENT OF AS TAXES, FEES AND CHARGES, ETC. AND COMPLIANCE WITH EXISTING REQUIREMENTS PERMIT IS HEREBY GRANTED TO HEREIN TAYONYED.

Page 1 of 1

ACCOUNT NMC-2022-00615

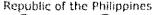


	PERMIT IS HERE	EBY GRA	NTED TO H	IEREIN TÄXPAYER	₹.			'	
TAXPA DIGIT	(ER'S NAME: AL WALKER CORP.		BUS COD	MC-2022-0		STATUS NEW	AREA 56.32	DATE BILLED 03/18/2022	MAYOR'S PERMIT NO. 22-14041
UNIT	ION/ADDRESS OF BUSINESS 434 A, 4TFVF, CYBERZONE SM 4MALL, BLOG B EDSA COR J VA	I	KINDAF	BUSINESS/OCC NE/ ACCESSORIES		BUSINES	S TRADE NAME		APPROVED BY AUTHORITY OF THE CITY MAYOR
BKCD	KIND OF FEE/TAX	TAX 8	BASE	TAX AMOUNT	SUI	R/INT	TOTAL	PERIOD	_
	CELLPHONE/ ACCESSORIE Mayor's Permit Fee Environmental Fee Sanitary Permit Fee Building Insp. Fee Electrical Insp. Fee Mechanical Insp. Fee Plumbing Insp. Fee Sign/Billboard Insp. Fee Plate Fee Sticker Fee Sanitation Insp. Fee Barangay Clearance Fee CTC - Basic Tax (Individual) CTC - Additional Tax	<b>3000,0</b> 0	00,00	500.00 2,100.00 434.00 231.00 120.00 450.00 360.00 60.00 480.00 220.00 66.00 100.00 888.45 380.00 15.00		0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	500.00 2,100.00 434.00 231.00 120.00 450.00 360.00 480.00 220.00 66.00 100.00 888.45 380.00 5.00	2022, Q1 2022, Q1	CATHERINE DE LEON ARCE CHIEF, BPLD  NOTE 1 EXHIBIT THIS PERMIT IN A CONSPICUOUS PLACE IN YOUR ESTABLISHMENT. NON-DISPLAY IS SUBJECT TO FINE.  NOTE 2 This permit is only a privilege and no a right, subject to revocation fo any violation of existing laws and ordinances.  NOTE 3 Surrender this permit upon termination or retirement of business to avoid tax liability.  NOTE 4 NO ENCROACHMENT ON THE SIDEWALK
	1) 17 m m								Amount in words
with the g Carrages	sional grant privilege is subject to the of the premises subject of this Business TEE is guilty of fraud, docept or misrepre rantee's application. All fees given by thi or otherwise forteried.	e Grante	or found in viol E in the appro	ation of any city laws o wat of business ficens	ier City Hal ght to revol rordinance e/permit wi	department; se and cancel s or provisions the conseque	and to possible reass all the privileges hereb of the memorandum o unity retained by the QI	ressment of fees after y granted at any time if I agreement submitted RANTOR as liquidated	CHECK NOBANK
VALID C	NLY AT THE BUSINESS ADD	RESS IN					······································	······································	RECEIVED BY: Roberto L. Reyes
	R <sup>l</sup> hoana May F. Tabile	TOTA	L\$→	6,409,45		0,00	6,409.45 888.45		4945616 TELLER NO. 03/18/2022 TREASURER
riease ;	Secure Sanitary right after issuance See ordin	of Mayor	r's Parmit, N	on-compliance is s	ubject to I	P2.000 pena	N 6409.45		TREASURER

See ordinance 312 Series 2005 for further information.

This bill becomes your Mayor's Permit and Official Receipt when Machina Validated by the Treasury Cash Register Machine.

MACHINE VALIDATION



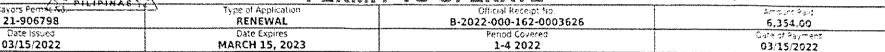
#### **QUEZON CITY**

Metro Manila

BUSINESS PERMITS AND LICENSING DEPARTMENT

Telephone No.: 988-4242 Loc. 8174 / 8282





' Owner's Name

#### DIGITAL WALKER CORP.

**Business Name** 

#### DIGITAL WALKER CORP.

Business Address

#### LEVEL 1 - 01485 ROBINSONS GALLERIA FOSA COR, ORTIGAS AVE. UGONG NORTE:

Kin	of Business		Requirements						
RETAILER			Ancillary Clearance	Yakidity					
CELL PHONES AND ACCESSORIES			Locational Certificate (CPDO) C21-1-13PZZYMR 1 2011-10-18						
			Fire Safety Inspection Certificate (BFP)						
			Sanitary Permit (CHD)		ŧ				
			Barangay Clearance (BC)	į.					
			Tourism Accreditation						
			Traffic Clearance (CPOG)	NOT REQUIRED	2601 RECURED				
			Environmental Clearance						
Area of Establishment	Total No	. of Employees	Occupational Permit of employees (8PLD)		\$				
47.50 SQM	Male: 1	Female: 2	Business Type: Corporation	SSS No.:	FW: 007-103-195-000				

HAME OF COMPANY PRESIDENT: PAW, CHARLES N.

Subject to: cond. 1 & 16 \*\* to comply with ancillary remarks and findings as sent via email during evaluation of permit application by regulatory departments/offices within 30 days. This permit is valid one clyptal from the conduct of business. Failure to comply shall revoke cancel this permit.

#### Remarks:

- NON-TRANSFERABLE AND VALID ONLY WITH CORRESPONDING OFFICIAL RECEIPTS SHOWING
  PAYMENT OF PERMIT FEES AND CITY TAXES. ERASURE/ALTERATIONS WILL INVALIDATE THIS PERMIT.
- FAILURE TO RENEW THIS BUSINESS PERMIT/LICENSE WITHIN THE PRESCRIBED PERIOD SHALL SUBJECT THE TAXPAYER TO A TWENTY-FIVE PERCENT (25%) SURCHARGE OF THE PERMIT FEE.
- THIS PERMIT SHALL BE POSTED CONSPICUOUSLY AT THE PLACE OF BUSINESS AND SHALL BE PRESENTED AND/OR SURRENDERED TO CONCERNED AUTHORITIES UPON DEMAND.
- . SURRENDER THIS PERMIT WITHIN 20 DAYS UPON CLOSURE OF BUSINESS TO AVOID PENALTY.
- SUBJECT TO COMPLIANCE TO ORDINANCES RELATED TO CONDUCT OF BUSINESS.



Printed by: RUTH ANGELICA EDILLOR

ANY ERASURE/ALTERATION WILL INVALIDATE THIS PERMIT

For and by the Authority of the City Mayor

MA. JOSEFINA G. BELMONTE

MA. MARGARITA T. SANTOS

City Government Department Head III

NO. AN- 196879