

PDC 30/60/90

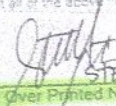
DATE		CUSTOMER APPLICATION FORM SPECIAL ACCOUNTS		CUSTOMER NUMBER	
				RVG 0472	
GENERAL INFORMATION					
Customer Name: <u>STELLA ACUIN</u>					
Home Address: <u>III CAMINO REAL ST, PILAR VILLAGE, LAS PINAS CITY</u>					
Contact No. <u>09053405453</u>		Email Address: <u>stellaaacuin@gmail.com</u>			
Tax Identification Number: <u>619-422-768-00000</u>					
Birthdate: <u>12/30/96</u>		Sex: <u>F</u>		Civil Status: <u>Single</u>	
Name of Spouse:		Citizenship: <u>FLIPINO</u>			
PRC License No. <u>0162391</u>		Validity Date: <u>12/30/2016</u>		Yrs. in Practice: <u>11</u>	
Single Practice		Group Practice			
Business Name (if Group Practice):					
Specialization (Primary)					
☐ Anaesthesiology		☐ Geriatric Medicine		☐ Pediatrics	
☐ Cardiology		☐ Hematology		☐ Psychiatry	
☐ Dentistry		☐ Internal Medicine		☐ Pulmonology	
☒ Dermatology		☐ Nephrology/Urology		☐ Radiology	
☐ EENT		☐ Neurology		☐ Rheumatology	
☐ Endocrinology		☐ OB-Gynecology		☐ Surgeon	
☐ Family Medicine		☐ Oncology		☐ Transplant Surgery	
☐ Gastroenterology		☐ Optometry/Ophthalmology		☐ Veterinary	
☐ General Practitioner		☐ Orthopedics		☐ Others, please specify	
☐ General Surgery		☐ Pathology			
Specialization (Secondary):					
DELIVERY ADDRESS/ES					
CLINIC 1					
Building Name & Room No.		<u>EAST AVENUE MEDICAL CENTER</u>			
Number & Street		<u>DILIMAN</u>			
Barangay or Subdivision or District		<u>QUEZON CITY</u>			
Town / City		<u>METRO MANILA</u>			
Province		Zip Code		Area Code	
e-Mail Address		<u>stellaaacuin@gmail.com</u>			
Telephone No./s					
Fax No./s					
Delivery Schedule					
Clinic Hours		<u>M-F 8am-5 pm</u>			
Name of Authorized Representative				Contact Number	
CLINIC 2:					
Building Name & Room No.					
Number & Street					
Barangay or Subdivision or District					
Town / City		Zip Code		Area Code	
Province					
e-Mail Address					
Telephone No./s					
Fax No./s					
Delivery Schedule					
Clinic Hours					
Name of Authorized Representative				Contact Number	

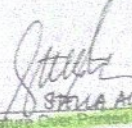
COMPANIES WITH EXISTING CREDIT LINES			
SUPPLIER NAME	CONTACT PERSON	Contact No.	

FINANCIAL INFORMATION			
1. BANK AND BRANCH			
2. APD			
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 hereby certify that all of the above information are true and correct

Applicant  **STELLA AWIN**
Signature Over Printed Name

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Signature Over Printed Name

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

CUSTOMER MAINTENANCE			
Account Maintained by		Account Reviewed by	
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 also review above your rights at: <https://www.gsd.com.ph/privacy>

Access, Correct and Delete Your Information

You may access your information and request its correction and/or deletion. For such purpose, either inquiries and/or complaints, you may contact us at:

Data Privacy Officer
GSD Distributors, Inc.
Bldg. 5A Sunblast Compound
Km. 23 West Service Road
Cavang, Marikina City
8777-8801 to (4)
privacy@gsd.com.ph

Consent and Warranties

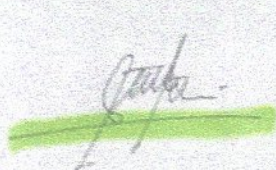
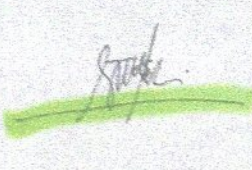
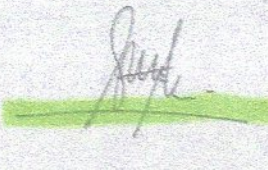
I have read and understood the foregoing and give my full consent and authority to GSDI, its successors and assigns, to collect, process, use, store and share (as specified herein) my information in accordance with this privacy policy.

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
NAME OF COMPANY:

Date

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Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION
PROFESSIONAL IDENTIFICATION CARD



PHIPPINES PROFESSIONAL REGULATION COMMISSION REPUBLIC OF THE PHILIPPINES PROFESSIONAL REGULATION COMMISSION REPUBLIC OF THE PHILIPPINES PROFESSIONAL REGULATION COMMISSION REPUBLIC OF THE PHILIPPINES



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

CERTIFICATION

21-5396473

This is to certify that the person whose name, photograph, and signature appear herein 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. JARAMA