

2x2 picture in  
Executive Attire  
w/ white  
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## NOMINATION FORM

PLEASE CHECK PROPER BOX

- Nominee for Independent Director  
 Nominee for Regular Director

\_\_\_\_\_  
**NAME OF NOMINEE**

CITIZENSHIP: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_  
OFFICE ADDRESS: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_

### EDUCATIONAL BACKGROUND/ATTAINMENT

EDUCATIONAL INSTITUTION	DEGREE	YEAR GRADUATED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### FULL DISCLOSURE OF WORK AND/OR BUSINESS EXPERIENCE (Please attach a separate sheet if necessary)

COMPANY	POSITION	LENGTH OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### DIRECTORSHIP/MEMBERSHIP IN OTHER CORPORATIONS/ASSOCIATIONS (Please attach a separate sheet if necessary)

CORPORATION/ ASSOCIATION	POSITION	LENGTH OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**STOCKHOLDINGS/SECURITY OWNERSHIP (Please attach a separate sheet if necessary)**

CORPORATION	PERCENTAGE OF OWNERSHIP	NATURE OF OWNERSHIP (DIRECT OR INDIRECT)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CONVICTION, IF ANY, OF AN OFFENSE, JUDICIAL OR ADMINISTRATIVE, OR JUDICIAL DECLARATION OF BEING INSOLVENT, SPENDTHRIFT OR INCAPACITATED TO ENTER INTO CONTRACT. IF APPLICABLE, PLEASE STATE:**

NATURE OF OFFENSE	COURT/ BODY	DATE OF COMPLAINT/ INFORMATION WAS FILED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME OF NOMINATOR STOCKHOLDER OR AUTHORIZED REPRESENTATIVE**

\_\_\_\_\_  
**DATE SUBMITTED**

\_\_\_\_\_  
**RELATION TO NOMINEE**

**CONFORMITY AND ACCEPTANCE:**

I hereby certify to the correctness of the above-stated information and I consent to the collection, generation, use, processing, storage and retention of my personal data by ACEMC-Bacolod Inc. for my nomination and/or election as one of the members of its Board of Directors and other legal purpose. This certification also signifies my conformity and acceptance of my nomination as a Regular/Independent Director.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME OF NOMINEE**

\_\_\_\_\_  
**DATE SUBMITTED**

REPUBLIC OF THE PHILIPPINES )

CITY/MUNICIPALITY OF \_\_\_\_\_ ) S.S.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines. Affiant is personally known to me and was identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant exhibited to me her/his \_\_\_\_\_ with her/his photograph and signature appearing thereon, with no. \_\_\_\_\_ issued by the \_\_\_\_\_ and her/his Community Tax Certificate No. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_, Philippines.

Witness my hand and seal.

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of 2022.