

Supplier's Name: NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPPINES

Collector's Name:

Pls. sign  
Here

CE BROKERS, INC

Printed Name &amp; Signature

Date:

Company ID and No.:

CV-0029451

February 03, 2021

\*\*\*3,920.00\*\*\*

February 03, 2021

PBCOMNT 211-10-100134-3

0000942

NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPPINES

DEPOSIT/PAYMENT RECEIPT

CLIENT'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.)

168 10FEB21 DEPOSIT 167FCBF4 N33  
003391-0102-17 PHP\*\*\*\*\*3,920.00

CHECKS 3,920.00  
LOCAL 3,920.00 11:30:13  
NUTRITIONIST-DIETITIANS ASSOCIATION  
OF THE PHILIPPINES INC (NDAP)

February 03, 2021

3,920.00	0.00
0.00	3,920.00
<b>3,920.00</b>	<b>3,920.00</b>
	<b>Amount</b>
	3,920.00
	<b>3,920.00</b>

APPROVED BY : MAZEL S MARTIN

03 FEB 2021

ACCOUNT No.

211-10-100134-3

ACCOUNT NAME

TRINITY INSURANCE BR

CHECK No.

0000000942

BRSTN

01011  
0029

DATE February 03, 2021

PAY TO THE  
ORDER OF

NUTRITIONIST-DIETITIANS ASSOCIATION OF THE PHILIPPINES

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

PESOS

P \*\*\*3,920.00\*\*\*

DOCUMENTARY STAMPS PAID

PBCOM

PHILIPPINE BANK OF COMMUNICATIONS

菲律賓交通銀行

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

0000000942 01011 0029 211 101001343 000





BIR Form No.

**2307**

January 2018 (ENCS)

# Certificate of Creditable Tax Withheld at Source



2307 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Period From **02 01 20 21** (MM/DD/YYYY) To **02 28 20 21** (MM/DD/YYYY)

## Part I - Payee Information

2 Taxpayer Identification Number (TIN) **0001-5195-849-000000**

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) **0001-172-477-000000**

7 Payor's Name (Last Name, First Name, Middle Name for Individual OR Registered Name for Non-Individual)

**TRINITY INSURANCE BROKERS, INC.**

8 Registered Address

8A ZIP Code

**NO. 7504 BAGTIKAN ST., SAN ANTONIO VILLAGE, MAKATI CITY**

**1203**

## Part III - Details of Monthly Income Payments and Taxes Withheld

Income Payments Subject to Expanded Withholding Tax	ATC	AMOUNT OF INCOME PAYMENTS				Tax Withheld for the Quarter
		1st Month of the Quarter	2nd Month of the Quarter	3rd Month of the Quarter	Total	
Income payment made by top withholding agents to their local/resident supplier of services other than those covered by other rates of withholding tax	WC160		4,000.00		4,000.00	40.00
Total		-	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 Issue

Date of Expiry

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)

(MM/DD/YYYY)