HERNANDEZ, MACIL STEPHANIE 2.

DATE

CUSTOMER APPLICATION FORM
SPECIAL ACCOUNTS

CUSTOMER NUMBER: RV60399

GENERAL INFORMATION

Customer Name: Macil Stephanie Hernandez m Mandi

Home Address: 10 JASMIN ST, JUNA SUBD, MATINA CROSSING, D C.

Contact No.: 09175911039 Email Address: macil-12@yahoo.com

Please attach 2x2 picture

Tax Identification Number: 279-015-722

Birthday: 2/12/1996 Sex: F Civil Status: MARRIED Citizenship: FILIPINO

Name of Spouse: JACOB M. MANDI

PRC License No.: 013197 Validity Date: 2/12/24 Yrs. in Practice:

Single Practice: V Group Practice:

Business Name (If Group Practice):

Specialization (Primary)

- [x] Anaesthesiology
- [ ] Cardiology
- [ ] Dentistry
- [ ] Dermatology
- [ ] ENT
- [ ] 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): Neithche Medicine

DELIVERY ADDRESS/ES

CLINIC 1	
Building Name & Room No.	UNIT 4 LENMA BLDG
Number & Street	TULIP DRIVE
Barangay or Subdivision or District	MATINA CROSSING
Town / City	DAVAO CITY
Province	DAVAO DEL SUR Zip Code 8000 Area Code
e-Mail Address	mackydmacil@gmail.com
Telephone No./s	09178602095
Fax No./s	
Delivery Schedule	10AM - 7PM MON - SAT
Clinic Hours	10 AM - 7 PM
Name of Authorized Representative	Contact Number
Celine Hernandez	09178602095

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	BDO	Checking	0037818120110
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	

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 communica on and other such means necessary to facilitate obliga ons 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.

_____ / 10/9/23
Name and Signature / Date
NAME OF COMPANY:

Republic of the Philippines

PROFESSIONAL REGULATION COMMISSION

PROFESSIONAL IDENTIFICATION CARD

LAST NAME	HERNANDEZ
FIRST NAME	MACIL STEPHANIE
MIDDLE NAME	ZAMORA
REGISTRATION NO.	0131975
REGISTRATION DATE	09/08/2015
VALID UNTIL	02/12/2024

PHYSICIAN

AC19

Professional Regulation Commission
www.prc.gov.ph

CERTIFICATION

19-3330853

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

RV

TOL MMD

RV GROUP (S) PTE. LTD.

1107 Cityland10, Tower I, H.V. Dela Costa

Street, Bel-Air Makati City 1227

VAT Reg TIN: 606-489-665-0000

Telephone No: (02)82928498

TERM APPROVED : PDC 30

Name:	DR. MACIL STEPHANIE H. MANDI	SO #	RGV10112327
Complete Address:	UNIT 4 LENMA BLDG. TULIP DRIVE, MATINA, DAVAO CITY	MR Name:	VACANT
		MR Contact No:	9177200220
Specialty:		Territory :	DAVAO
Phone No:	9772572321	Order Date :	10/10/2023
Tin No:	279-015-726-00001	PRC ID #	131975

CODE	DESCRIPTION	QTY	FREE GOODS	suggested retail price	discount %	doctor's price (VAT inclusive)	Column1
RVG0001	SLC BAR	6	1	383.5	30%	295	1770
RVG0002	SLC SCALP SOLUTION			903.5	30%	695	0
RVG0003	SLC FACE WASH	6	1	513.5	30%	395	2370
RVG0004	SLC XF WASH	6	1	793	30%	610	3660
RVG0005	NIRVALYTE GEL	6	1	1261	30%	970	5820
RVG0006	MZOLE			338	30%	260	0
RVG0007	MUPIROCIN			325	30%	250	0
RVG0008	ACTAME				30%	1230	0
					TOTAL :	TOTAL :	13,620.00

Delivery Instructions:

> CALL DOCTOR A DAY BEFORE THE DELIVERY IN ORDER FOR HER TO PREPARE THE CHEQUE
> DELIVERY SCHEDULE MONDAY-SATURDAY 1-4PM