

## CERTIFICATION

This is to certify that LCS Clerical and Documentation Services, located at Block 20, Lot 28, Westwood Grand Subdivision Jibao-an Sur, Mandurria, Iloilo City has a timely and efficient complaints handling mechanism which can address any potential complaint that may arise from its authorized agents'/representatives' dealings with the customers of BDO.

This attestation is being provided in favor of BDO Unibank Inc.'s (Lending Services Department) through (Atty. Cristina G. Ngo SVP/Department Head), issued this November 12, 2025.

Thank you.

**LCS Clerical and Documentation Services**

By:

  
**ATTY. LYNNIE C. SUGANOB**  
Owner/Proprietor  
November 12, 2025

## VENDOR INFORMATION SHEET - LOCAL / Corporate

Fill-out all the fields; write N/A as applicable. Only fully accomplished form with complete requirements will be processed.

Business Name <b>LYNIE C. SUGANDO</b>	TIN# <b>416-987-967-001</b>	
Trade Name / Business Style <b>LCS Clerical &amp; Documentation Services</b>	Tel/Fax Nos.	
Type of Business Ownership <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP Sole	Email Address <b>lcclerical01@gmail.com</b>	
Office Address (include zip code) <b>Lot 28 Blk.2D, Westwood Grand Subd., Brgy. Tibao-an Sur, Mandurriao, Iloilo City 5000</b>	Contact Nos. <b>09190009331</b>	
Name of President of Corporation or General Partner under Partnership	Email Address	
Name of Authorized Representative (with Signing Authority)	Contact Nos.	
	Email Address	
<b>Principal Activity / Goods or Services Supplied</b>		
<input type="checkbox"/> Trading	<input type="checkbox"/> Printing	<input type="checkbox"/> OTHERS, please specify _____
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Engineering Works	
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Services	
<b>Do you maintain an account with BDO?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(Payment will be credited to your enrolled BDO account unless otherwise instructed in the invoice/billing document.)</small>		

I certify that this Vendor Information Sheet has been accomplished in good faith, and that the submitted documents have been verified by me, and to the best of my knowledge are updated, true and correct. I agree that any misrepresentation or omission of material information will render the accreditation null and void.

I agree to indemnify and render BDO, its affiliated companies and their respective directors, employees, officers and agents free and harmless from any cause of action, claim, liability (including regulatory penalties or sanctions) which may arise from non-disclosure or inaccurate / incorrect disclosure of information here that would otherwise make the transaction a Related Party transaction during the term of the accreditation or contract with BDO.

I authorize the general use and sharing of information obtained from me/the company in the course of my/its transactions with BDO and their respective representatives and agents (BDO Group).

  
**LYNIE C. SUGANDO**

Printed Name and Signature of President of Corporation or General Partner or Representative with signing authority

**LIST OF REQUIREMENTS**  
(to be submitted with the accomplished & signed Vendor Information Sheet)

GENERAL REQUIREMENTS		ADDITIONAL REQUIREMENTS FOR SPECIFIC VENDORS	
Type of Vendor	Requirement		
Information Technology Supplier	<input type="checkbox"/> Audited Financial Statements, last 2 years		
General Contractor	<input type="checkbox"/> Phil. Contractors Accreditation Board (PCAB) License, latest <input type="checkbox"/> Audited Financial Statements, last 2 years		
Outsourced Service Provider	<input type="checkbox"/> Audited Financial Statements, last 2 years <input type="checkbox"/> Business Continuity Management (BCM) Attestation <input type="checkbox"/> DOLE Certificate of Registration, valid (for manpower related only) <input type="checkbox"/> National Privacy Commission Registration Certificate (as applicable)		
Custodial Service Contractor:	<input type="checkbox"/> SSS Certificate of Membership or any proof of membership		
Potable Water Supplier	<input type="checkbox"/> Microbiological Test Result		
Fire Extinguisher (manufacturer, seller, distributor, retailer & servicing)	<input type="checkbox"/> Certificate from the Bureau of Product Standards (BPS-DT)		
Hazardous Waste Management Service Provider / Hauler:	<input type="checkbox"/> DENR Environmental Compliance Certificate		
Retail Drugstore	<input type="checkbox"/> License to Operate Issued by FDA		
Pest Control Operator	<input type="checkbox"/> License to Operate Issued by FDA		
Food Operating Establishment:	<input type="checkbox"/> Sanitary Permit to Operate Issued by LGU		

VIS-LOCAL- Corporation/Partnership  
February 2024

Date Received:

**ATTY. LYNIE C. SUGANOB**

Law Office  
Rm. 205, La Salette Bldg.  
Valeria St., Iloilo City

List of Retained Clients

1. FAST UNIMERCHANTS INC., PANAY  
Fast Cargo Compound, Lapuz Norte, Iloilo City.

Engaged as legal adviser only

2. GUILMARK FINANCE CORPORATION  
De Leon branch, Iloilo City

Engaged as legal adviser and counsel for client's cases.

3. Philippine Savings Bank

Notarial only

Issued this November 7, 2025, at Iloilo City Philippines.

Respectfully yours,

**ATTY. LYNIE C. SUGANOB**  
Roll of Attorney No. 57689

### **BCM Attestation**

We LCS Clerical and Documentation Services, located at Block 20, Lot 28, Westwood Grand Subdivision Jibao-an Sur, Manduriao, Iloilo City maintains a Business Continuity Plan BCP which includes recovery activities for all critical business functions, which may also be applicable to BDO'S requirements. The company was instituted only last May 2025 and has a newly formulated BCP and was not yet updated. The BCP contains the establishment of the chain of command and protocols to quickly restore business operations in the midst of any disruption, whether natural or manmade.

LCS Clerical and Documentation Services is a newly instituted business entity and have not yet conducted BCP exercises.

This attestation is being provided in favor of BDO Unibank Inc.'s (Lending Services Department) through (Atty. Cristina G. Ngo SVP/Department Head), issued this November 12, 2025.

Thank you.

LCS Clerical and Documentation Services

By:

  
ATTY. LYNIE C. SUGANOB  
Owner/Proprietor  
November 12, 2025

**INSTRUCTIONS:****A. Vendor Information Tab**

Completely fill out vendor/supplier information. Use the remarks column to provide additional information, as needed.

**B. Information Security Tab**

- 1) Carefully review each question and provide an accurate response by selecting "Yes", "No" or "N/A" (Not Applicable).
- 2) Use the remarks column to provide additional information of your response:
  - a. For "No" responses, provide compensating control or alternative measure that is in place to address the gap.
  - b. For "N/A" responses, ensure to provide additional details or justification for why the question is not applicable to your current set up.
- 3) Submit the completely filled-out Vendor Self-assessment Questionnaire to the CISO.

Service Provider Information	Response	Remarks
Vendor Name	LCS CLERICAL & DOCUMENTATION SERVICES	
Vendor Location	B20 L28 LARCH ST., WESTWOODS GRAND SUBD., HIBAO-AN SUR, MANDURRIAQ, ILOILO CITY	
Vendor City Address/es	B20 L28 LARCH ST., WESTWOODS GRAND SUBD. HIBAO-AN SUR, MANDURRIAQ, ILOILO CITY	
Vendor Website	LCSCLERICALDOCUMENTATIONSERVICES.COM	
Vendor Industry	CLERICAL & DOCUMENTATION SERVICES	
Key Products/Services to be provided/provided by the vendor to the Bank including its description	EXTERNAL NOTARY PUBLIC EXTERNAL SERVICE PROVIDER	
Vendor Size	MICRO	
Total number of Employees (who provides/will provide services to the Bank)	2	
Number of years in operation	15 MONTHS	HAVE NOT YET ENGAGE ANY CLIENT
List all (BDO) information that the service provider may have access to	NAME OF ITS CLIENTS AND PERSONAL CIRCUMSTANCES BANK OFFICERS & EMPLOYEES	

Area	Question	Response	Remarks
<b>Information Security Policy</b>	1. Does your organization have an Information Security Policy in place?	YES	
	2. Is the Information Security Policy reviewed and updated regularly (at least annually)?	N/A	NEWLY INSTITUTED, NOT ENGAGE ANY CLIENT YET
	3. Are your employees required to acknowledge and adhere to the information security policy?	YES	
	4. Has there been an audit of your information security practices and controls by a reputable third-party auditor within the past year?	N/A	NEWLY INSTITUTED, NOT ENGAGE ANY CLIENT YET
<b>Personnel Security</b>	1. Does your organization conduct background checks on employees?	YES	
	2. Does your organization provide security awareness training to employees?	YES	
	3. Are employees regularly reminded of security best practices, including the reporting process for security incidents or suspicious activity?	YES	
	4. Is there a clear process for handling personnel changes (e.g., role change, change of assignment of employee from one vendor client to another) that impact information security?	N/A	NEWLY INSTITUTED, NOT ENGAGE ANY CLIENT YET
	5. Does your organization have termination procedures to ensure timely removal of system access for former/resigned employees?	YES	
<b>Physical Security</b>	1. Does your organization have physical access controls to vendor premises, data centers, or sensitive areas (e.g., storage where the Bank may be accessed)?	YES	
	2. Are visitors required to sign in and be escorted while on premises?	YES	
	3. Is there surveillance and monitoring of physical access points?	YES	

	3. Is there surveillance and monitoring of physical access points?	YES	
Information Handling	1. Does your organization have data classification and handling procedures?	YES	
	2. Do you use data encryption methods for storage and transmission?	YES	
	3. Does your organization have policies for secure handling of the Bank's information in transit (e.g., armored vans transporting bank assets or couriers delivering bank documents)?	N/A	PERSONAL CAR / VEHICLE OF THE OWNER
	4. Are there procedures in place for secure printing of BDO information?	YES	
	5. Is there oversight for services with physical access to areas with BDO information? (e.g., janitorial or guard services)	NO	OFFICE IS ATTACHED TO OWNER'S RESIDENTIAL HOUSE
	6. Do you have backup and disaster recovery plans?	YES	
Access Security	1. Does your organization use access controls to limit logical access to BDO information?	YES	
	2. Is there multi-factor authentication in place for accessing BDO information systems?	YES	
	3. Are access logs regularly reviewed for suspicious activity?	YES	
Incident Response	1. Does your organization have an incident response plan in place?	YES	
	2. Is there a designated team responsible for responding to security incidents?	YES	
	3. Are security incidents documented and reviewed for process improvement?	YES	
Certifications Related to InfoSec	Do you have any certifications related to Information Security? If yes, list all in the remarks column.	N/A	NEWLY INSTITUTED, NOT ENGAGE ANY CLIENT YET

**INSTRUCTIONS:**

**A. Vendor Information Tab**

Completely fill out vendor/supplier information. Use the remarks column to provide additional information, as needed.

**B. Data Protection Tab**

- 1) Carefully review each question and provide an accurate response by selecting "Yes", "No" or "N/A" (Not Applicable).
- 2) Use the remarks column to provide additional information of your response:
  - a. For "No" responses, provide compensating control or alternative measure that is in place to address the gap.
  - b. For "N/A" responses, ensure to provide additional details or justification for why the question is not applicable to your current set up.
- 3) Submit the completely filled-out Vendor Self-assessment Questionnaire to the Data Protection Office.

Service Provider Information		Response	Remarks
Vendor Name	<b>LGS CLERICAL &amp; DOCUMENTATION SERVICES</b>		
Vendor Location	B20 L28 LARCH ST., WESTWOODS GRAND SUBD., HIBAO-AN SUR, MANOURLIA, ILOILO CITY		
Vendor City Address/es	B20 L28 LARCH ST., WESTWOODS GRAND SUBD., HIBAO-AN SUR, MANOURLIA, ILOILO CITY		
Vendor Website	LGSCLERICALDOCUMENTATIONSERVICES.COM		
Vendor Industry	<b>CLERICAL &amp; DOCUMENTATION SERVICES</b>		
Key Products/Services to be provided/provided by the vendor to the Bank including its description	EXTERNAL NOTARY PUBLIC EXTERNAL SERVICE PROVIDER		
Vendor Size	MICRO		
Total number of Employees (who provides/will provide services to the Bank)	2		
Number of years in operation	5 MONTHS		HAVE NOT YET ENGAGE ANY CLIENT
List all (BDO) information that the service provider may have access to	NAME OF ITS CLIENTS AND PERSONAL CIRCUMSTANCES BANK OFFICERS & EMPLOYEES		



## Vendor Privacy Risk Assessment Questionnaire

NPC Pillars of Accountability, Compliance & Ethics	Question	Response	Remark (Please elaborate RESPONSES, and timeline as ne
<b>(1) Appoint a Data Protection Officer (DPO)</b>	1. Has the SP provided its NPC Seal of Registration or notarized Sworn (for exemption) ?	YES	
	2. When is the Validity of its NPC Seal ?	05 AUG. 2025 05 AUG. 2026	
	3. Which Privacy Law applies to SP apart from the local DPA?	DPA OF PHILS. GDPR EU AND OTHER INTERNATIONAL DATA	
	4. Has the SP registered its Data Processing Systems (DPS)?	YES	
<b>(2) Conduct a Privacy Impact Assessment (PIA) to assess capabilities, threats and risks</b>	1. Does the SP conduct a Privacy Impact Assessment (PIA) prior to engagement with Personal Information Controller or PIC such as BDO?	YES	
	2. Does it also provide periodic Data Privacy Trainings to employees, staff and officers and even inorganic subcon/partners?	N/A	NEWLY INSTITUTED, NOT ENGAGE IN ANY CLIENT
	3. Are SP's employees/subcontractors (inorganic) required to sign Non-Disclosure and Confidentiality Agreements?	YES	
<b>(3) Prepare a Privacy Management Programme, evidenced by a Data Privacy Manual</b>	1. Please provide SP's Privacy Statement (website); Privacy Notice (physical locations; and Privacy Policy (web application).	YES	
	2. Does the SP have an existing or updated Privacy Manual?	YES	

<b>(4) Implement Data Privacy governance to carry out identified Security Measures;</b>	1. Does the SP employ effective <b>Technical</b> (encryption), <b>Organizational</b> (policies) and <b>Physical</b> (CCTV, locks) Controls/Measures?	<b>YES</b>	
	2. Where does the SP store the personal data collected and/or transferred from BDO?	<b>PERSONAL COMP</b>	
	3. What is its storage/retention and disposal/deletion policies?	<b>5 YEARS</b>	
	4. Does it also use <b>Cloud platform/computing?</b>	<b>YES</b>	
	5. Are the Personal Data stored in SP's DPS and CLOUD subject to any Data Privacy Regulation (parallel to GDPR, CCPA, CPRA, PDPO, PDPA, etc., DPA)? Which jurisdiction?	<b>YES</b>	
<b>and (5) Prepare Data Breach protocols.</b>	1. Does the SP ever had any Security or Breach Incident in the past?	<b>NO</b>	
	2. Does it have <b>Security/Breach Incident Reporting</b> procedures?	<b>YES</b>	
	3. Is the SP capable of <b>reporting</b> a security incident or personal data breach within 24 to 48 hours of occurrence?	<b>YES</b>	



This certifies that

**LCS CLERICAL AND DOCUMENTATION SERVICES**  
(CITY/MUNICIPALITY)

CITY OF ILOILO (CAPITAL), REGION VI (WESTERN VISAYAS)

is a business name registered in this office pursuant to the provisions of Act 3883, as amended by Act 4147 and Republic Act No. 863, and in compliance with the applicable rules and regulations prescribed by the Department of Trade and Industry.

This certificate issued to

**LYNIE CORTEZ SUGANOB**

is valid from 15 May 2025 to 15 May 2030 subject to continuing compliance with the above-mentioned laws and all applicable laws of the Philippines, unless voluntarily cancelled

In testimony whereof, I hereby sign this

**Certificate of Business Name Registration**

and issue the same on 15 May 2025 in the Philippines.

**MA. CRISTINA A. ROQUE**  
Secretary

**Business Name No.7142265**

This certificate is not a license to engage in any kind of business and valid only at the scope indicated herein.



TAUZ959717692982

Documentary Stamp Tax Paid PhP 30.00

**RELATED PARTY QUESTIONNAIRE (Individual)**

Name of the Client / Counterparty	LCS Clinical and Documentation Services			
Date Accomplished	Feb. 18, 2024			
1. Are you a director, officer or stockholder of BDO and/or affiliated companies?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If YES, please specify the following:				
Company Name: _____ <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder				
Company Name: _____ <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder				
Company Name: _____ <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder				
For stockholders: Do you own shares of stocks of BDO and/or affiliated companies, collectively with your spouse and/or relatives within the first degree of consanguinity or affinity, or relative by legal adoption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
If YES, please specify the following:				
Name of Co-owner: _____		Relationship: _____		
2. Are you a spouse or a first degree relative, i.e., parent or child (biological, legally adopted, or in-law) of a Director, Officer, Stockholder of BDO and/or affiliated companies?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If YES, please specify the following: (Please attach additional sheets as necessary.)				
Name of Relative	Company Name			
	Last Name	First Name	Middle Name	_____
	Last Name	First Name	Middle Name	_____
	Last Name	First Name	Middle Name	_____
3. Are you a second degree relative, i.e., grandparent, brother, sister, grandchild (biological, legally adopted, or in-law) of a Director, Officer, Stockholder of BDO and/or affiliated companies?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If YES, please specify the following: (Please attach additional sheets as necessary.)				
Name of Relative	Company Name			
	Last Name	First Name	Middle Name	_____
	Last Name	First Name	Middle Name	_____
	Last Name	First Name	Middle Name	_____

Signature Over Printed Name	
For BDO Use Only	
Identified Classification of Counterparty	
Date of Checking in the ESS <sup>1</sup> / RP Database <sup>2</sup>	
Is the counterparty (other than Officer) found in the RP Database?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, is the determined classification consistent with the tag in RP Database?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Note: If answer is NO to any of the questions, facilitate tagging in ICBS / inclusion in RP Database, & fill-out applicable fields in the ACTION TAKEN portion below.
Is the counterparty a borrower whose property/interest/right being mortgaged, pledged or assigned to secure the loan or credit accommodation is co-owned with any of the following:	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. a BDO Director, Officer or Stockholder (DOS)  b. a spouse of a BDO DOS  c. a relative within the first degree of consanguinity or affinity or a relative by legal adoption of a BDO DOS	
Note: This will not apply if the mortgage, pledge or assignment covers only the borrower's undivided interest.	
Is the borrower / counterparty not a related party based on the client's declaration, but as an exercise of prudence and with utmost caution, is being considered as such (please refer to item no. 11 in the attached guide)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Note: If the answer is YES, prepare/submit <sup>3</sup> a memo requesting RPTC to confirm & approve the proposed tag for the counterparty (i.e., Other Related Party), prior to execution of transaction.
ACTION TAKEN	
<b>A. For borrower/counterparty with CIF record:</b>	
- Tagged in ICBS-CIF; or	Date Tagged:
- Referred to CIF owner for tagging	Date Referred via E-mail:  CIF Owner:
<b>B. For RPs without any transaction captured in ICBS<sup>4</sup></b>	
- Sent e-mail to Compliance Office for inclusion in the RP Database	Date Referred via E-mail:
<b>Accomplished by:</b>  _____ Name & Designation	<b>Reviewed/Approved by:</b>  _____ Name & Designation

#### GUIDE IN DETERMINING RELATED PARTY CLASSIFICATION & ACCOUNT TAGGING

RELATIONSHIP	RELATED PARTY TAG
1. Director of BDO	Director
2. Officer* of BDO	Officer

to subsidiaries shall be classified as <u>Officer of both the main bank and the host subsidiary</u> . To confirm if an officer of a subsidiary is seconded, please check with BDO-HR.	
<b>3. Stockholder* of BDO</b>  *Owning (personally or through agent/representative/trustee) <u>at least 1% of the bank's subscribed capital stock</u>	Stockholder
<b>4. Spouse or first degree relative, i.e., parent and children (biological, legally adopted, or in-law) of a BDO Director, Officer or Stockholder (DOS)</b>	Related Interest (RI)
<b>5. A borrower whose property/interest/right being mortgaged, pledged or assigned to secure the loan or credit accommodation, is co-owned with any of the following:</b> <ul style="list-style-type: none"> <li>a. a BDO Director, Officer or Stockholder (DOS);</li> <li>b. a spouse of a BDO DOS;</li> <li>c. a relative within the first degree of consanguinity or affinity or a relative by legal adoption of a BDO DOS</li> </ul> <p>Note: This will not apply if the mortgage, pledge or assignment covers only the borrower's undivided interest.</p>	RI
<b>6. Second degree relative, i.e., grandparent, brother, sister, grandchild (biological, legally adopted, or in-law) of a BDO Director or Senior Officer (i.e., select SVP or higher who has the ability to exercise significant influence in the outcome of the transaction)</b>	Other Related Party (ORP)
<b>7. Director of Affiliated* Companies</b>  <b>*Affiliated companies shall refer to:</b> <ul style="list-style-type: none"> <li>a. juridical/corporate Related Interests (RI)</li> <li>b. subsidiaries &amp; affiliates of BDO</li> <li>c. any party that BDO exerts direct/indirect control over <u>(as provided in item H.1.a.1 of the RP Checklist)</u>, or that exerts direct/indirect control over BDO <u>(as provided in item H.1.a.2 of the RP Checklist)</u></li> </ul>	ORP
<b>8. Officer* of Affiliated Companies</b>  <b>*Officer of the affiliated company shall refer to the President, Chief Executive Officer, Chief Financial Officer, or Treasurer of an affiliated company.</b>	ORP
<b>9. Stockholder* of Affiliated Companies</b>  <b>*Stockholder of an affiliated company shall refer to an individual stockholder of an affiliated company and/or his spouse &amp; relatives within the first degree of affinity or consanguinity holding more than 50% of the subscribed capital of the affiliated company.</b>	ORP
<b>10. Spouse, parent, child, grandparent / grandchild / brother / sister (biological, legally adopted, or in-law) of a Director or an Officer* of BDO's affiliated companies</b>  <b>*Officer of the affiliated company shall refer to the President, Chief Executive Officer, Chief Financial Officer, or Treasurer of an affiliated company.</b>	ORP
<b>11. Persons that do not qualify as related party based on above definitions, but which the business unit / delegated approver, in their exercise of prudence and with utmost caution, opted to classify as such, subject to the evaluation and approval of the Related Party Transactions Committee (RPTC).</b>	ORP

**Note: Identified non-related party shall likewise be tagged in ICBS accordingly (i.e., as Non-RP).**



2025 Most Business-Friendly City

## BUSINESS PERMIT 2026

NEW  RENEWAL

Business Account No: **S-A1013**

**SUGANOB LYNIE CORTEZ**

Permit is hereby granted to

**SERVICES**

Line of Business

**LCS CLERICAL AND DOCUMENTATION SERVICES**

Commercial/Franchise Name

**BRGY. HIBAO-AN SUR, WESTWOOD SUBD. LOT 28 BLK 20, MANDURRIA, ILOILO CITY**

Commercial/Business Address

Telephone No.

Date Issued: **January 07, 2026**  
Business Permit No. **D-2026-00118**  
Sanggunian Permit No.  
Tourism License No.  
Boarding House Permit No.  
IGCAP Permit No.

This permit is valid for one (1) year from the date of issuance and is renewable on the same date of the succeeding year

  
**RAISA S. TREÑAS**  
City Mayor

TERMS & CONDITIONS

Always present this PERMIT upon renewal and/or retirement of business. This Permit is only a privilege and not a right, subject to revocation and closure of Business Establishment for any violation of existing Laws, Ordinances and conditions set forth in this Permit. Surrender this Permit upon retirement of your Establishment.



Republic of the Philippines  
CITY OF ILOILO  
Office of the City Mayor  
Local Economic Development and Investment Promotions Office  
Business Permit and Licensing Division  
Tel Nos: (033) 333.00.59  
ICPO City Tactical Operation Center:  
Hotline Nos: 335.02.99 / 0908.377.01.94



BAONG PILIPINAS



**REPUBLICA NG PILIPINAS**  
**KAGAWARAN NG PANANALAPI**  
**KAWANIHAN NG RENTAS INTERNAS**  
**REVENUE REGION NO. 011 - ILOILO CITY**  
**REVENUE DISTRICT OFFICE NO. 074 - ILOILO CITY**

OCN: 074RC2025000003818  
Date OCN Generated: May 20, 2025

**CERTIFICATE OF REGISTRATION**

TIN & BRANCH CODE 416-87-967-00001	NAME OF TAXPAYER SUGANOB, LYNIE CORTEZ	TIN ISSUANCE DATE May 20, 2025
TAXPAYER TYPE/S	PROFESSIONAL & SINGLE PROPRIETOR	
REGISTERING OFFICE	Head Office <input checked="" type="checkbox"/>	Branch <input type="checkbox"/>
REGISTERED ADDRESS LOT 28 BLK. 20 WESTWOOD GRAND HIBAO-AN SUR MANDURRIA 5000 CITY OF ILOILO ILOILO PHILIPPINES		

TAX TYPES	FORM TYPES	FILING START DATE	FILING FREQUENCY	FILING DUE DATE
PERCENTAGE TAX - QUARTERLY	2551Q	May 20, 2025	QUARTERLY	Within twenty five (25) days after the end of each taxable quarter.
<b>BUSINESS INFORMATION DETAILS</b>				
TRADE NAME 1 PSIC)	LCS CLERICAL AND DOCUMENTATION SERVICES 82224-DOCUMENT PROCESSES ACTIVITIES			CATEGORY May 20, 2025
Line of Business	DOCUMENT PROCESSES ACTIVITIES			Primary
PSIC)	96409-MISCELLANEOUS SERVICE ACTIVITIES, N.E.C.			Secondary
Line of Business	CLERICAL SERVICE ACTIVITIES			

**REMINDERS:**

1. Filing of required tax return/s to conform with the above tax types, whether with or without business operation, to avoid penalties.
2. For new business registrants, application for registration of manual Books of Accounts (B/As) shall be before the deadline for filing of the initial quarterly income tax return or annual income tax return whichever comes earlier, from the date of registration. Registration of new set of manual B/As shall be before its use.
3. Immediately inform the district office in case of transfer/cessation of business and other changes in registration information by filing BIR Form No. 1905.
4. For Self-Employed Individuals (SEI) whose gross sales and/or receipts and other non-operating income does not exceed P3,000,000 and who opted to avail of the 8% Income tax rate, the tax type Percentage Tax (PT) shall not be reflected in the Certificate of Registration (COR). However, at the start of each taxable year, such SEI shall be automatically subjected to graduated income tax rates and required to file quarterly percentage tax return (BIR Form No. 2551Q) and option to replace the COR to reflect "PT", unless qualified and opted to avail of the 8% Income tax rate annually.

# LCS Clerical & Documentation Services

Contact No.: 09190009331

Email: lcsclerical01@gmail.com

Address: Hibao-an Sur, Mandurria, Iloilo City, Philippines

## About Us

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### Vision

To be a recognized leader in clerical and documentation services, known for excellence, efficiency, and client satisfaction.

### Mission

To deliver timely, efficient, reliable, and trusted clerical and documentation services, coupled with seamless operation for our clients.

### Core Values

We uphold accuracy, confidentiality, efficiency, integrity, and professionalism in every service we deliver.

## Company Profile

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### Key Personnel

Sole Proprietor: Lynie C. Siganob

### Products and Services Offered

Specializing in comprehensive Clerical and Documentation Services tailored to meet administrative needs with precision and confidentiality.

### Client or Target Market

Banks, Financial Institutions, and Lending Companies

### Notable Achievements

Newly constituted



## CERTIFICATE OF BANK DEPOSIT AND/OR PLACEMENT

250610000715MAF1248942

JUNE 10, 2025

BDO UNIBANK INC.  
Iloilo City

Dear Sir/Madam:

This is to certify that LYNIE C. SUGANOB maintains an account with our BDO SM DELGADO BRANCH as of JUNE 9, 2025.

PESO (PHP)

Account/ Placement Type	Total Available Balance / Market Value
SAVINGS ACCOUNT	1,969,157.06
GRAND TOTAL	PHP 1,969,157.06

This certification with *Official Receipt No. 143-0087027* is issued upon the request of the above-named Account Holder for ACCREDITATION.

For your information. Thank you.

Very truly yours,

Mariel Love S. Uy  
(033)337-4931

Richiel A. Azares  
(033)337-0854

BDO Unibank is regulated by Bangko Sentral ng Pilipinas <https://www.bsp.gov.ph>. For inquiries and concerns, please visit any BDO branch nearest you, or call our BDO Contact Center at (+632)86318-000.

BDO Unibank, Inc.  
BDO Towers Valero  
8741 Paseo De Roxas  
Salcedo Village  
Makati City 1226  
Philippines  
Swift Code BNORPHMM  
Tel (+632) 8840-7000  
[bdo.com.ph](http://bdo.com.ph)

We find ways®

**LCS CLERICAL AND DOCUMENTATION SERVICES**

LYNIE C. SUGANOB - PROP.

NON-VAT REG. TIN: 416-987-987-00001

LOT 28 BLK. 20 WESTWOOD GRAND, HIBAO-AN SUR,  
5000 MANDURRIAQ ILOILO CITY

S.I. No.:

**SERVICE  
INVOICE**

CASH  CHARGE

Date: \_\_\_\_\_

**SOLD TO:**

Registered Name: \_\_\_\_\_

TIN : \_\_\_\_\_

Business Address: \_\_\_\_\_

Item Description Nature of Service	Quantity	Unit Price	Amount

Received the amount of \_\_\_\_\_

Total Sales \_\_\_\_\_

Less: Discount \_\_\_\_\_

(SC/PWD/NAAC/MOV/SP) \_\_\_\_\_

Less: Withholding Tax \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

SC/PWD/NAAC/MOV/

SOLO PARENT ID No. \_\_\_\_\_

SC/PWD/NAAC/MOV/SP

SIGNATURE: \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**B.Y.C. Printing Services**  
B. Yolanda C. Gelvero-Prop.  
TIN: 416-987-987-00000 NON-VAT REG.

2nd Floor Drive, Tabuc Suba 5000 Jaro, Iloilo City 25 BILTS. (60X2)

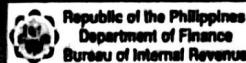
ACCREDITATION NO.: 074MP2024000000000 DATE ISSUED: 01-05-2024

DIR ATP NO.: 074AU20250000005185

DATE ISSUED: MAY 20, 2025

APPROVED SERIES: 0001 - 1,250

For BIR BCS/  
Use Only Item:  
  
BIR Form No.  
**1701**  
January 2018 (ENCS)  
Page 1



### Annual Income Tax Return

Individuals (including MIXED Income Earner), Estates and Trusts  
Enter all required information in CAPITAL LETTERS using BLACK Ink. Mark all applicable boxes  
with an "X". Two copies MUST be filed with the BIR and one held by the Tax Filer.

1701 01/18ENCS P1

1 Month  For the Year (YYYY) 2014 2 Amended Return?  Yes  No 3 Short Period Return?  Yes  No

#### PART I - BACKGROUND INFORMATION OF TAXPAYER/FILER

4 Taxpayer Identification Number (TIN)	5 RDO Code
119 - 897 - 967 - 000	1074
6 Taxpayer Type <input type="checkbox"/> Single Proprietor <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> Compensation Earner	
7 Alphanumeric Tax Code (ATC) <input type="checkbox"/> B012 Business Income-Graduated IT Rates <input type="checkbox"/> B014 Income from Profession-Graduated IT Rates <input checked="" type="checkbox"/> B011 Compensation Income <input type="checkbox"/> B015 Business Income-5% IT Rate <input type="checkbox"/> B017 Income from Profession-5% IT Rate <input type="checkbox"/> B013 Mixed Income-Graduated IT Rates <input type="checkbox"/> B016 Mixed Income-5% IT Rate	
8 Taxpayer's Name (Last Name, First Name, Middle Name)/ESTATE OF (First Name, Middle Name, Last Name)/TRUST FAO: (First Name, Middle Name, Last Name) BUGANOB, LYNN CORTEZ	
9 Registered Address (Indicate complete address. If the registered address is different from the current address, go to the RDO to update registered address by using BIR Form No. 1605) 5F, LA SALETTE BLDG., VALERA ST., ILIGAO CITY	
10 Date of Birth (MM/DD/YYYY)	9A ZIP Code
12/06/1977	10000
12 Citizenship	13 Claiming Foreign Tax Credits? <input type="radio"/> Yes <input checked="" type="radio"/> No
15 Contact Number (Landline/Celphone No.)	16 Civil Status (If applicable) <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Legally Separated <input type="radio"/> Widower
21 Tax Rate* (Choose Method of Deduction in Item 21A) (choose one)	21A Method of Deduction (choose one) <input type="radio"/> Graduated Rates <input type="radio"/> Itemized Deduction <input type="radio"/> Optional Standard Deduction (OSD) [Sec. 34(A-J), NIRC] [40% of Gross Sales/Receipts/Revenues/Fees [Sec. 34(L), NIRC]] <input checked="" type="radio"/> 5% in lieu of Graduated Rates under Sec. 24(A) & Percentage Tax under Sec. 116 of NIRC [available if gross sales/receipts and other non-operating income do not exceed Three million pesos (P3M)]
25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of item 22)	18 Filing Status <input type="radio"/> Joint Filing <input type="radio"/> Separate Filing
26 Amount of Tax payable(Overpayment) (Item 24 Less Item 25)	19 Income EXEMPT from Income Tax? <input type="radio"/> Yes <input checked="" type="radio"/> No 20 Income subject to SPECIAL/PREFERENTIAL RATE? [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)] <input type="radio"/> Yes <input checked="" type="radio"/> No [If yes, fill out also consolidation of ALL activities per Tax Regime (Part XI)]

<b>PART II - TOTAL TAX PAYABLE</b> (Do NOT Enter Centavo; 40 Centavos or Less drop down; 50 or more round up)		
<b>Particular</b>	<b>A. Taxpayer/Filer</b>	<b>B. Spouse</b>
22 Tax Due (From Part VI Item 5)	217,404.00	0.00
23 Less: Total Tax Credits/Payments (From Part VII Item 10)	262,657.00	0.00
24 Tax Payable(Overpayment) (Item 22 Less Item 23)	-75,253.00	0.00
25 Less: Portion of Tax Payable Allowed for 2nd Installment to be paid on or before October 15 (50% or less of item 22)	0.00	0.00
26 Amount of Tax payable(Overpayment) (Item 24 Less Item 25)	-75,253.00	0.00
Add: Penalties 27 Interest	0.00	0.00
28 Surcharge	0.00	0.00
29 Compromise	0.00	0.00
30 Total Penalties (Sum of Items 27 to 29)	0.00	0.00
31 Total Amount Payable(Overpayment) (Sum of Items 26 and 30)	-75,253.00	0.00
32 Aggregate Amount Payable(Overpayment) (Sum of Items 26 and 30)		-75,253.00

If overpayment, mark one (1) box only. (Once the choice is made, the same is irrevocable)  
 To be refunded  To be issued a Tax Credit Certificate (TCC)  To be carried over as a tax credit for next year/quarter

I declare under the penalties of perjury that this return, and all its attachments, have been made in good faith, verified by me, and to the best of my knowledge and belief, are true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I give my consent to the processing of my information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes. (If signed by an Authorized Representative, indicate TIN and attach authorization letter)

ATTY MARY E. SHEANOB

Printed Name and Signature of Taxpayer/Authorized Representative

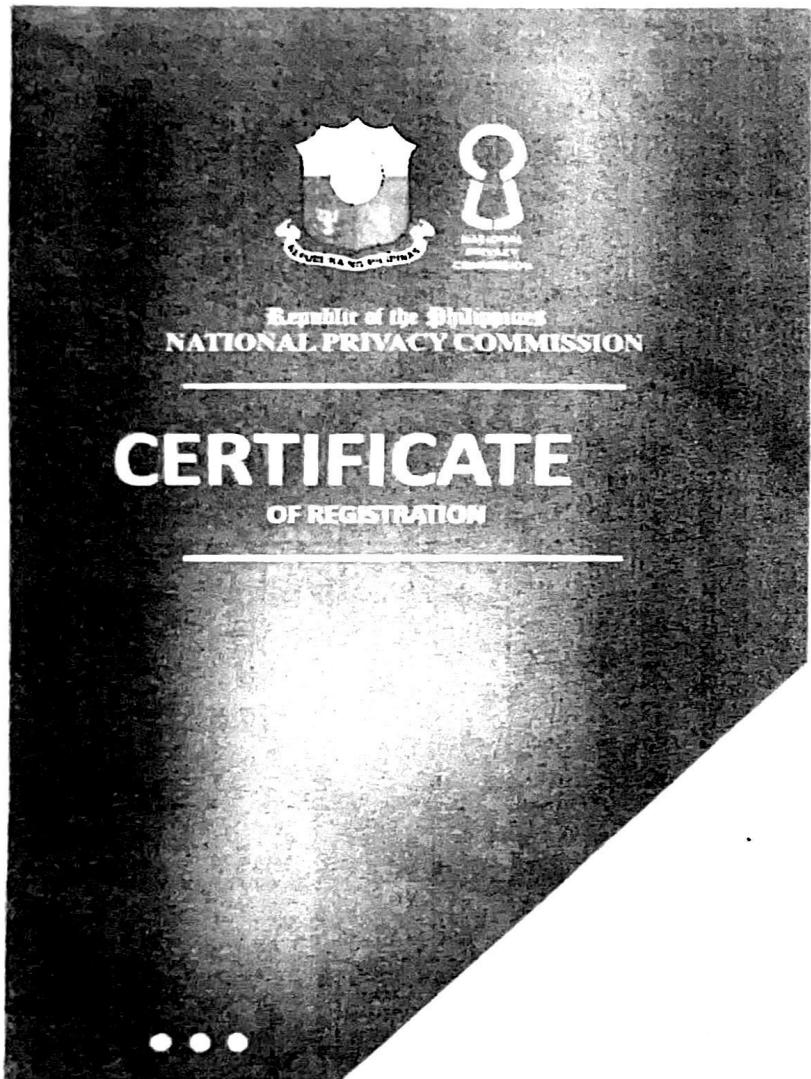
33 Number of Attachments 06

#### PART III - DETAILS OF PAYMENT

Particulars	Drawee Bank/Agency	Number	Date (MM/DD/YYYY)	Amount
34 Cash/Bank Debit Memo				
35 Check				
36 Tax Debit Memo				
37 Others (specify below)				

Machine Validation/Revenue Official Receipt Details (If not filed with an Authorized Agent Bank) Stamp of Receiving Office/AAB and Date of Receipt  
(RO's Signature/Bank Teller's Initial)

NOTE: \*The BIR Data Privacy Policy is in the BIR website ([www.bir.gov.ph](http://www.bir.gov.ph))



This is to certify that

**LCS CLERICAL AND  
DOCUMENTATION  
SERVICES**

with business address at **BLK 20, LOT 28, WESTWOOD GRAND  
SUBD., HIBAO-AN SUR, MANDURRIA, ILOILO CITY, ILOILO**

has duly complied with the registration requirements of the Data Privacy Act of 2012, its Implementing Rules and Regulations, and all related issuances. This certificate was issued under the seal of the Commission and serves only as proof of registration and not a verification of the contents of any document submitted in relation thereto.

The information on this certificate has been made part of the records of the Commission.

Effective until **05 August 2026**

  
**ATTY. JOHN HENRY DU NAGA**  
Privacy Commissioner and Chairman



# DPO/DPS

DATA PROTECTION OFFICER DATA PROCESSOR

**REGISTERED**

"DATOS NG PILIPINO,  
PROTEKTADO KO!"



VALIDITY PERIOD

05 August 2026

A handwritten signature in black ink.  
Atty. John Henry D. Naga  
PRIVACY COMMISSIONER