CO-SIGNOR'S INFORMATION SHEET (To be treated in strictest Confidence)

	b)					
	0)					
	1)					
	a)					
	<u>Description/Area</u>	<u>Location</u>	TCT NO.	Current Market Value		
	(concrete, timber, light materials, etc.)					
	agricultural. If building, its number of floors, nature of occupancy (residential, warehouse, store, etc.) and type of construction					
D.	PROPERTIES OWNED: If you own real estate properties, please give the following information. For land, state whether residential, commercial or					
	Income/monthly/annually	Length	of Operation			
		_				
	Are you engaged in your own business? Kind of business					
C.	BUSINESS:					
	Length of Service		Spouse's length of	Service		
	Income	/monthly/annum	Spouse Income	/monthly/annum		
	Position		Position of Spouse	2		
	Address of Spouse's Employer					
	Employer of Spouse					
	Address of Employer					
	Name of Employer					
B.	EMPLOYMENT:					
	Office Address					
	Residential Address					
	or pre-arranged employee					
	No. of dependents			ner resident or non-resident,		
	Name of Spouse Occupation			pouse		
	Date of Birth					
	Full Name		-			
	PERSONAL CIRCUMSTANCES:					

1. Do you own stocks of companies listed in Manila/Makati Stock Exchange? If so, state name of issuing company, kind and number of shares owned and current value thereof...... 2. Do you carry life insurance? If so, state name of insurance company, how much, how long the policy has been in force, name of beneficiary and approximate present cash value thereof..... 3. Are you indebted, besides mortgages, to anyone for sums of money? State name of creditors, how much, when due and what purpose loans were sought..... 4. State whether you are a guarantor or surety for anyone and to what amount...... 6. Bank Account Details: Bank Branch Name of Bank **Amount** Bank Account Type 7. Give names below of responsible persons for references, in no case naming relatives. <u>Name</u> **Occupation** <u>Address</u> Tel. No. I warrant the foregoing statements and information to be true and accurate to the best of my knowledge and belief and are made for the purpose of inducing MICO/MZIC/TMMIC to execute the bond on behalf of..... Prerequisite for proper evaluation of this application, please submit your latest income tax returns Signature: Signature:

(Broker, Agent or other Authorized Representative of Client) (Date Signed)

E. OTHER INFORMATION:

(Client's signature over Printed Name) (Date Signed)

DATA PRIVACY I acknowledge that Malayan Insurance Company, Inc. (Malayan) may collect, use, process and share my personal information to its employees, duly authorized representatives, other insurers, reinsurers, adjusters, investigators, and other third party providers for purposes such as underwriting, administration, claims adjudication and management, investment, data analytics, statistical analysis, risk analysis/ assessment/management, financial and tax monitoring/review/reporting, protection against fraud, errors, or misrepresentations, profiling, research, due diligence, company evaluation, studies/customer satisfaction surveys, and compliance with legal, regulatory or contractual requirements. Further, I agree that Malayan may notify and offer me any of its products and services that may be useful to me. In furtherance of these purposes, my personal information, unless prohibited, may be processed outside the Philippines and be subject to different data protection standards.

AUTHORITY TO VERIFY INFORMATION I also authorize Malayan to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

RIGHTS OF THE DATA SUBJECT I acknowledge that I have the right to access the given information and I undertake to correct, rectify or supplement the same should any information be found to be inaccurate or incomplete. I shall notify Malayan in writing of any changes in the information given above.

UNDERTAKING I hereby warrant that all personal information given by me are true, correct, updated to the best of my knowledge, and freely and voluntarily given to Malayan. I agree and consent that the above information are being collected, used, processed and recorded for purposes of securing insurance protection or any other business transaction(s) with Malayan and for other purpose as indicated herein.

If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I have been duly authorized to perform such acts and permitted to give their information to Malayan. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product or services from Malayan of all the terms and conditions herein. I will hold Malayan, directors, officers, employees, agents, successors and assigns free and harmless from any liability that may arise as a result of the authorization given above.

By signing this form, I hereby certify that I have read and understood the foregoing and this consent remains valid and binding unless I submit a written notice to Malayan revoking or altering the same.

of Co	AUTHORITY TO DISCLOSE By ticking the box, I hereby authorize Malayan to grant the members of the Yuchengco Grou of Companies (YGC), their and Malayan's affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries industry associations, and other third parties access to my personal information, including this form, for purposes of marketing, sale or promotional information campaigns, and provision of any products, services, or offer grough mail/email/SMS/telephone, or any type of electronic facility.		
Signature:_	(Client's signature over Printed Name) (Date Signed)	Signature: (Broker, Agent or other Authorized Representative of Client) (Date Signed)	