DATE

CUSTOMER APPLICATION FORM
SPECIAL ACCOUNTS

CUSTOMER NUMBER: RNG0459

GENERAL INFORMATION

Customer Name: SHIRLEY BAYOD

Home Address:

Contact No.: 09155511578 Email Address: shirleysantiago56@gmail.com

Please attach 2x2 picture

Tax Identification Number:

Birthday: 6/10/11 Sex: F Civil Status: M Citizenship: FIL

Name of Spouse:

PRC License No.: Validity Date: Yrs. in Practice:

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
- ☐ 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.	The Court Plaza General Trias drive Tejeros Convention
Number & Street	2ND FLOOR
Barangay or Subdivision or District	
Town / City	Rosario
Province	Cavite Zip Code Area Code
e-Mail Address	
Telephone No./s	
Fax No./s	
Delivery Schedule	
Clinic Hours	
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 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

Signature Over Printed Name

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	

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.

SHIRLEY BAYOD 12/2/24

Name and Signature / Date
NAME OF COMPANY:

Republic of the Philippines

PROFESSIONAL REGULATION COMMISSION

PROFESSIONAL IDENTIFICATION CARD

LAST NAME	BAYDO
FIRST NAME	SHIRLEY
MIDDLE NAME	SANTIAGO
REGISTRATION NO.	0128526
REGISTRATION DATE	09/16/2014
VALID UNTIL	10/10/2024

PHYSICIAN

Professional Regulation Commission
www.prc.gov.ph

£21

CERTIFICATION

20-3582112

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

TEOFILO S. PILANDO, JR.
Chairman