ACKNOWLEDGEMENT

Voucher No. 0000000942

Supplier's Name: NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPP" PIS. 5/90. Collector's Name: Henp

CE BROKERS, INC

Printed Name & Signature

Date:

Company ID and No .:

CV-0029451

February 03, 2021

3,920.00*

February 03, 2021 PBCOMNT 211-10-100134-3 0000942

MITRITIONIST DIFFITIANS ASSOCIATION OF THE PHILIPPINES

DEPOSIT/PAYMENT RECEIPT

CLENT'S COPY

Voucher No. 0000000942

TO OUR VALUED CUSTOMER:

Before leaving the Teller's Counter, please verify the correctness of the NAME, ACCOUNT NUMBER or REFERENCE NUMBER, AMOUNT, and other deposit / payment details on the Teller's Validation below based on your input in our Customer Transaction Assistant Machine.

Member of the Philippine Deposit Insurance Corporation. Maximum Deposit Insurance for Each Depositor Php500.000.00

THANK YOU FOR BANKING WITH US

This deposit / payment is subject to the Terms and Conditions covering this account.

TELLER'S VALIDATION

(THIS IS YOUR RECEIPT WHEN MACHINE VALIDATED.)

3,920.00 NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPPINES INC (NDAP) February 03, 2021

0.00 3,920.00 0.00 3,920.00 3,920.00 3,920.00 **Amount** 3,920.00 3,920.00

APPROVED BY : MAZEL S MARTIN

n 3 FEB 2021

211-10-100134-3

ACCOUNT NAME

TRINITY INSURANCE BR

CHECK No. 0000000942

01011 0029

February 03, 2021

3,920.00

ORDER OF

PAY TO THE

THREE THOUSAND NINE HUNDRED TWENTY AND XX / 100 ONLY***

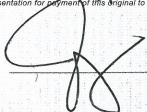
NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPPINES

PESOS

菲律濱交通銀行

SEN. GIL PUYAT AVE. BRANCH GF OPPEN BUILDING, 349 SEN. GIL PUYAT AVE. MAKATI CITY

I / We allow the electronic clearing of this check and hereby waive the presentation for payment of this original to PBCOM







Republic of the Philippines Department of Finance Bureau of Internal Revenue

BIR Form No. **2307**January 2018 (ENCS)

Certificate of Creditable Tax Withheld at Source



Fill in all applicable spaces. Mark all appropriate boxes with an "X" For the Period (MM/DD/YYYY) 28 (MM/DD/YYYY) 02 0 1 02 2 0 2 1 20 121 Part I - Payee Information 2 Taxpayer Identification Number (TIN) 00 01 5 95 -8 4 9 $0 \mid 0 \mid 0 \mid 0 \mid 0$ 3 Payee's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPPINES 4 Registered Address 4A ZIP Code Unit 1106 Cityland Herrera Tower, V.A. Rufino cor. Valero Sts., Salcedo Village, Makati City 5 Foreign Address, if applicable Part II - Payor Information 6 Taxpayer Identification Number (TIN) $0 \mid 0 \mid 0$ $0 \mid 0 \mid 0 \mid 0 \mid 0$ Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual) TRINITY INSURANCE BROKERS, INC. Registered Address 8A ZIP Code NO. 7504 BAGTIKAN ST., SAN ANTONIO VILLAGE, MAKATI CITY $120_{1}3_{1}$ Part III - Details of Monthly Income Payments and Taxes Withheld AMOUNT OF INCOME PAYMENTS Income Payments Subject to Expanded Tax Withheld for the ATC 1st Month of the 2nd Month of the 3rd Month of the Withholding Tax Total Quarter Quarter Quarter Quarter Income payment made by top withholding WC160 4,000.00 4,000.00 40.00 agents to their local/resident supplier of services other than those covered by other rates of withholding tax 4,000.00 4.000.00 40.00 Money Payments Subject to Withholding of Business Tax (Government & Private) Total We declare under the penalties of perjury that this certificate has been made in good faith, verified by us, and to the best of our 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. Further, we give our consent to the processing of our information as contemplated under the *Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes DIONISIO T. VIQUERA / CHIEF FINANCE OFFICER / 165-161-457-000 Signature over Printed Name of Payor/Payor's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Expiry Date of Issue Attorney's Roll No. (if applicable) (MM/DD/YYYY) (MM/DD/YYYY) CONFORME: Signature over Printed Name of Payee/Payee's Authorized Representative/Tax Agent (Indicate Title/Designation and TIN) Tax Agent Accreditation No./ Date of Issue Date of Expiry Attorney's Roll No. (if applicable) (MM/DD/YYYY)