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35 Declaration

30 Zip Code

I declare, under the penalties of perjury, that this form has been made in good faith, verified by me and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. ARCH. RAMON T. PUA

PRES./CEO/COO

(Date when Exemption Information is applied)

(MM/ DD/ YYYY)

EMPLOYER / AUTHORIZED AGENT (Signature over printed Name)

31 Municipality Code

up by the BIR)

Title / Position of Signatory

Stamp of BIR Receiving Office and Date of Receipt

Attachments Complete?
(To be filled up by BIR)

Yes No

Date of Certification

(Date or Cerunical Exemption Information)

(Date of Certification of the Accuracy of the

33 Effectivity Date