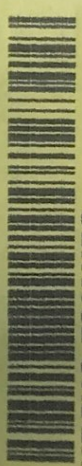




Medgrupppe Polyclinics & Diagnostic Center, Inc.
 2nd Level, APM Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
 Tel # (032) 232-2273/266-3245
 www.primecarecebu.com

BILL TO :
[000160] IPLOY STAFFING SOLUTIONS
 CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu



SERVICE ORDER

Priority No.	0027
SO No.	437759
S.O Date	10/16/2023
Terms	30 Days
Amount Due	P800.00

PRIME CARE
PATIENT INFORMATION

PATIENT ID : 082686
PATIENT NAME : BALINTAG, SOPHIA AGNES, ORILLO
PATIENT ADDRESS : Urgello St., Sambag I (Pob.), Cebu City
MOBILE NO. : 09708939022
EMAIL ADDRESS : sophiabalintag90@gmail.com
REQUESTING PHYSICIAN :
COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
RESULT DELIVERY : DELIVERY



GENDER : Female
BIRTHDATE : 02/12/2001
AGE : 22
CIVIL STATUS : Single
SC/PWD ID :
HMO CARD NO. :
PATIENT STATUS : FOR EMPLOYMENT

CODE : P127
PARTICULARS/PROCEDURE : IPLOY PEME
QTY : 1.00
UNIT PRICE : 800.00
AMOUNT : 800.00
DRUG TEST : CHEST PAIN, SE
NOTE : PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)

BIOMETRICS DONE
DATE: 10/16/23

PREPARED BY:
 Cleremae Canada

ACKNOWLEDGED BY:

Signature Over Printed Name

Signature Over Printed Name

VALIDATED BY

(To be filled out by BIR) DLN:



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration Information Update/Correction/Cancellation

BIR Form No.
1905
July 2021 (ENCS) P1

Fill in applicable spaces. Mark all appropriate boxes with an "X"

PART I - TAXPAYER INFORMATION

1 Taxpayer Identification Number (TIN) 694 157 961 2 RDO Code 3 Contact Number (Landline/Mobile No.) 0970893900

4 Registered Name (If Individual, Last Name, First Name, Middle Name, Suffix) (If Non-Individual, Registered Name)

PART II - REASON/DETAILS OF REGISTRATION INFORMATION UPDATE/CORRECTION

5 Replacement/Cancellation of FORM/S

A. Certificate of Registration (COR)

B. Authority to Print (ATP) Receipts/Invoices

C. Tax Clearance Certificate of Liabilities (TCL1)

D. Taxpayer Identification Number (TIN) Card

E. Others (specify)

REASON/DETAILS

Lost/Damaged

Change of Accredited Printer as Requested by the taxpayer

Correction/Change/Update of Registration Information

Others (specify)

6 Other Updates

Closure of Business (proceed to Number 8)

Change of Civil Status (proceed to Number 9)

Register/Update of Books of Accounts (proceed to Number 10)

Avail of 8% Income Tax Rate Option

Others (specify)

7 Correction/Change/Update of Registration Information

A. UPDATE REGISTERED NAME/TRADE NAME

Change in Registered Name Change in Trade Name Additional Trade Name

Old

New

B. CHANGE IN REGISTERED ADDRESS

Transfer within same RDO Transfer to another RDO From (Old RDO) To (New RDO)

New Address

Unit/Room/Floor/Building No. Building Name/Tower V Argello Brano Building Lot/Block/Phase/House No.

Street Name Sambag 1 Subdivision/Village/Zone

Barangay Town/District

Municipality/City Cebu City Province Cebu ZIP Code 6000

C. CHANGE IN ACCOUNTING PERIOD (Applicable to Non-Individuals)

From Calendar to Fiscal Period

From One Fiscal Period to Another Fiscal Period

From Fiscal to Calendar Period

Accounting Start Month Effectivity Date (MMDD/YYYY)

D. CHANGE/ADD REGISTERED ACTIVITY/LINE OF BUSINESS

New Registered Activity/Line of Business Effectivity Date of Change (MMDD/YYYY) 10 16 20 23

E. CHANGE FACILITY TYPE/DETAILS (attach additional sheets, if necessary)

Facility Code	Facility Type (check applicable facility type)							Others (specify)
	PP	SP	WH	SR	GG	BT	RP	
F								
F								

Facility Type*

PP - Place of Production/Plant GG - Garage

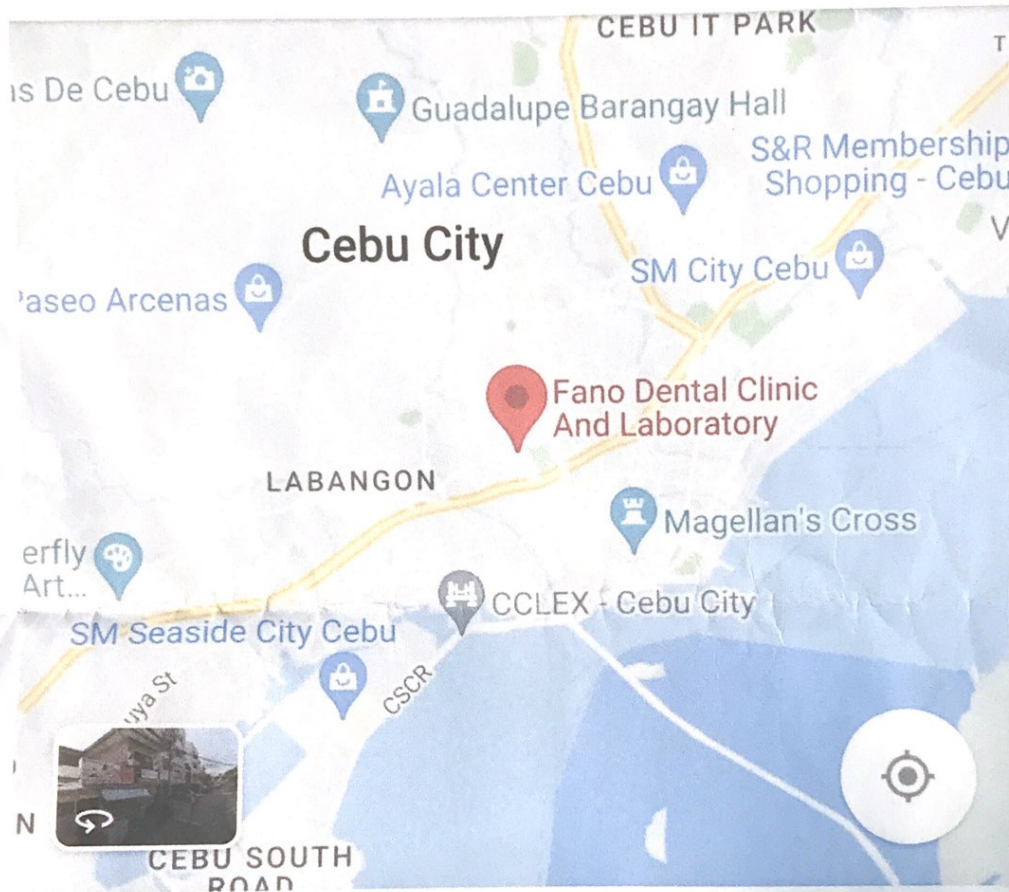
SP - Storage Place BT - Bus Terminal

WH - Warehouse RP - Real Property for Lease with No Sales Activity

SR - Showroom

Sophia Agnes O. Balintag
4206

Sketch of Residence



Fano Dental Clinic And Laboratory

5.0 ★★★★★ (12)

Dental clinic

Directions

Start

Call

Save