

HEALTHWEALTH INTERNATIONAL CORPORATION REQUEST FOR BIR FORM 2307

DATE: _____

NAME: _____

DEALER NO.: _____

TIN NO.: _____

DATE OF REGISTRATION: _____

REQUESTED MONTH/YEAR: _____

PURPOSE OF CERTIFICATE (Please check one)

For BIR Filing (ITR)

For Housing Loan Application

For Credit Card Application

OTHERS (pls specify)

(Note: Please attached photocopy of TIN ID)

REQUESTED BY: _____

Dealer's Signature over Printed Name

RECEIVED BY: _____

Customer Relations Staff

PROCESSED BY: _____

Accounting Staff

DON'T FILL UP. FOR IT VERIFICATION.

VERIFIED BY: