PDC 30/60/90

DATE:

CUSTOMER APPLICATION FORM
SPECIAL ACCOUNTS

CUSTOMER NUMBER: RVG 0472

GENERAL INFORMATION

Customer Name: STELLA ACUIN

Home Address: 111 CAMINO REAL ST, PILAR VILLAGE, LAS PIÑAS CITY

Contact No.: 09053405453 Email Address: stellaacuin@gmail.com

Tax Identification Number: 619-422-768-0000

Birthday: 12/30/96 Sex: F Civil Status: Single Citizenship: FILIPINO

Name of Spouse:

PRC License No.: 016239 Validity Date: 12/30/2026 Yrs. in Practice: 1

Single Practice: Group Practice:

Business Name (if Group Practice):

Specialization (Primary)

- ☐ Anaesthesiology
- ☐ Cardiology
- ☐ Dentistry
- ☑ Dermatology
- ☐ EENT
- ☐ Endocrinology
- ☐ Family Medicine
- ☐ Gastroenterology
- ☐ General Practitioner
- ☐ General Surgery
- ☐ Geriatric Medicine
- ☐ Hematology
- ☐ Internal Medicine
- ☐ Nephrology/Urology
- ☐ Neurology
- ☐ OB-Gynecology
- ☐ Oncology
- ☐ Optometry/opthalmology
- ☐ Orthopedics
- ☐ Pathology
- ☐ Pediatrics
- ☐ Psychiatry
- ☐ Pulmonology
- ☐ Radiology
- ☐ Rheumatology
- ☐ Surgeon
- ☐ Transplant Surgery
- ☐ Veterinary
- ☐ Others, please specify

Specialization (Secondary):

DELIVERY ADDRESS/ES

CLINIC 1

Building Name & Room No.	EAST AVENUE MEDICAL CENTER
Number & Street	DILIMAN
Barangay or Subdivision or District	QUEZON CITY
Town / City	METRO MANILA
Province	Zip Code: Area Code:
e-Mail Address	stellaacuin@gmail.com
Telephone No./s	
Fax No./s	
Delivery Schedule	
Clinic Hours	M-F 8am-5pm
Name of Authorized Representative	Contact Number:

CLINIC 2:

Building Name & Room No.	
Number & Street	
Barangay or Subdivision or District	
Town / City	
Province	Zip Code: Area Code:
e-Mail Address	
Telephone No./s	
Fax No./s	
Delivery Schedule	
Clinic Hours	
Name of Authorized Representative	Contact Number:

COMPANIES WITH EXISTING CREDIT LINES

	SUPPLIER NAME	CONTACT PERSON	CONTACT NO.
1			
2			
3			

FINANCIAL INFORMATION

	BANK AND BRANCH	ACCOUNT NUMBER	DATE ESTABLISHED
1	APO		
2			

PROPERTIES OWNED	DESCRIPTION/LOCATION	LATEST MARKET VALUE	MORTGAGED TO
Real Estate (Land/Building)			
Vehicles			
Other Assets			

REQUIRED SUPPORTING DOCUMENTS

Fully Accomplished & signed CAF
Photocopy of valid PRC Identification Card

I/We hereby certify that all of the above information are true and correct

Applicant

STELLA ACWIN
Signature Over Printed Name

STELLA ACWIN
Signature Over Printed Name

CREDIT APPROVAL

Type	Recommended	Recommended By (Signature Over Printed Name)	Approved	Approved By (Signature Over Printed Name)
Credit Limit				
Credit Term				

CUSTOMER MAINTENANCE

Account Maintained by	Date	Account Reviewed by	Date
SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME	

PRIVACY POLICY/CONSENT FORM

Statement of Policy

To our Valued Customers and Clients – In compliance with the requirements of Republic Act No. 10173, otherwise known as the "Data Privacy Act of 2012," GB Distributors, Inc. (GBDI) seeks your consent to collect, process, use, store and share your personal and/or sensitive information necessary to facilitate our business transactions.

Information Collected

GBDI collects personal and sensitive information such as your name, address, contact information, bank details and other such information that you share with GBDI or that GBDI collects upon engagement or in the course of our business transactions. Such information may include personal and sensitive information of your directors, officers, agents, representatives or employees acting under your authority.

GBDI will retain your information in physical and electronic data recording systems during the course of our business dealings and for a reasonable time thereafter for enforcement of any legal rights.

Use of Information

GBDI may share information, as it may deem necessary or appropriate, to its Affiliates, government authorities and regulators, business alliance partners, professional advisers and third-party service providers for the following use/purpose:

- To complete GBDI's database and records for present and future business transactions;
- For purposes of communication and other such means necessary to facilitate obligations under our contract;
- In defense or enforcement of legal rights and other purposes allowed or mandated by law.

Protection of Information

GBDI will ensure protection and safety of your information by limiting access to authorized personnel and/or service providers tasked to facilitate the processing of information. We shall also ensure protection against security breaches through the use of data encryption, password-protection and regular maintenance of the GBDI database systems.

GBDI shall take all reasonable steps to ensure that your personal information is processed securely from collection to destruction.

Know Your Rights
Pursuant to the Data Privacy Act, its IRRs and advisories, you have the following rights:

- right to be informed;
- right to access;
- right to object
- right to erasure or blocking;
- right to damages
- right to file a complaint;
- right to rectify; and
- right to data portability.

You may read more about your rights at: https://privacy.gov.ph/know-your-rights/

Access, Correct and Delete Your Information
You may access your information and request its correction and/or deletion. For such purpose, other inquiries and/or complaints, you may contact us at:

Data Privacy Officer
GB Distributors, Inc.
Bldg. 5A Sunbest Compound
Km. 23 West Service Road
Cupang, Muntinlupa City
8772-5501 to 04
gbdist@gbdist.com.ph

Consent and Warranties
I have read and understood the foregoing and give my full consent and authority to GBDI, its successors and assigns, to collect, process, use, store and share (as specified herein) my information in accordance with this privacy policy.

I further warrant that I have the authority to give consent and sign on behalf of my Company's directors, officers, representatives, agents or employees, pursuant to the purposes mentioned above.

Name and Signature / *Date*
NAME OF COMPANY:

Republic of the Philippines

PROFESSIONAL REGULATION COMMISSION

PROFESSIONAL IDENTIFICATION CARD

LAST NAME	ACUIN
FIRST NAME	STELLA VICENTA
MIDDLE NAME	SANTOS
REGISTRATION NO.	0162391
REGISTRATION DATE	01/11/2023
VALID UNTIL	12/30/2026

PHYSICIAN

Professional Regulation Commission
www.prc.gov.ph

21-5396473

CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear hereon is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.

Signature of Professional

CHARITO A. ZAMORA