

MUFG Bank, Ltd.

Manila Branch

A member of MUFG, a global financial group

| APPLICATION FOR ISSUANCE OF MANAGER'S CHECK | | | | |
|--|--|---------------------|-----------------------|--|
| PAYABLE TO: (PLEASE PRINT PLAINLY | | | DATE | |
| PURPOSE OF TRANSACTION OR PAYN | Payment for Goods Payment for Services Others, pls. specify | | | |
| AMOUNT IN FIGURES: | | | | |
| AMOUNT IN WORDS: | | | | |
| IN SETTLEMENT: | | FOR BANK USE ONLY: | | |
| PLEASE DEBIT MY / OUR ACC | OUNT WITH YOU: ()\$ ()₱ ()∀ ()E | FACE VALUE | | |
| ACCOUNT NO. | | CHARGES: | | |
| OTHERS — | | SERVICE CHARGE | | |
| FOR AUTHORIZED REPRESENTATIVE, I/WE HEREBY AUTHORIZE THE PERSON WHOSE NAME AND SIGNATURE APPEARS BELOW TO ACKNOWLEDGE RECEIPT OF THE ABOVE INSTRUMENT. | | COMMISSION | | |
| | 2 | TOTAL | | |
| SIGNATURE OF APPLICANT(S) OVER PRINTED NAME | SIGNATURE OF AUTHORIZED REPRESENTATIVE OVER PRINTED NAME neck / draft should be lost, stolen or destroyed, the undersigned will | MANAGER'S CHECK NO. | | |
| provide you with a Bond or Letter of Indemnity as | cceptable to you, protecting you against liability with respect to the lost, | MAKER | APPROVED BY | |
| verification, use of the bank's prescribed applications of the fax agreement. We will independ the conditions of the fax agreement. | cation is subject to your bank's security procedures such as signature ation form and if transmitted via facsimile, is subject to the terms and mnify your bank against any damages, costs and expenses for any it, your bank has complied with the stated security procedures related | | | |
| NAME OF DEPOSITOR: | AUTHORIZED SIGNATORIES: Signat Verific | | Signature Verified | |
| | (Signature over printed name) | (Signature over p | printed name) | |



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| AMOUNT IN WORDS: | | | | |
| IN SETTLEMENT: | | FOR BANK USE ONLY: | | |
| PLEASE DEBIT MY / OUR ACCOUNT W | VITH YOU: ()\$ ()₱ ()∀ ()E | FACE VALUE | | |
| ACCOUNT NO. | | CHARGES: | | |
| OTHERS — | CP | SERVICE CHARGE | | |
| | BY AUTHORIZE THE PERSON WHOSE NAME AND EDGE RECEIPT OF THE ABOVE INSTRUMENT. | - COMMISSION | | |
| SIGNALOTIE ALT EALIO BELOW TO AGRICOME | EDGE NEGEN OF THE ABOVE INSTROMENT. | TOTAL | | |
| OVER PRINTED NAME 1. It is understood that if the above mentioned check / dra | IGNATURE OF AUTHORIZED REPRESENTATIVE OVER PRINTED NAME aft should be lost, stolen or destroyed, the undersigned will | MANAGER'S CHECK NO. | | |
| provide you with a Bond or Letter of Indemnity acceptable stolen or destroyed check in connection with any request check or a refund of the amount of the above requested c 2. We understand that this manually initiated application is s verification, use of the bank's prescribed application form conditions of the fax agreement. We will indemnify you | to you, protecting you against liability with respect to the lost, the undersigned may make for the issuance of a replacement | MAKER | APPROVED BY | |
| NAME OF DEPOSITOR: | AUTHORIZED SIGNATORIES: Signate Verifie | | Signature Verified | |
| | (Signature over printed name) | (Signature over | printed name) | |



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| AMOUNT IN FIGURES: | | | |
| AMOUNT IN WORDS: | | | |
| IN SETTLEMENT: | | FOR BANK USE ONLY: | |
| PLEASE DEBIT MY / OUR ACC | COUNT WITH YOU: ()\$ ()\$ ()\$ ()E | FACE VALUE | |
| ACCOUNT NO | | CHARGES: | |
| OTHERS — | C | SERVICE CHARGE | |
| | VE HEREBY AUTHORIZE THE PERSON WHOSE NAME AND CKNOWLEDGE RECEIPT OF THE ABOVE INSTRUMENT. | COMMISSION | |
| SIGNATURE AT LAND BELOW TO A | SKNOWEEDEL NEOLIN FOR THE ADOVE INSTITUTIONENT. | TOTAL | |
| SIGNATURE OF APPLICANT(S) OVER PRINTED NAME 1. It is understood that if the above mentioned of | SIGNATURE OF AUTHORIZED REPRESENTATIVE OVER PRINTED NAME | MANAGER'S CHECK NO. | |
| provide you with a Bond or Letter of Indemnity a stolen or destroyed check in connection with a check or a refund of the amount of the above re | acceptable to you, protecting you against liability with respect to the lost, by request the undersigned may make for the issuance of a replacement squested check or draft. | MAKER | APPROVED BY |
| conditions of the fax agreement. We will inde | lication is subject to your bank's security procedures such as signature cation form and if transmitted via facsimile, is subject to the terms and emnify your bank against any damages, costs and expenses for any lat, your bank has complied with the stated security procedures related | | |
| NAME OF DEPOSITOR: | AUTHORIZED SIGNATORIES: Signativerifies | | Signature Verified |
| | (Signature over printed name) | (Signature over | printed name) |