



No. 07-06-2011

## Official Receipts Issued by Mabini Express, Inc. Now Accepted as Proof of Overseas Premium Payments

Overseas Filipino Workers (OFWs) may now pay their PhilHealth premium contributions through any of the following outlets of **Mabini Express**, **Inc.** in Ontario, Canada:

- 1) Sheppard Centre (Sheppard Subway Station) 4841 Yonge St., Unit 133, 2nd Floor North York, Ontario M2N5X2;
- 2) T&T Promenade Location Promenade Circle, 1 Promenade Circle, Thornhill Ontario L4K 408;
- 3) T&T Milliken Location (Middlefield & Steeles) 5561 Steeles Avenue East Scarborough, Ontario M1V 5P6;
- 4) T&T Ottawa Location (Hunt Club Rd. & Riverside Dr.) 224 Hunt Club Road Ottawa , Ontario K1V 1C1

The said payment facility is an additional remittance tie-up partner of the Philippine Veterans Bank. It issues its own official receipt to paying OFWs/OCW-members as proof of their premium contributions for a certain applicable period. The receipts should be honored for purposes of benefit availment or contribution verification.

Below is an image of the official receipt for reference:

MABINI EXPRE		ini.com • 1-800	7.1NE: 416-3 -465-7370 / 41 ice Comes First	
Mebini Express incorporated as a mo Canada's new Proceeds of Crime (Moory) legislation to maintain specific records, as decoribed under Section 7 and 9 of	gather certain informat	Ekspancing Act. As-	such, we are required certification	sired under the
Ref. #	DATE:			
Sender:				
Address:				
1st Time Customer    YES	NO Pho	ne No:		
Type of Employment/Business Valid Photo Identification Present  Oriver's License Passport	ted:	PRCard Whe	re Issued:	
D. #	Expiry Date:			
Purpose of Transaction:			Date of Birth:	
CAD Amount:	CAD Rate:	Pesos	Pesos:	
USD Amount:	USD Rate:	Pesos	:	
MABINI EXPRESS VISA CARD	☐ 1st time user	BANK		
MABINI EXPRESSS PICK-UP CE	INTERS DOOR	TO-DOOR	OTHER PRO	DUCTS
Name: (Recipient)				
Phone No:				
Bank ;	A/C:			
Address:				
Message:			5/0	
Received by:	Total Amount: \$			
I declare that the source of this cur for any misrepresentation. At of the information appearing above is made on my own behalf and not on behalf X	accurate and complete to		and	will be liable action is being
Customer's Signature		Form of	SHIP OF SHIP O	100 THE TOTAL
		Cass.	Chapse .	C) Owner
	ETED FOR NEW CUSTOME	S ANCIALL TRANS	ACTIONS CHIEF STO	~

For more information, email us at **owp@philhealth.gov.ph**, or visit us at <u>www.philhealth.gov.ph</u>. Inquiries are also welcome at our Facebook account. Search **OWP-PHILHEALTH** and click the **LIKE** button.

DR. REY B. AQUINO
President and CEO