



**NOTICE FOR TERMINATION  
OF A CERTIFIED INVESTMENT SOLICITOR OR  
COMPLIANCE OFFICER OF AN INVESTMENT COMPANY  
ADVISER / MUTUAL FUND DISTRIBUTOR**

- COMPLIANCE OFFICER  
 CERTIFIED INVESTMENT SOLICITOR

INSTRUCTIONS: This form must be accomplished every time a Certified Investment Solicitor (“CIS”) or Compliance Officer (“CO”) ceases to be connected with the registered ICA or MFD and must be filed with the Commission not later than thirty (30) days from effectivity of termination as stated in Paragraph 6 hereof.

(1) LAST NAME	JR./SR., etc	FIRST NAME	MIDDLE NAME
(2) TIN #		(2A) CERTIFICATE OF REGISTRATION NO.	
(3) FIRM NAME			
(4) FIRM MAIN ADDRESS	STREET	CITY	PROVINCE ZIP
(5) OFFICE OF EMPLOYMENT ADDRESS	STREET	CITY	PROVINCE ZIP
(6) DATE TERMINATED			
_____			
Month/Day/Year			
(7) REASON FOR TERMINATION: (Check one)			
<input type="checkbox"/> Voluntary <input type="checkbox"/> Deceased <input type="checkbox"/> Permitted to Resign <input type="checkbox"/> Discharged <input type="checkbox"/> Other			
* Provide an Explanation			
_____			
_____			
<b>IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IN ITEMS 8, 9, 10 is “YES”, ATTACH COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON ATTACHED DRP FORM.</b>			
(8)	WHILE EMPLOYED BY OR ASSOCIATED WITH YOUR FIRM, WAS THE INDIVIDUAL:	YES	NO
A.	Involved in any disciplinary action by a domestic or foreign governmental body or self-regulatory organization with jurisdiction over securities related business? .....	<input type="checkbox"/>	<input type="checkbox"/>
B.	The subject of a securities or consumer-initiated complaint that:		
	(1) alleged compensatory damages of P250,000 or more, fraud, or the wrongful taking of property? .....	<input type="checkbox"/>	<input type="checkbox"/>
	(2) was settled or decided against the individual for P125,000 or more, or found fraud, or the wrongful taking of property? .....	<input type="checkbox"/>	<input type="checkbox"/>
C.	Convicted of or plead guilty or nolo contendere (“no contest”) in a domestic or foreign court to:		
	(1) A felony or misdemeanor involving: investments or an investment-related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting or extortion, or gambling? .....	<input type="checkbox"/>	<input type="checkbox"/>
	(2) Any other felony? .....	<input type="checkbox"/>	<input type="checkbox"/>
(9)	Currently is, or at termination was, an individual involved in an investigation or proceeding by a domestic or foreign governmental body or self-regulatory organization with jurisdiction over securities related businesses? .....	<input type="checkbox"/>	<input type="checkbox"/>
(10)	Currently is, or at termination was, an individual under internal review for fraud or wrongful taking of property, or violating securities related statutes, regulations, rules or industry standards of conduct? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM</b>			
_____ / _____ / _____		_____	
MONTH	DAY	YEAR	SIGNATURE OF APPROPRIATE SIGNATORY
_____		_____	
		TYPE NAME OF APPROPRIATE SIGNATORY	
_____		_____	
		PERSON TO CONTACT FOR FURTHER INFORMATION	

**SEC FORM ICA CIS/CO-T DISCLOSURE REPORTING PAGE (DRP)**

**NOTICE OF TERMINATION  
OF A CERTIFIED INVESTMENT SOLICITOR OR COMPLIANCE OFFICER  
OF AN INVESTMENT COMPANY ADVISER / MUTUAL FUND DISTRIBUTOR**

LAST NAME	JR./SR., etc.	FIRST NAME	MIDDLE NAME
TIN #		CERTIFICATE OF REGISTRATION NO.	
<b>DISCLOSURE REPORTING PAGE (DRP)</b>			
INSTRUCTIONS			
<p>This Disclosure Reporting Page (DRP) is to be used to report details of affirmative responses to items 8,9,10.</p> <p>* Use a separate DRP for each event or proceeding. Complete Items 1-8 below (Item 9 is optional).          * One event may result in more than one "YES" answer to Items 8-10; if so use only one DRP to report this information.          * It is very important that clear and concise information be provided for each item on this form.          * It is not a requirement that documents be provided for each event or proceeding. Should they be provided with the DRP, they will not be accepted as disclosure in lieu of answering the questions on this form.</p>			
<p>(1) This DRP relates to the following questions in Items 8-10.</p> <p>8A _____ 8B(1) _____ 8B(2) _____ 8C(1) _____ 8C(2) _____ 9 _____ 10 _____</p> <p>(2) Is this DRP being filed to change or update any information regarding a previously reported event or proceeding? YES _____ NO _____</p> <p>(3) Who initiated this event or proceeding? (Enter name of firm, regulator, court, customer, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(4) What type of proceeding was this? (i.e. customer complaint, internal review, civil, administrative, criminal, arbitration) _____</p> <p>_____</p> <p>_____</p> <p>(5) On what date was the event or proceeding initiated? _____</p> <p>_____</p> <p>(6) Identify the docket or case number of the event or proceeding (if any). _____</p> <p>(7) What were the allegations against the individual? (Include amounts of actual or alleged damages or claims.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(8) a. What is the current status of the event or proceeding? _____</p> <p>b. On what date was this status reached? _____</p> <p>c. What was the result? (Include felony/misdemeanor, termination, description of penalties, amount of fine, payment or settlement, terms of the disposition, length of suspension or restriction, etc.) _____</p> <p>_____</p> <p>_____</p> <p>(9) You may provide a brief summary of this event or proceeding. _____</p> <p>_____</p> <p>_____</p>			
<p>_____/_____/_____ MONTH DAY YEAR</p>			<p>_____ APPROPRIATE SIGNATORY</p>