



COCOLIFE ASSET MANAGEMENT COMPANY, INC.

Client copy

8th Floor Cocolife Building, 6807 Ayala Avenue, Makati City 1226

Customer Service No.: (632) 8-101-888 Email: customerservice@cocolifefunds.com

AMENDMENT FORM

Fund Name	DR Number	Current Account Name	Shares	Change to (New Account Name)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Requirements: (a) New Signature Card (per fund) of existing investor and co-investor, if any, for joint account. (b) Photocopies of two valid IDs of the investor/s with changes/additions in account name. (c) Submission of ORIGINAL Depository Receipt/s (DR). (d) Payment for amendment fee per DR. In case of lost DR, an Affidavit of Loss should be submitted.

Requested by:

Signature of Investor/Date

Signature of Co-Investor/Date

(Please do not write below this line)

CAMCI - Marketing

CAMCI - Accounting

Received by:

Received by:

Signature over Printed Name / Date and Time

Signature over Printed Name / Date and Time



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