




RETALIATION PROTECTION REPORT FORM

This form is intended for use by an individual who believes he/she has been retaliated against in his/her support to the Whistle blowing or  policy of MERALCO either as a Complainant or as a Witness.

In order to facilitate immediate action, the completed form and any supporting documentation should be submitted to the Corporate Governance Office either through postal mail in an envelope marked "Confidential", email to cgo.staff@meralco.com.ph or fax to (632)632-8943).

PERSONAL INFORMATION OF THE COMPLAINANT

NAME (LAST NAME, FIRST NAME, MI)	HOME ADDRESS
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IF COMPLAINANT IS A MERALCO EMPLOYEE, DIRECTOR, OFFICER:	MAILING ADDRESS:
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MAN NO.	OFFICE:
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JOB TITLE:	OFFICE LOCATION:	PHONE NO(S).	EMAIL ADDRESS:
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REFERENCE NUMBER OF RELATED REPORT:

YOU ARE A: REPORTING PERSON WITNESS

PERSON(S) ALLEGED TO HAVE RETALIATED AGAINST YOU:

NAME	POSITION	COMPANY	OFFICE

DETAILS OF RETALIATION EXPERIENCED:

DATE:	TIME:	FREQUENCY:
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State your complaint: *(attach additional sheets if necessary)*

FORM OF PROTECTION/CORRECTIVE ACTION BEING REQUESTED:

Confidentiality Statement

The Company considers the above information as a confidential matter. All information derived as a result of the investigation of this report will only be disclosed to authorize personnel helpful in the resolution of the report or as required by law.

This information and other supporting documentation provided by the person who accomplished this form may be made available to those accused of retaliation. Other relevant information that may be gathered on the course of the investigation may, at the discretion of the investigating office/committee, be disclosed to other persons, including a party to the retaliation report, in order to establish the truth of matters alleged or to otherwise advance the investigation.

Until a decision has been achieved in the matter, or if the retaliation report is dismissed, withdrawn or otherwise resolved, persons who are parties to the report are expected to observe confidentiality of the matter to protect the investigation and respect the rights of all parties. All Company directors, officers and employees are required to cooperate in the investigation of retaliation reports. Findings may prove to be unfavorable to parties that are unwilling to cooperate in an investigation.

Complainant Declaration

I swear under penalty of perjury under the laws of the Republic of the Philippines that the facts set forth in the statement of the complaint, and in any supporting information submitted with the complaint, are true and correct to the best of my knowledge and belief. I agree to cooperate in any investigation of this matter and declare that I have read, understand, and will comply with the confidentiality requirements stated above. If I have designated a person above to represent me in this matter, I understand that all notices to and communications with the named representative will be treated as if such notices and communications had been made to me.

Complainant's Signature

Date