COVER SHEET

for

AUDITED FINANCIAL STATEMENTS

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PR	PRINCIPAL OFFICE (No./Street/Barangay/City/Town/Province)																													
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Form Type Department requiring the report Secondary License Type, If Applicable																														
COMPANY INSCRIPTION															_															
COMPANY INFORMATION Company's email Address Company's Telephone Number Mobile Number																														
Company's email Address											Company a receptione number								mosae autoer											
	No. of Stockholders											Annual Meeting (Month / Day)								Fiscal Year (Month / Day)										
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NOTE 1: In case of death, resignation or cessation of office of the officer designated as contact person, such incident shall be reported to the Commission within thirthy (30) calendar days from the occurance thereof with information and complete contact details of the new contact person designated.

^{2:} All Boxes must be properly and completely filled-up. Failure to do so shall cause the delay in updating the corporation's records with the Commission and/or non-receipt of Notice of Deficiencies. Further, non-receipt of Notice of Deficiencies shall not excuse the corporation from liability for its deficiencies.