CONSOLIDATION PROGRAM FOR RURAL BANKS APPLICATION FORM*

Type of Transactic	on 🔲	Consolidation	Merger	Date:		
Proposed Name c	of the Surviv	vina Rank				
rroposed Name e	71 1110 301 414	arig barik				
D	ank Namo			Address (Town/C	ity Province)	
Bank Name				Address (Town/C	ily, Province)	
2.						
3.			-			
4.						
5.						
6.						
7.						
		Resoluti	ons Approving the	Consolidation or N	Merger	
		Board	Approval	Stockholders'	Approval	
Bank Nam	е	Resolution No.	Date	Resolution No.	Date	
1.		·				
2.						
3.			-			
5.						
6.						
7.						
		•	d Financial Reporting	g Package (P'000)		
		A	s of Unimpaired		Latest BS	P CAMELS
Bank Nam	e	Total Assets	Capital	RBCAR	Rating	Date
1.						
2.						
3.						
4.			-			
5.						
7.						
	oined Unim	paired Capital:				
			Resulting RBCAR:	·		
Ву:						
Bank nam	е	Authorize	ed Signatory	Signature	e / Date	
1.						
2.		-		-		
3.						
4.						
5.						
6. 7						
' ·		-		-		

^{*}Pursuant to Section 7.0 (b) of the CPRB Implementing Guidelines