**APPLICANT’S/TRANSFER AGENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firm T.I.N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SEC FORM 36 TA/36-TAA**

**APPLICATION FOR REGISTRATION AS A TRANSFER AGENT**

**AND AMENDMENTS THERETO**

**NEW APPLICATION**

**RENEWAL**

**AMENDMENTS This amendment pertains to items \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.

**WARNING**: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the Securities Regulation Code and rules and regulations adopted thereunder may result in disciplinary, administrative, injunctive or criminal action.

**INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS**

1. Exact name, principal business address, mailing address, if different, and telephone number of applicant.
2. Full name of applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Tax Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (1) Name under which applicant’s business primarily is conducted, if different:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) List any other name by which the applicant conducts business.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. If this filing makes a name change on behalf of the applicant, enter the previous name and specify whether the name change is the applicant name (2A) or business name (2C):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2A)

(2C)

E. Applicant’s main address: (Do not use a P.O. Box) (Number and Street, City, Postal Code)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Mailing address, if different:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Business Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H. Contact Employee: (Name and Title of Compliance Officer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT’S/TRANSFER AGENTS’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Paid up capital : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of Officer who is a Certified Public Accountant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Indicate in the boxes below each organization with which the applicant is registered or wishes to become a member of or participant in.

Securities and Exchange Commission (SEC)

Philippine Stock Exchange, Inc. (PSE)

Philippine Association of Stock Transfer Agents (PASTRA)

Philippine Depository and Trust Corporation (PDTC)

Others, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Indicate date and place applicant obtained its legal status (i.e. place of incorporation, etc.)

Date of formation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of formation: \_\_\_\_\_\_\_\_\_\_\_\_\_ SEC Reg. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (MM/DD/YY)

Applicant’s fiscal year ends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Annual Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Functions to be performed:

TA for equities

TA for debt securities

TA for mutual funds

Others

1. Status of transfers:

Describe the current status of share certificate transfers setting forth in summary form the number of transfers outstanding by age, the number of shares involved and the projected value represented by there shares.

1. Good Standing:

If any of the answers to the following questions is “yes”, provide complete details of all events and proceedings in the Supplemental Reporting Page (SRP).

Has applicant been found to have:

a) violated or not complied with:

1. the provisions of the SRC, the rules or regulations promulgated

there under?

YES

NO

1. any order, requirements or conditions imposed by SEC?

YES

NO

**APPLICANT’S/TRANSFER AGENTS’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. engaged in fraudulent transactions?

YES

NO

1. failed to comply with its procedures or those of a registered clearing agency?

YES

NO

1. failed to comply with its procedures or those of an exchange?

YES

NO

1. Ownership:

Shareholders (only those who are officers of registrant and shareholders who owns 5% or more of the issued and outstanding shares) or partners of registrant:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Percentage of Shares Held | Profession and Occupation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Directors and Officers of registrant:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Address | Percentage of Shares Held | Profession and Occupation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **APPLICANT’S/TRANSFER AGENTS’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Exhibits to be filed in connection with the applicant’s registration as a Transfer Agent under the Code
2. For existing corporation:
3. Certified True Copy of Articles of Incorporation
4. Certified True Copy of By-Laws
5. Latest Annual Audited Financial Statements;
6. General Information Sheet

1. For newly registered corporations:
2. Certified True Copy of Articles of Incorporation;
3. Certified True Copy of By-Laws;
4. List of Officers and Stockholders
5. Transfer Agent Rules and Procedures, certified true and correct by its President, including procedures on withdrawal as transfer agent and successor transfer agent;
6. Organizational Chart;
7. Business Plan;
8. Manual of Corporate Governance
9. Schedule of fees and charges for approval of the Commission. Such schedule shall not be effective until and unless approved by the Commission
10. Copy of the sample engagement letter containing, among others, the identification of the services to be rendered and specification of the responsibilities of the transfer agent;
11. Undertaking under oath to comply with the rules and regulations, orders, memorandum circulars and policies promulgated by the Commission, and of other rules, procedures, standards and policies set by other Exchanges or Self-Regulatory Organizations and duly approved by the Commission, and its own internal rules and procedures set for transfer agency operation;
12. Undertaking under oath to be member of transfer agent association/organization and to submit a copy of transfer agent agreement with issuer companies;
13. Undertaking to conduct due diligence prior to engagement to warrant the completeness and reliability of the records to be received from the company or its former transfer agent; and
14. Undertaking to assume the obligation in relation to the stock transfer services as provided in the engagement letter during the period of engagement

**APPLICANT’S/TRANSFER AGENTS’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any amendment to such application shall be filed with the Commission on SEC Form 36-TA, in accordance with the instructions contained therein.

 If any of the information reported on SEC Form 36-TA becomes inaccurate, misleading, or incomplete or requires updating for any reason, such as changes in operating procedures and/or the list of directors and officers, the registrant shall file an amendment within seven (7) days after the date on which the information in the application became inaccurate, misleading, or incomplete.

It is unlawful for a transfer agent to perform any transfer agency function with respect to any security registered under the SRC unless the transfer agent is effectively registered with the SEC.

By submitting this form, registrant and the executing official hereby represent that the information contained in this SEC Form 36-TA and its attachments is true, correct and complete.

**EXECUTION**: The applicant consents that service of any civil action brought by or notice of any proceeding before the Securities and Exchange Commission or any self-regulatory organization in connection with the applicant’s Transfer Agent activities, may be given by registered or certified mail or confirmed telegram to the applicant’s contact employee at the main address, or mailing address if different, given in items 1E, and 1F.

 The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of said applicant. The undersigned and applicant represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are true, accurate, current and complete. The undersigned and applicant further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

 Government Issued ID. Date/Place of Issue

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature above printed name and Title

Subscribed and sworn before me this\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_\_\_at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Notary Public]

**This page shall always be completed in full with original, manual signature and notarization.**

**To amend, circle items being amended. Affix notary stamp or seal where applicable.**