

DATE	 CUSTOMER APPLICATION FORM SPECIAL ACCOUNTS	CUSTOMER NUMBER RNG 0459
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GENERAL INFORMATION	
Customer Name: SHIRLEY BAYAD Home Address: _____ Contact No.: 0925511578 Email Address: shirley.santiago56@gmail.com Tax Identification Number: _____ Birthday: 10/10/11 Sex: F Civil Status: M Citizenship: FI Name of Spouse: _____ PRC License No.: _____ Validity Date: _____ Yrs. in Practice: _____ Single Practice: _____ Group Practice: _____ Business Name (If Group Practice): _____	Please attach 2x2 picture

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/ophthalmology ☐ 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 Tejeras Convention		
Number & Street	2ND FLOOR		
Barangay or Subdivision or District	_____		
Town / City	Rollano		
Province	Carite	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			

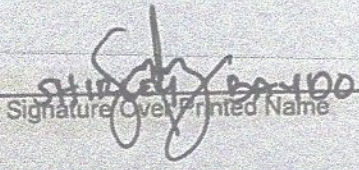
FINANCIAL INFORMATION			
BANK AND BRANCH	ACCOUNT TYPE/NUMBER	BANK ACCOUNT NAME	
1			
2			

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 valid PRC 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. SA 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.

Name and Signature
NAME OF COMPANY:

/ Date



Republic of the Philippines

PROFESSIONAL REGULATION COMMISSION
PROFESSIONAL IDENTIFICATION CARD



PHILIPPINE PROFESSIONAL REGULATION COMMISSION REPUBLIC OF THE PHILIPPINES PROFESSIONAL REGULATION COMMISSION REPUBLIC OF THE PHILIPPINES PROFESSIONAL REGULATION COMMISSION REPUBLIC OF THE PHILIPPINES



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

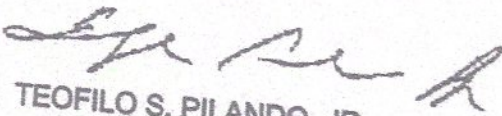
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CERTIFICATION

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

20-3582112