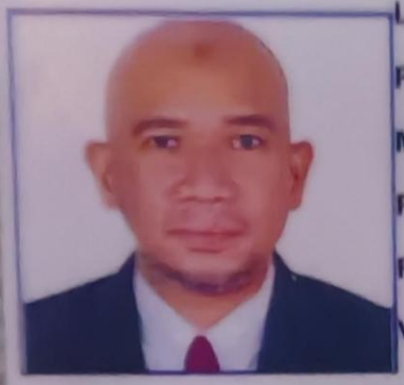
Republic of the Philippines

PROFESSIONAL REGULATION COMMISSION

PROFESSIONAL IDENTIFICATION CARD



LAST NAME	TANDOC
FIRST NAME	FADZREE
MIDDLE NAME	PANDAOG
REGISTRATION NO.	0101721
REGISTRATION DATE	09/15/2003
VALID UNTIL	07/15/2027

PHYSICIAN

Professional Regulation Commission
www.prc.gov.ph

CERTIFICATION

23-6263829

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in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.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. ZAMORA
Chairperson

COMPANIES WITH EXISTING CREDIT LINES		
SUPPLIER NAME	CONTACT PERSON	Contact No.
1		
2		
3		

FINANCIAL INFORMATION			
BANK AND BRANCH	ACCOUNT TYPE/NUMBER		BANK ACCOUNT NAME
1			
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 validPRC Identification Card

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

Applicant

FADZLEE P. TANDOC
Signature Over Printed Name

FADZLEE P. TANDOC
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.

FARZHEE P. TANDOC, MD.
8/22/25

DATE

CUSTOMER APPLICATION FORM
SPECIAL ACCOUNTS

CUSTOMER NUMBER

GENERAL INFORMATION

Customer Name: FAZREE P. TANDOC
Home Address 48 PUNTA TABUC ROXAS CITY CAP12

Contact No.: 09688685783 Email Address: fadzreetandoc2020@gmail.com

Please attach 2x2 picture

Tax Identification Number: 931 445 805
Birthday: 09/15/96 Sex: M Civil Status: M Citizenship: F
Name of Spouse: SHARON A DUNAG TANDOC
PRC License No.: 101721 Validity Date: 7/15/27 Yrs. in Practice: 20
Single Practice: ~~N/A~~ Group Practice: ✓
Business Name (If Group Practice): BARANGAY MEDICAL CLINIC

Specialization (Primary)

- ☐ Anaesthesiology
- ☐ Cardiology
- ☐ Dentistry
- ☐ Dermatology
- ☐ EENT
- ☐ Endocrinology
- ☐ Family Medicine
- ☐ Gastroenterology
- ☐ ~~General Practitioner~~
- ☑ General Surgery
- ☐ Geriatric Medicine
- ☐ Hermatology
- ☐ 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.	BAWLA PURPOSE TERMINAL Stall #5
Number & Street	POB. LAWAN
Barangay or Subdivision or District	
Town / City	
Province	PANAY CAP12 Zip Code Area Code
e-Mail Address	fadzreetandoc2020@gmail.com
Telephone No./s	
Fax No./s	
Delivery Schedule	TUESDAY
Clinic Hours	9-5
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

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 inquires and/or complaints, you may contact us at:

Data Privacy Officer
GB Distributors, Inc.
Bldg. 5A Sunblest 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.

Fadzree P. Tandoc, MD / 8/22/21
Name and Signature / *Date*
NAME OF COMPANY:
PARAMEDICAL CLINIC
TANDOC DRUGMART