owner is on file with the transfer agents of the Company. Please fill out this card and

return to us.

8/F STI Holdings Center 6764 Ayala Avenue, Makati City 1226

Office Phone: 848-6505 Trading Floor: 891-9420-21

VENTURE SECURITIES, INC. Fax: 848-6505 **SPECIMEN SIGNATURE CARD (Corporate)** ACCOUNT NAME: POSTAL ADDRESS: (No. & Street, Building, Town/District, City/Province, Postal/Zip Code, Country) TELEPHONE NO. : FAX NO. TIN: Others SIGNATURE REQUIREMENT: (Please tick one) Single Any Two (Each signatory must have three specimen signatures) Name and Positon (Please print) Name and Position (Please print) Signature verified by: IMPORTANT: Certicates will not be transferred unless a specimen signature of the

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(Each sig	natory must have	e three specimen signatures)	
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