DATE	CUSTOMER APPLICATION FORM SPECIAL ACCOUNTS	CUSTOMER NUMBER

GENERAL INFORMATION

Customer Name: ANN CARMELINE C. BERNILLA

Home Address:

Contact No.: Email Address: anncarmeline05@gmail

Tax Identification Number: 379-476-245-00001

Birthday: Sex: Civil Status: Citizenship:

Name of Spouse:

PRC License No.: 0147495 Validity Date: Yrs. in Practice: 1

Single Practice: Group Practice:

Business Name (If Group Practice):

Please attach 2x2 picture

Specialization (Primary)

- ☐ Anesthesiology
- ☐ 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.	KARTINI HOTEL				
Number & Street	CENTENNIAL ROAD				
Barangay or Subdivision or District	GAHAK				
Town / City	KAWIT				
Province	CAVITE	Zip Code	4104	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 CHINA BANK	SA	
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

ANN CATHERINE S. PEKONEN

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, employees, pursuant to the purposes mentioned above.

ANN CARMELAE S. BERQUILIA

Name and Signature / *Date*
NAME OF COMPANY:

Republic of the Philippines

PROFESSIONAL REGULATION COMMISSION

PROFESSIONAL IDENTIFICATION CARD

LAST NAME	BERONILLA
FIRST NAME	ANN CARMELINE
MIDDLE NAME	SANTI
REGISTRATION NO.	0147498
REGISTRATION DATE	09/26/2019
VALID UNTIL	02/05/2025

PHYSICIAN

TCD2019003357

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

TIN:
379-416-249-00000

Name:
BERONILLA, ANN CARMELINE

Address:
491 P. BURGOS ST. CARIDAD, CAVITE CITY 4100

SIGNATURE

Birth Date: **05-Feb-1994**

TIN Issuance Date: **05-Oct-2023**

CN: 047-2019716