STRENGTHENING PROGRAM FOR RURAL BANKS PLUS APPLICATION FORM*

Type of Transaction Merger/Consolidation P & A ** Acquisition of Shares						
Proposed Name of the Surviving Bank (if applicable)						
(Portion to be accomplished by the Eligible Strategic Third Party Investor - STPI)						
Name of Eligible STPI Address						
Type of STPI: KB Thrift Bank Rural Bank					Non-Bank	
No. of Banking Units		ATM(s), if any				
Total Assets						
Name of President						
Name of Major Stockholde	er(s)		— % of Ownership			
CAMELS Rating (latest BSP ROE)		As of	· ·			
Risk Based Capital Adequacy Ratio (latest period)			As of		_	
Board Resolution No./Trar						
	No./Transaction Approval Date					
Outstanding Loan/Obligation		DIC				
	se indicate details:					
		Amount	Tenor	Rate	Remarks	l
	Preferred Shares	, inount		rtato	rtonianto	
	Emergency Loan					
	Rediscounting Loan					
	Others (pls. specify)					
Use additional sheet if necessary	· · · · · · · · · · · · · · · · · · ·		11		1	ł
(Portion to be accomplishe	ed by the Eligible Bank)					
Name of Eligible Bank						
Address						
No. of Banking Units	No. of A	ATM(s), if any				
Total Assets						
Name of President			-			
Name of Major Stockholde		% of Ownership			,	
CAMELS Rating (latest BSP ROE)		As of			_	
Risk Based Capital Adequ		As of				
Board Resolution No./Transaction Approval Date Stockholder's Resolution No./Transaction Approval Date						
Outstanding Loan/Obligation		PDIC				
If Yes, pleas	se indicate details:	•	<u> </u>			1
		Amount	Tenor	Rate	Remarks	
	Preferred Shares					
	Emergency Loan					
	Rediscounting Loan					
	Others (pls. specify)					i
Use additional sheet if necessary	,					
By:			By:			
Authorized Signatory - Eligible STPI			Authorized Signatory - Eligible Bank			
Date Applied						

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