

## SPECIMEN SIGNATURE

<b>CUSTOMER / RM NUMBER/S</b> <i>(for Bank's use only)</i>	<b>REFERENCE / RELATED / EXISTING TA NUMBER/S</b> <i>(for Bank's use only)</i>
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<b>ACCOUNT NAME</b> _____	<b>DATE</b> _____
<input type="checkbox"/> <b>Trust Account No.</b> _____	
<input type="checkbox"/> <b>Investment Management Account No.</b> _____	
<input type="checkbox"/> <b>Other Fiduciary Account No.</b> _____	
In connection with the Company's above-mentioned account with BPI Asset Management and Trust Corporation, please honor and recognize signature/s of:	
<input type="checkbox"/> <b>Any one</b> <input type="checkbox"/> <b>Any two</b> <input type="checkbox"/> <b>All</b> <input type="checkbox"/> <b>Others (please specify)</b>	

NAME/S OF AUTHORIZED SIGNATOR/IES	SPECIMEN SIGNATURE/S Please sign thrice on the spaces provided below.		
1. <b>Name:</b>  <b>Position/ Designation:</b>  <b>Contact No.:</b>			
2. <b>Name:</b>  <b>Position/ Designation:</b>  <b>Contact No.:</b>			
3. <b>Name:</b>  <b>Position/ Designation:</b>  <b>Contact No.:</b>			
4. <b>Name:</b>  <b>Position/ Designation:</b>  <b>Contact No.:</b>			
5. <b>Name:</b>  <b>Position/ Designation:</b>  <b>Contact No.:</b>			
6. <b>Name:</b>  <b>Position/ Designation:</b>  <b>Contact No.:</b>			

<b>Signature Verified by:</b> _____ <i>Signature over Printed Name of Corporate Secretary or BPI AMTC Account Officer</i>
<b>Approved by:</b> _____ <i>Signature over Printed Name of BPI AMTC Account Officer</i>