

<b>VENTURE SECURITIES, INC.</b>	8/F STI Holdings Center 6764 Ayala Avenue, Makati City 1226	Office Phone: 848-6505 Trading Floor : 891-9420-21 Fax: 848-6505
<b>SPECIMEN SIGNATURE CARD</b>	ACCOUNT TYPE: (Please tick one) <input type="checkbox"/> Individual <input type="checkbox"/> Joint And <input type="checkbox"/> Joint Or <input type="checkbox"/> Others _____	ACCOUNT NO.
ACCOUNT NAME :		
POSTAL ADDRESS : (No. & Street, Building, Town/District, City/Province, Postal/Zip Code, Country)		
TELEPHONE NO. :	TIN:	CITIZENSHIP:
SIGNATURE REQUIREMENT:(Please tick one)	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> All	<input type="checkbox"/> Others _____
(Each signatory must have two specimen signatures)		
<hr/> <hr/>		<i>Signature verified by:</i>
IMPORTANT: Certificates will not be transferred unless a specimen signature of the owner is on file with the transfer agents of the Company. Please fill out this card and return to us.		

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