| MITSUKOSHI MOTORS PHILIPPINES, INC. | | | | | |
|-------------------------------------|---------------------------------------|-----------------|--|--|--|
| POLICY AND PROCEDURE | | | | | |
| POLICY TITLE : | RELEASING MOTORCYCLE FOR RED PLATE | Ref. No. 16-007 | | | |
| DEPARTMENT : | CORPORATE SERVICES DEPARTMENT | | | | |
| TO : | BRANCH MANAGER/CASHIER/MA | | | | |

OBJECTIVE

- 1. To guide the branch in the registration of government purchase motorcycle unit.
- 2. To ensure that proper government taxes have been handled properly in the government purchase motorcycle unit by the branch.

POLICIES

- 1. All motorcycle units bought by Government Agency must be processed for issuance red plate.
- 2. Government Service Insurance System (GSIS) will cover the Third Party Liability (TPL) Insurance or government purchased motorcycle unit which must be handled and processed by Government Agency.
- 3. No GSIS TPL no LTO registration.

PROCEDURE

- 1. Government Unit who bought the motorcycle unit has to fill up BIR FORM 2306 and 2307 for 5% and 1% withholding tax which will be attached in the document to be forwarded to Accounting for recording.
- 2. Follow the motorcycle unit releasing procedures.
- 3. Fill up the GSIS form for MV Registration.
- **4.** To be filled up by the Government Unit and submit the same to GSIS for issuance of Certificate of Cover (COC) also known as Comprehensive Insurance which will be shouldered by Government Agency.
- **5.** In applying for GSIS insurance, submit the Photocopy of Sales Invoice and the duly signed GSIS for to GSIS Regional Office.
- **6.** Submit the following to Liaison for registration.
 - **6.1.** Sales Invoice

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- **6.2.** Information Sheet
- **6.3.** GSIS Insurance
- **6.4.** Stencil
- 6.5. Certification of Sale

| NAME OF ACCURED. | | | |
|---|---|--|------------|
| NAME OF ASSURED: | GSIS O.R. NUMBER: | DATE PAID: | |
| ADDRESS: | Required Coverage: TPL only Con | nprehensive Only 🗆 Both TPL & COMPREHENSIV | ∕ E |
| Description Of Insured Vehicle | | | |
| MAKE & TYPE OF BODY: PLATE NUMBER: | LTO MV FILE NO.: COLOR: | MOTOR/ENGINE NO.: CHASSIS/SERIAL NO.: | |
| e. Stainless/Semi-stainless steel v f. Tricy cles or motorcycles with sid g. Trucks and tractors used for log | ecars ging | | |
| f. Tricy cles or motorcycles with sid g. Trucks and tractors used for log h. Vehicles used for racing or pace i. Tankers and trucks or vehicles co j. Heavy Equipment and cranes op k. None of the Above | ecars ging making anying highly flammable/explosive and or biolo erating in logging and mining concessions | | |
| f. Tricy cles or motorcycles with sid g. Trucks and tractors used for log h. Vehicles used for racing or pace i. Tankers and trucks or vehicles co j. Heavy Equipment and cranes op k. None of the Above | ecars ging emaking arrying highly flammable/explosive and or biolo erating in logging and mining concessions Date Due: | gically dangerous materials _Date Accomplished: | |

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| | ate of Final Tax Withheld | | ; |
|--|------------------------------|--|--------------------|
| | | July , 1999 (ENCS) | ᆜ |
| Forthe Year (YYYY) | | | |
| art I Income Recipient/Payee Information TIN | 3 TIN | g Agent/Payor Information | - |
| Payes & Name (* or Non-Individuals) | 5 Payor's Name (Por Non-In | Accordance in the contract of | _ |
| | | | \neg |
| Payos's Namo (Last Namo, First Namo, Middle Namo) For Individuals | 7 Payor's Name (Last Name | First Namo, Middle Name) For Individuals | a (|
| | • | | |
| Registered Address 8A Zip Code | 9 Registered Address | 9A Zip Cod | la . |
| | MAR ICO No. Clos No. Com | and the second s | |
| 0 Fareign Address 10A Zip Cade | 10B ICR No. (For Alien Inco | manuspus unyj | \neg |
| art II Details of inc | ome Payment and Tax Withheld | | |
| lature of Income Payment Individual Payees | ATC Amount of | Payment Tax Withheld | |
| 1 Frings Benefits | | | |
| 12 Employees other than sink and 8e based on the grossed-up monetally value | Wr I 360 12A | . 128 | $\overline{}$ |
| 19 Alien individual employed by OBIJ's, Foreign Petroleum | | | |
| Sinvice Contractors, & Subcratractors, & by Regional or Area Headquarters & Regional Operating Headquarters of Multimational | Wr 1 320 | + 138 | |
| Co., including any of its Filipino employees occupying the same position | Wr 1 330 | | \neg |
| Payment of fringe benefits to Non-Resident Alien not Engaged in Trade or Business (NRAETB) | 14A | 1 40 | |
| 5 Interess Vield from Bank Deposits/Deposit: Substitutes/Government Securities. | W 1 161 | | |
| 16 Saving Disposit | W 1 161 17A | + 165 | $\dot{-}$ |
| 17 Time Deposit 19 Deposit Substitutes/Others | W 1 163 18A | 1 85 | - |
| | | | - |
| 19 Government Securities | 100 | . 198 | |
| 20 Preterminated long Term Deposit/Investment | W 1 170 | + 208 | • |
| 21 Foreign Currency Disposits 2 All Others | 21/4 | 218 | _ |
| 23 Cash dividend payment by demostic corp. to dispin & resident aliens | Wr 1 202 23A | 238 | |
| 26 Properly dividend payment by domestic corp. to drizens & maldent aliens. | W 1 203 24A | 248 | |
| 25 Cash dividend payment by domestic corp. to NRAETB | Wr I 224 25A | 258 | |
| 26 Property dividend playment by domestic corp. to NPAETB | Wr 1 225 26A | 268 | $\overline{}$ |
| 27 Share of a NRACTU in the discituable not income after sec. of a partnership | W 1 226 27A | 278 | $\overline{}$ |
| (except general professional part renthip) of which he is, a partner, or share in the net income after set of an association, a joint account or a joint vensure. | | | |
| : asable as a corp., of which he is a member or a co-vensurer 28. Distributive share of individual parmers in a salable parmership, association, | W1 240 28A | 285 | |
| a joint account or a joint venture or consortium | W 1 290 | | - |
| 29 Other royal typaymens, to citizens, resident aliens, and NRAETE (other than WI360 and WI341) | 29A | . 298 | |
| W1360 and W1341) 20 On prizes exceeding P10,000 & other simings paid to individuals. | Wr 1 260 30A | . 308 | |
| 31 Payment to alien individual employed by OBUs, Foreign Petrol num Service Contractors & Subcontractors, & by Rogi and or Area Headquan ea. & | W 1 320 anA | . 318 | \neg |
| Regional Operating Headquarters of Multimational Co., including any of its | | . , , , , , , , , , , , , , , , , , , , | |
| Filipino employees occupying the same position | W 1 330 32 A | | $\overline{\cdot}$ |
| 32 Paymens to Non-Resident Alien not Engaged in Trade or Business (NRANETE) | W 1 34t | 3 28 | \equiv |
| 33 Royali es paid to NRANET B on cinematographic films and similar works. | 33A | - 338 | |

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| me Payment | | INC TOES | k Withheld | |
|---|--|--|---|--|
| | ATC | | Amount of Payment | Tax Withheld |
| Payees | | | | |
| ia on incessa, or other payments upon taa-fisse covenant bor | | 1 | | |
| gages, deeds of rus or other obligations under Sec. 570 o | ofthe Wr 1 350 | 34A | | . JAID |
| onal Incarnal Revenue Code of 1997 | | | | |
| | | 35A | | 230 |
| | | , | | |
| or's cash reward to individuals | W1 410 | 36A | | |
| Barrana | | | | |
| | ritins. | 1 | | |
| | W C161 | 38A | | 988 + |
| ime Deposit | W C 161 | 29A | | 298 |
| | Wr C163 | 406 | $\overline{}$ | 408 |
| | | | | |
| | W C1d2 | and. | | |
| Protorminated Long Torm Deposit/Investment | W C440 | 42A | | 428 |
| fareign Currency Depasit | W C 170 | 43A | | 638 |
| | | í | \vdash | - |
| areign Currency Deposits | W C180 | 45A | | 458 |
| | ney Vr C 190 | 46A | | eGS . |
| | ncy Vr C 191 | 47A | | ere . |
| transaction floans payable to FCDUs | Hr C 212 | | - | <u> </u> |
| | | | | 489 |
| | CS Wr C 213 | 49A | | 493 |
| | W C222 | | | 508 |
| · · · · · · · · · · · · · · · · · · · | W C 2 2 2 | | | 518 |
| | W C223 | 31A | | |
| | W C230 | 426 | | 528 |
| | Wr C 290 | 1 | | 539 |
| | IMAC | | | - |
| CDA regis ered | Wr C 280 | 54A | | 548 |
| on the gross rensals, lease and charter lies, derived by non- | exidens. Wr C 290 | 55A | | 998 |
| corner or lossor of vessels. | | J | | |
| on the gross rensals, lease and charter fees derived by non- | mulders. Wr C 300 | 96A | | 968 |
| Leasor of aircraft, machineries and other equipment. | | , | | |
| | COS. | 57A | | 578 |
| | Wr C340 | | | |
| owners, lesson and disributors. | 10 0 3 40 | | | 588 |
| | | 59A | | 598 |
| | | | | |
| | | | | 503 |
| | | | | |
| | es pai dito citizens, resident ellens & nonvestident ellen engage ade or business (NRAETU) on books, other is energy works. & load compositions, entre caseln invested to individualite. Pay ses If fore Blank Deposits Deposit Substitutes Government Sicus Seving Disposit The Disposit Substitutes Citheria So vernment Saburities Proteominated Long Term Disposit Introduction of territy or any organization of the posit Introduction of the posit Introduction of the posit Introduction of the posit Introduction of the Introduction of | The part of the distances, mealtines elliens & non-residence elliens engaged able for business (NFAET II) on books, other is energy works. & licitation on positions. If the classifications. If the classifications and the classification of t | The principle of claimers, resident eliens. A nonvesident elien engaged able to business (NFACT II) on books, other is creary sorks. A lice of transitions. The claim invested to individuality. Pay ses If your Blank Deposits Deposit Substitutes Covernment Securities. Seving Deposit. Deposit Substitutes Chinese The claim instead Long Term Deposit Preventions. The characteristicated Long Term Deposit Preventions. The reign Currency Deposits. The | as pid for citizens, resident alleres & nerves iden engaged and or business (NFACT B) on books, other is every serks. A solid one positions. Will 410 38A |

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FarmNa. 2306

(Cartificate of Final Income Taxes Withhold)

NOTES

- a.) Details of monthly income payments and tax withhold therete are based on the items/numbers provided in the above mentioned certificate
- b.) Items 2 to 10 Brafer to the background information of the income
- c.) After accomplishing the said certificate, attach to the applicable BIR Form (1701 or 1700)
- 1. Indicate the year as to the year covered by the certificate.

To be accomplished by the Payee

- 2. Indicate the Taxpayor Identification Number (TIN) of the income recipient / payes.
- 4. If the payee is not an individual, indicate the name of the company.
- If the payer is an individual, indicate the following on the box provided for: Last Name, First Name, Middle Name
- Refers to the registered address of the payer. Registered address for individuals can be the residence address or the address as to where business is located.
- 8A. Indicate the ZIP Code
- 10. In dic ato the fereign address if applicable.
- 10A. Indicate the ZIP Code
- 10S. For Alien Income Recipient indicate the Individual Certificate of Registration (ICR)

To be accomplished by the Withholding Agent

- 3. Indicate the Taxpayer Identification Number (TIN) of the withholding agent / payor.
- 5. If the payor is not an individual, indicate the name of the company.
- If the payor is an individual, indicate the following on the box provided for: Last Name, First Name, Middle Name
- 9. Refers to the registered address of the payor.
- 9A. Indicate the Zip Code

Part III. Refers to the nature of Income payments paid to an individual and corporate payee's based on BR Form No. 1801F

NATURE OF INCOME PAYMENT FOR INDIMIDUAL PAYEE / S.

Corporate Payees. The information needed has been divided into the following columns:

tst Calumn

- 11 36 Refers to the nature of income payments paid to individual payee /s subjected to final withholding lax.
- 37 60 Refers to the nature of income payments paid to corporate payes / saubjected to final with olding tax.
- 2nd Column Refers to the Alphanumeric Tax Code
- 3rd Column Amount of payment made to playee subjected to final withholding tax
- 4th Column Amount of tax withhold / computed based in the amount of income payment subjected to final tax using the applicable rates.
- 61. Indicate the name of the payor or the authorized representative and sign over printed name.

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| in a second | | | thheld At | | | March 2003 (ENCS) |
|---|--|---|-----------------------|------------------------------|----------------------|-------------------|
| From | i i (MM/ | DD/YY) | To Payee Informs | | IDDMY) | |
| ett axpayer tentrication Number | | | | | | |
| ayee's Name | | | con Marcin Ar | ladh idi Clay (Basasasa) | ma for New Indicate | iale) |
| Registered Address | | Recedence and the | me Micdenvame for | Individuals) (Registered Na | 4A | Zip Code |
| oreign Address | 200 | | | | 6A | Zip Code |
| axpayer | | | Payor Informa | 1991) | | |
| ayors Name | | Carlos Gran | | | | |
| Registered Address | | (Last Name, First Na | me, Middle Name for | Individuals) (Registered Na | me for Non-Individ | ials) Zip Code |
| RTII | | Details of Monthly II | | Tax Withheld for the Qu | arter | |
| Income Payments Subject Expanded Withholding T | TO BE OF THE PARTY | 1st Month of | 2nd Month of | 3rd Month of | Total | Tax Withheld |
| 7 | | the Quarter | the Quarter | Sala Sala Sala | | For the Quarter |
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| tan We declare, under the pen | office of perion, that is | nie certificate has boss | made in good faith wa | wified by me, and to the hea | st of my knowledge | and belief. |
| true and correct, pursuant to the | ne provisions of the Na | ational Internal Revenue | Code, as amended, a | and the regulations issued u | inder authority ther | eof. |
| | Payor/Payor's Aut | horized Representative | | | Title/Positio | on of Signatory |
| | (Cignature O | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Des France | | | |

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