



**REPORT ON CORPORATE GOVERNANCE VIOLATION FORM**

FOR VIOLATIONS OF CORPORATE GOVERNANCE RULES, VIOLATIONS OF THE COMPANY'S CODE OF ETHICS AND COMPANY CODE ON EMPLOYEE DISCIPLINE, FINANCIAL AND PROCEDURAL MALPRACTICE, ILLEGAL ACTIVITIES AND OTHER RULES AND REGULATIONS THAT MAY BE ADOPTED BY THE COMPANY

*(Items with an \* are required data fields)*

PERSONAL INFORMATION ON REPORTING PERSON				
NAME (LAST NAME, FIRST NAME, MI)		HOME ADDRESS		
SIGNATURE / DATE		MAN NO.	E-MAIL ADDRESS	
COMPANY/BRU	POSITION	PHONE NO(S).	FAX NO(S).	
FACTS OF THE REPORT				
What is the major issue involved?* (check as many as applicable.)				
<input type="checkbox"/> VIOLATION OF CORPORATE GOVERNANCE RULES				
<input type="checkbox"/> VIOLATION OF CODE OF ETHICS AND/OR COMPANY CODE ON EMPLOYEE DISCIPLINE				
<input type="checkbox"/> FINANCIAL AND PROCEDURAL MALPRACTICE				
<input type="checkbox"/> OTHERS				
What happened?* (Please attach additional sheets if necessary)		What physical evidence or documents exist to corroborate your report?		
How did you know about the subject of the report?		SUPPORTING DOCUMENTS:		
<input type="checkbox"/> Personal or First-hand knowledge		<input type="checkbox"/> No documents attached		
<input type="checkbox"/> Someone told me about it		<input type="checkbox"/> With documents attached		
<input type="checkbox"/> White paper		DOCUMENTS attached	No. of Pages	
<input type="checkbox"/> Others (Please specify)				
Who is/are the person(s) involved? (Respondent/s)* (Please attach additional sheets if necessary)				
NAME*	POSITION	COMPANY	BRU	NATURE OF INVOLVEMENT*

**Strictly Confidential**

<b>Who is/are the possible witness(es?) (Please attach additional sheets if necessary)</b>				
NAME*	POSITION	COMPANY	BRU	NATURE OF INVOLVEMENT*
<b>When did the incident happen?*(Date/Time/Frequency)</b>		<b>Since when has this been happening?</b>		
<b>Where did the incident happen?*</b>		<b>Location of evidence:</b>		
<b>How much is involved? Please provide an approximate figure.</b>				
<b>Why are you making this report?</b>				
<b>REPORT HISTORY</b>		<b>HOW MAY WE UPDATE YOU ON THIS REPORT'S PROGRESS?</b>		
<b>Was your report previously filed with any office? If yes, to whom was it reported? When?</b>		REPORTING PERSON WILL:		REPORTING PERSON IS REQUESTING A FEEDBACK BY:
		<input type="checkbox"/> E-MAIL		<input type="checkbox"/> BY PHONE
<b>In your point of view, what was the reason for lack of immediate response/action?</b>		<input type="checkbox"/> CALL		<input type="checkbox"/> THROUGH E-MAIL
		<input type="checkbox"/> VISIT CGO		<input type="checkbox"/> OTHERS (SPECIFY)
		<input type="checkbox"/> OTHERS (SPECIFY)		
I acknowledge that I have been advised of my rights and obligations and adhere to the same under the Be Right Communication Policy. I hold MERALCO, its officers, employees and representatives free from any liability arising from my filing this report.				
_____ Signature of Reporting Person				

All information received throughout of, or in connection with this report shall be strictly confidential and shall not be disclosed to any person without prior consent of Corporate Governance Office.

**Thank you for your cooperation with the Be Right Communication Policy. Rest assured that we will get in touch with you at the soonest possible time.**