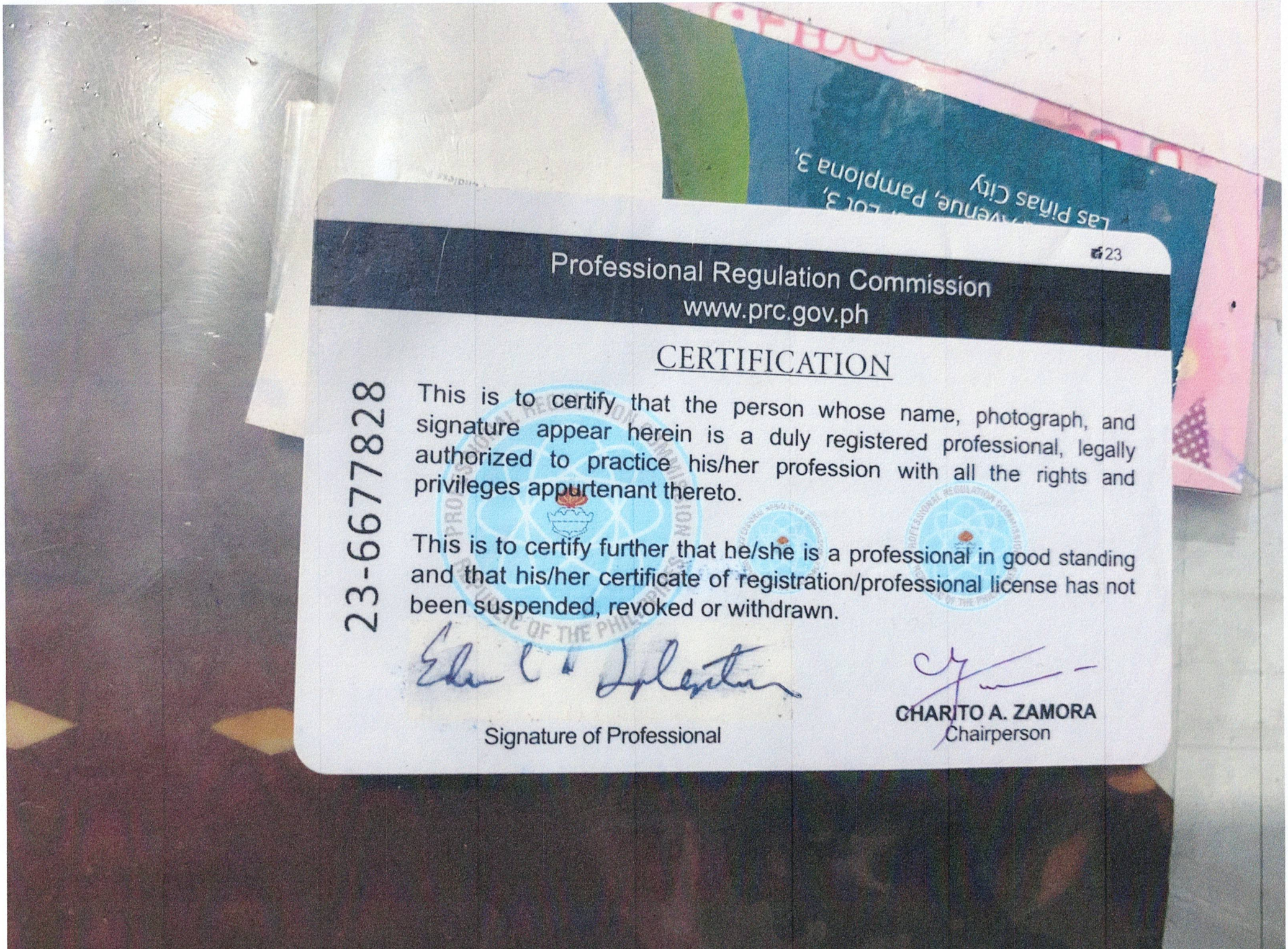
Republic of the Philippines

PROFESSIONAL REGULATION COMMISSION

PROFESSIONAL IDENTIFICATION CARD

LAST NAME	TOLENTINO
FIRST NAME	EDWIN
MIDDLE NAME	CABALLERO
REGISTRATION NO.	0059162
REGISTRATION DATE	05/27/1986
VALID UNTIL	10/26/2027

PHYSICIAN



Professional Regulation Commission
www.prc.gov.ph

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CERTIFICATION

23-6677828

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in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.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

Reactivated

DATE 9/11/25

CUSTOMER APPLICATION FORM
SPECIAL ACCOUNTS

CUSTOMER NUMBER SJ0042

GENERAL INFORMATION

Customer Name: Edwin Tolentino
Home Address
Contact No.: 09778146973 Email Address:
Tax Identification Number:
Birthday: Sex: Civil Status: Citizenship:
Name of Spouse:
PRC License No.: 0059162 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/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.	Tolentino Eye Clinic
Number & Street	JP. Rizal St.
Barangay or Subdivision or District	San Vicente North
Town / City	Calapan City
Province	Mindoro Zip Code Area Code
e-Mail Address	
Telephone No./s	09233765976
Fax No./s	
Delivery Schedule	
Clinic Hours	M-F 8:30AM-12NN
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 BOC / Calapan City	Checking/ 067000006065	Edwin Tolentino
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

Edwin Tolentino
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	

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 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.

Edwin Tolentino /
Name and Signature /*Date*
NAME OF COMPANY:

abigail_sicat@gbdist.com.ph

From: quinnie.bisnar@santen.com
Sent: Thursday, September 11, 2025 11:29 AM
To: abigail_sicat@gbdist.com.ph
Cc: eloisa.campos@santen.com
Subject: RE: SANTEN : Dr. Edwin Tolentino | Dr. Emmanuel Priela

Dear Ms. Abi,

Good day.
Please see below details for Dr. Emmanuel Priela

TIN: 133-226-732

Financial Info:
Bank: BPI
Acct type/number: CA # 3095057429
Acct Name: Emmanuel Leuvino Medrano Priela

Thank you!

Warm regards,
Quin

SANTEN PHILIPPINES INC.
Units 2801 to 2802, 28th Floor SM Aura Tower,
26th Street corner McKinley Parkway
The Fort, Taguig City 1630 Philippines
M: +63 917 106 5209
T: +63-2-8833-2570 FAX: +63-2-8833-6624

From: abigail_sicat@gbdist.com.ph <abigail_sicat@gbdist.com.ph>
Sent: Thursday, September 11, 2025 8:50 AM
To: Quinnie Bisnar <quinnie.bisnar@santen.com>