STRENGTHENING PROGRAM FOR RURAL BANKS PLUS **APPLICATION FORM***

Type of Transaction Merger/Consolidation	P & A **	Acquisition of Control			
Proposed Name of the Surviving Bank (if applicable)				_	
(Portion to be accomplished by the Eligible Strategic Th	ird Party Investor	- STPI)			
Name of Eligible STPI Address					
-		Rural Bank		Non-Bank	
"	ATN4(a) '(a a	Rurai Bank		Non-Bank	
	ATM(s), if any				
Total Assets	•				
Name of President		0/ / 0			
Name of Major Stockholder(s)		% of Owner	rship		
CAMELS Rating (latest BSP ROE)	As of _			_	
Risk Based Capital Adequacy Ratio (latest period)		As of _			
Board Resolution No./Transaction Approval Date	_				
Stockholder's Resolution No./Transaction Approval Date	_				
	PDIC				
If Yes, please indicate details:	1				
	Amount	Tenor	Rate	Remarks	
Preferred Shares					
Emergency Loan					
Rediscounting Loan					
Others (pls. specify)					
Use additional sheet if necessary					
(Portion to be accomplished by the Eligible Bank)					
Name of Eligible Bank					
Address					
	ATM(s), if any				
Total Assets	•				
Name of President					
Name of Major Stockholder(s)		% of Owne	rship		
CAMELS Rating (latest BSP ROE)	As of _			_	
Risk Based Capital Adequacy Ratio (latest period)		As of			
Board Resolution No./Transaction Approval Date	_				
Stockholder's Resolution No./Transaction Approval Date	e				
Outstanding Loan/Obligation: BSP	PDIC				
If Yes, please indicate details:					
	Amount	Tenor	Rate	Remarks	
Preferred Shares					
Emergency Loan					
Rediscounting Loan					
Others (pls. specify)					
Use additional sheet if necessary		_			
Dr.c.		Dv.,,			
Ву:		By:			
Authorized Signatory - Eligible STPI	·	Authorized 9	Signatory 5	Eligible Bank	
Authorized Signatory - Eligible STF1		Authorized	Jigi iaiUi y - E	-iigibie balik	
Date Applied					
Date Applied					

^{*}Pursuant to Section 5.2(c) of the SPRB Plus Implementing Guidelines
** Purchase of assets and assumption of liabilities