DATE

CUSTOMER APPLICATION FORM
INSTITUTION

CUSTOMER NUMBER: RV60101

GENERAL INFORMATION

Business Name: Juan Antonio O. Cervantes, M. D.

VAT Registered? [ ] YES # Yes [ ] 12% VAT [ ] Zero-rated [/] NO

Business Address: 1802-C Valencia Hts, N. Domingo St.
Bldg. Name & Room / Number & Street

New Manila, Brgy. Valencia, Quezon City
Brgy/Subdivision / Town/City / Province

Business Ownership (Please check one): [ ] Single Proprietorship [ ] Partnership [ ] Corporation

Tax Identification Number: 305-639-955 Zip Code: 1112

E-mail Address: tonyocervantesdds@gmail.com Telephone No /s: Fax No /s:

Preferred Delivery Schedule/Time: No. of Years in Business:

Authorized Contact Person: Mark Palen Tel # 09497248886 Position:

Business Registration:
[ ] Hospital [ ] Trading Business [ ] Others, please specify
[ ] Drugstore [ ] Government Institution
[ ] School [ ] Private Corporation

Organization Type

OWNER'S/SHAREHOLDER'S PROFILE

	Name	Home Address	Citizenship	Contact Number	% Ownership
1					
2					
3					
4					
5					

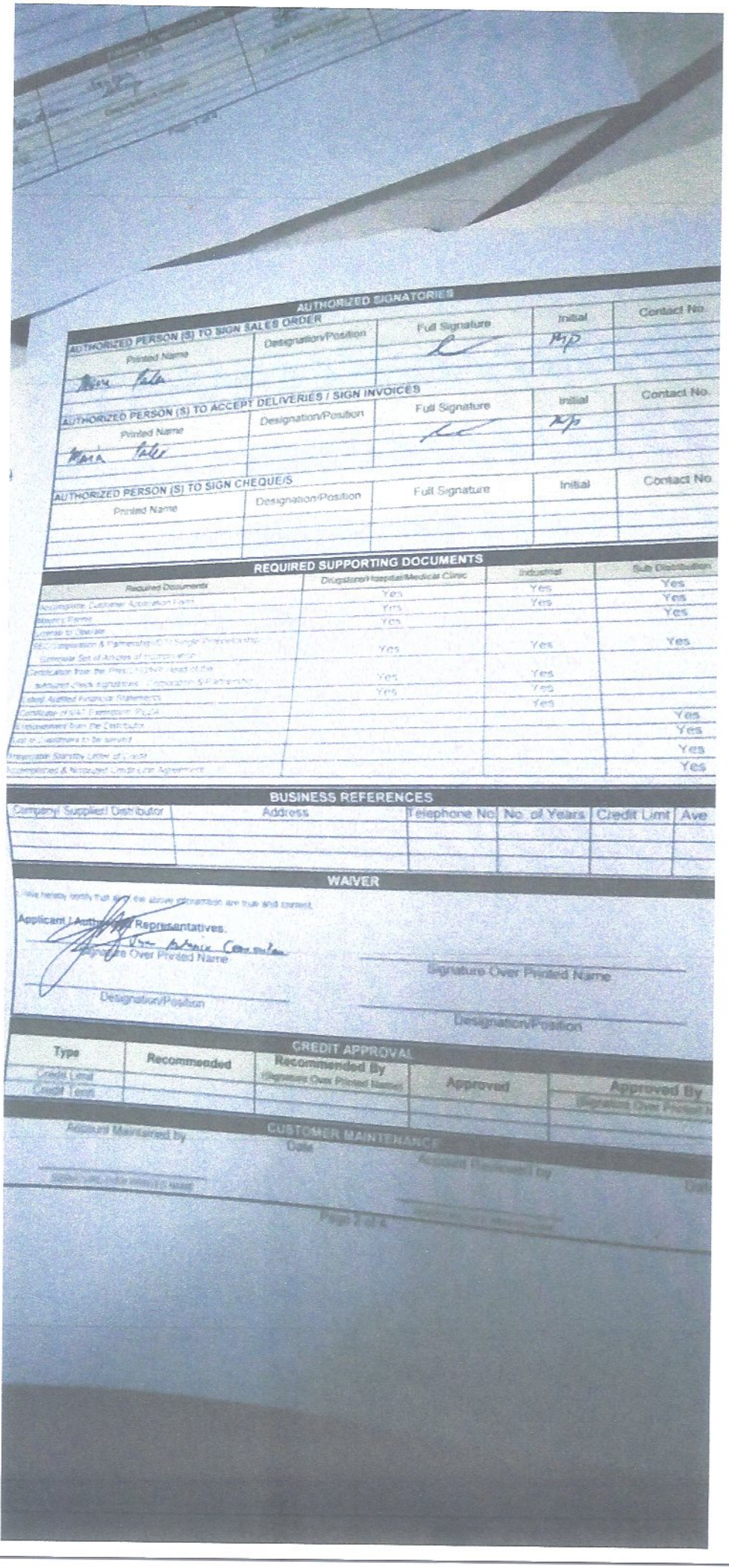
Other Delivery / Shipping Address (es)

	Complete Address	Authorized Person	Contact Number	Preferred Delivery Time
1				
2				
3				
4				

FINANCIAL INFORMATION

	Bank and Branch	Account Type	Bank Account Name
1	Bank of the Philippine Islands	Savings	Juan Antonio O. Cervantes
2			Juan Antonio Cervantes

	Properties Owned	Description/Location	Latest Market Value	Mortgaged To
1	Real Estate (Land/Building)			
2	Vehicles			
3	Other Assets			



AUTHORIZED SIGNATORIES

AUTHORIZED PERSON (S) TO SIGN SALES ORDER	Designation/Position	Full Signature	Initial	Contact No.
Printed Name				
[illegible] Tala				

AUTHORIZED PERSON (S) TO ACCEPT DELIVERIES / SIGN INVOICES	Designation/Position	Full Signature	Initial	Contact No.
Printed Name				
[illegible] Tala				

AUTHORIZED PERSON (S) TO SIGN CHEQUE/S	Designation/Position	Full Signature	Initial	Contact No.
Printed Name				

REQUIRED SUPPORTING DOCUMENTS

Required Documents	Drugstore/Hospital/Medical Clinic	Industrial	Sub Distributor
Accomplished Customer Application Form	Yes	Yes	Yes
Business Permit	Yes		Yes
License to Operate			Yes
SEC Corporation & Partnership (For Single Proprietorship, Duplicate Set of Articles of Incorporation)	Yes	Yes	
Certification from the President / Head of the Authorized Check Signatories (Corporation & Partnership)	Yes	Yes	
Latest Audited Financial Statements	Yes	Yes	
Certificate of VAT Exemption (If Any)		Yes	
Endorsement from the Distributor			Yes
List of Customers to be served			Yes
Irrevocable Standby Letter of Credit			Yes
Accomplished & Notarized Limit Line Agreement			Yes

BUSINESS REFERENCES

Company/ Supplier/ Distributor	Address	Telephone No.	No. of Years	Credit Limit	Ave

WAIVER

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

Applicant / Authorized Representatives

Signature Over Printed Name

Designation/Position

Signature Over Printed Name

Designation/Position

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

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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.

Access, Correct and Delete Your Information

You may access your information and request its correction and/or deletion. For such purpose, other inquiries and/or complaints, you may contact us at:

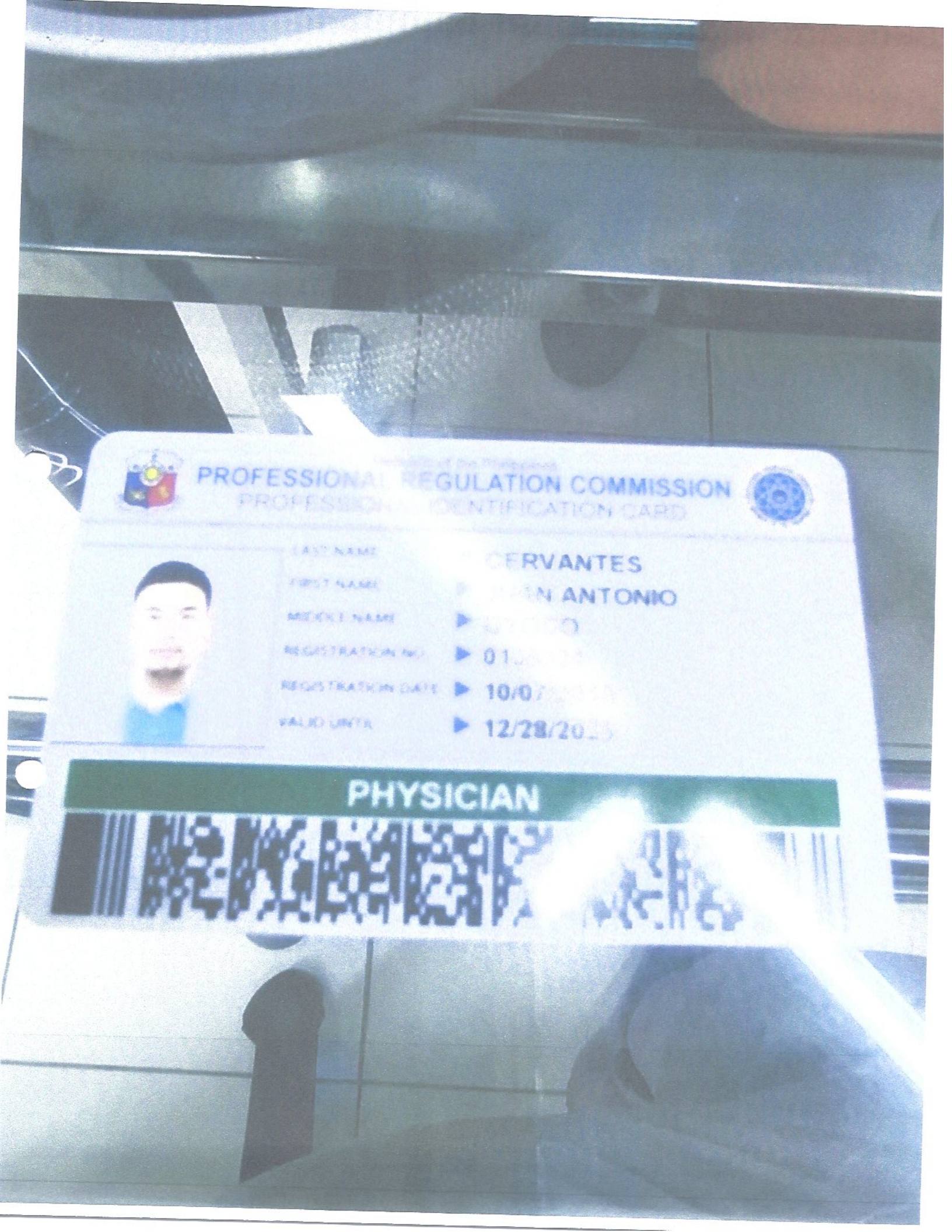
Data Privacy Officer
GB Distributors, Inc.
Bldg. 5A Sunblest Compound,
Km. 23 West Service Road,
Cupang, Muntinlupa City
8772 5501 to 04

Consent and Warranties

I have read and understood the foregoing and give my full consent and authority to GBDI, its successor 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 director officers, representatives, agents or employees, pursuant to the purposes mentioned above.

_____ / _____
Name and Signature / Date
NAME OF COMPANY


PROFESSIONAL REGULATION COMMISSION
PROFESSIONAL IDENTIFICATION CARD
LAST NAME
CERVANTES
FIRST NAME
N ANTONIO
MIDDLE NAME
REGISTRATION NO.
01
REGISTRATION DATE
10/0
VALID UNTIL
12/28/20
PHYSICIAN


Professional Reg Commission
www.prc
20-4374113
Signature of Professional