

CERTIFICATION

This is to certify that the following Partner's Resolution was unanimously approved at a partner's meeting of _____ held on _____ at _____.

RESOLVED, that the Partnership be, as it is hereby, authorized to enter into transaction and/or avail of products or facilities of, or brokered by, or through the intermediation of the Depository Banks, including but not limited to, cash management services, phone / electronic / internet banking facilities, safety deposit boxes, deposit pick-up arrangements, placements and / or purchase of debt papers, negotiable instruments, trust placements and similar transactions as the Partnership may deem reasonable, beneficial and in the furtherance of the interests of the Partnership.

[NOTE: The foregoing resolution may be revised according to the intent of the Partnership to restrict delegated powers.]

RESOLVED, that the Partnership's Authorized Signatories be, as they are hereby authorized to sign, for and in behalf of the Partnership any documents, papers, instruments, instructions, enrollment forms, agreements, or contracts as may be appropriate and/or required for the implementation of the powers /transactions authorized above. The Authorized Signatories are likewise authorized to delegate to the Partnership's encoder and approver (collectively the "System Administrators") the authority to transact, operate and manage the Partnership's online banking facilities via a signed enrollment form, or to effect any modifications or amendments thereto via a signed letter of instruction acceptable to the Bank.

RESOLVED, that the Partnership's System Administrators be as they are hereby authorized, for and in behalf of the Partnership, to manage the online banking facilities availed of by the Partnership, and to perform functions including but not limited to the enrollment, modification and removal of transactional users (e.g. makers and authorizers), updating of company information, and acceptance of amendments to the facility terms and conditions, via the online platform.

RESOLVED, that any [Specify Number of Signature Requirement] of the following, are designated as the Authorized Signatories of the Partnership:

| NAME | POSITION | SPECIMEN SIGNATURE |
|-------|----------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(Please list down all signatories and any respective limits in amounts, if any i.e. singly, jointly, one Class A with one Class B, etc. along with their specimen signature.)

"RESOLVED, that the Partnership warrants that the Partnership obtained all necessary authorizations and consents as may be required by applicable confidentiality and data privacy laws or agreement to enable the Bank to process any information (including personal information) of an individual submitted by the Partnership to the Bank in connection with its authorization to avail and/or availment of Cash Management Services/Facilities from the Bank;

"RESOLVED that the _____ or the _____ of the Partnership be authorized, as they are hereby authorized, to submit the updated list of the incumbent partners/officers occupying the above-mentioned positions, from time to time.

"RESOLVED FURTHER that this Resolution shall remain valid, subsisting and enforceable unless subsequently modified, revoked, rescinded or superseded by a Partner's Resolution and a copy of such resolution is actually received by BPI.

RESOLVED, FINALLY, that the Partnership agrees to hold free and harmless as well as indemnify the Bank, its stockholders, directors, officers, employees and representatives from any and all liabilities, claims, suits, charges or expenses, of whatever nature arising out of, in connection with or by virtue of the implementation of the above-mentioned resolutions.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____ of _____.

Partner

REPUBLIC OF THE PHILIPPINES)
_____) SS

Subscribed and sworn to before me in _____, on this _____ day of _____, affiant **(state name of affiant)**, who is **personally known to me and to me known to be the same person who executed the foregoing instrument** and who exhibited to me his/her Community Tax Certificate No. _____ issued at _____ on _____; **and / or** who was identified by me through competent evidence of identity to be the same person who executed the foregoing instrument and who exhibited to me his/her Passport / Driver's License No. _____ issued at _____ on _____.

NOTARY PUBLIC

My Commission Expires on _____
Commission Serial No. _____
Place of Commission _____
Office Address _____
Roll No. _____ IBP No. _____
PTR No. _____ Place _____ Date _____

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.