

Date 08 / 28 / 2018

Accounting Department
COL FINANCIAL GROUP, INC.

2401B East Tower, Philippine Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City 1605 Philippines

Tel. No. 6-515-888 | Fax No. 634-6958 | Email: withdrawals@colfinancial.com

(Please print, fill out and sign this form then submit via fax or email to COL's Accounting Department)

REQUEST FOR WITHDRAWAL OF FUNDS*

(*Funds can be withdrawn from free cash balances within 24-hours or from the proceeds raised 3 working days after a stock sale)

Request:

I hereby request for the withdrawal of the amount stated hereunder from my **COL Financial** account:

Amount in Figures:

| | | | | | | | | | | | | | | | |
|-----|--|--|--|--|---|---|---|--|---|---|---|--|---|---|---|
| PHP | | | | | 1 | 0 | 0 | | 0 | 0 | 0 | | . | 0 | 0 |
|-----|--|--|--|--|---|---|---|--|---|---|---|--|---|---|---|

Amount in words:

One Hundred Thousand Pesos only

COL Account No:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 6 | 0 | 0 | - | 0 | 5 | 2 | 8 |
|---|---|---|---|---|---|---|---|---|

ID Type and No:

Driver's Licence : D04-07-005935

(*ID details needed for check pick up)

I confirm that the information herein is true and correct. In case of deposit to registered bank account, I also confirm that the details of my bank account as registered with COL are correct and up-to-date. I understand that I am solely liable for any and all costs in relation to or caused by the breach of my representations herein, including the service charge for failed deposits.

Note: Requests received after our 11:00 AM cut-off will be processed on the next banking day.

Special Instructions:

☐ **CHECK PICK UP (from COL Business Center, 3pm onwards)**

(Check payments will be made payable to Account Holders name/s ONLY)

☐ **Please uncross checks for Encashment**

☒ **DEPOSIT TO REGISTERED BANK ACCOUNT***

*(*Bank account name/s should match your COL Account Name/s to facilitate bank deposits. Banks may reject deposits if they find inconsistencies with listed names, forcing us to release withdrawals through Check Pick Up from our Business Center. Please make sure your bank account is still active as any failed attempt to deposit into a closed bank account will incur a service charge of P25.00)*

Note: To change or update your registered bank account with COL:

1. Please log into your COL account and visit **Home** → **Change Profile**
2. Click on the **EDIT** button under the Bank Details section
3. Proceed to make updates/changes then click on **Submit and Print**
4. Submit the printout (or scanned copy) to: **"COL Operations Group"**
 - a. Email: stockcerts@colfinancial.com or Fax: (632) 687-5459
 - b. Snail Mail: 2401B East Tower, Philippine Stock Exchange Centre, Exchange Road, Ortigas Center, Pasig City 1605 Philippines

(Update requests in Bank Account details may take up to 48 to 72 hours to verify and amend.)


MICHAEL ANTHONY VERIDIANO PAMERO

Primary Account Holder

Signature over Printed Name



Secondary Account Holder

Signature over Printed Name



AUTHORIZATION: CHECK PICK-UP THROUGH REPRESENTATIVE

I hereby authorize my representative whose printed name and specimen signature appear below, to receive the proceeds of this withdrawal in my behalf.

Representative's Printed Name

Representative's Specimen Signature

Customer's Signature



Note: Valid identification from both the customer and his representative is required when securing payment.