

NOTICE OF CONTRIBUTION TO PHAPCARES

(NOTE: PLEASE SEND BY FAX OR E-MAIL)

TO : PHAPCARES FOUNDATION,INC.  
FROM : COMPANY: Sanofi  
CC : DISTRIBUTOR: Zuellig Pharma  
DATE : October, 12 2022

We wish to inform you that the following medicines are available for donation to PHAPCares Foundation, Inc.:

| Brand Name   | Generic Name   | Strength             | Dosage Form      | Package Size       | Qty.  | Lot/Batch No.      | Expiry Date | Drug Reg. No. | Trade Price * | Total | Status of Medicines (Location and Schedule of Pick-up from Principal) |
|--------------|----------------|----------------------|------------------|--------------------|-------|--------------------|-------------|---------------|---------------|-------|---|
| Harding Kirk | Myles Browning | Aliquid laboris esse | Nesciunt debitis | ipcidunt provident | 789   | Proident ipsam off | 02/28/2023  | DR-5912       | 1             | 789   | Autem at qui iure pe  |
| FACE SHIELD3 |                |                      |                  |                    | 10000 | asdas              | 02/27/2023  | DR-3833       | 5             | 50000 |   |
|              |                |                      |                  |                    |       |                    |             |               |               |       |   |
|              |                |                      |                  |                    |       |                    |             |               |               |       |   |
|              |                |                      |                  |                    |       |                    |             |               |               |       |   |
|              |                |                      |                  |                    |       |                    |             |               |               |       |   |
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|              |                |                      |                  |                    |       |                    |             |               |               |       |   |
|              |                |                      |                  |                    |       |                    |             |               |               |       |   |

Total P/ 50,789.00

\* VALUATION OF DONATED PRODUCTS

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|             |   |              |   |
|-------------|---|--------------|---|
| FOR PICK UP | Quaerat sit modi ni / Perspiciatis tempor / Doloremque est ut do / 07/09/2006 | FOR DELIVERY | Reprehenderit aut a / Sit ut sint ut eos / Non doloribus dolor / 01/08/1995 |
|-------------|---|--------------|---|

We wish to remind you that these medicines should not be dispensed to the patients after their expiry dates.  
Kindly affix your signature below the dotted line to acknowledge receipt of the aforementioned donations in kind.

Thank you.

Admin Clinics  
\_\_\_\_\_  
*Printed Name & Signature*

Tel. Nos.: 099999999 \_\_\_\_\_

E-Mail: test@gmail.com \_\_\_\_\_

Administrator  
\_\_\_\_\_  
*Designation*

Fax No.: \_\_\_\_\_

**(THIS PORTION TO BE ACCOMPLISHED BY PHAPCARES FOUNDATION)**

☒ YES, we accept the foregoing donations. We will call you for further instructions.

☐ NO, we regret we are unable to accept the foregoing donations for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

February, 15 2023  
\_\_\_\_\_  
Date

Admin Clinics  
\_\_\_\_\_  
Printed Name & Signature  
**PHAPCARES REPRESENTATIVE**