

PRESENT THIS PASSBOOK WHENEVER DEPOSITS OR WITHDRAWALS ARE MADE.  
NOTIFY THE BANK OF ANY CHANGE OF ADDRESS OR STATUS. NOTIFY THE BANK  
IMMEDIATELY IF PASSBOOK IS LOST OR STOLEN.

Serial No. 0748463 B

218 WEST AVENUE - BALER

Checking Account No.

002188016569

Name

HELANDE KIDNEY CARE INC

Address 3F JAFER BUILDING 118 WEST AVENUE

BARANGAY PHILAM

NOV 05 2024