

NOMINATION FORM

Please check proper box

_____ Nominee for Independent Director (Note: Please submit Certificate of Qualification)

_____ Not Nominee for Independent Director

Name of Nominee

Citizenship: _____ Age: _____ Date of Birth: _____

Place of Birth: _____ Name of Spouse: _____

Residential
Address: _____ Tel. No.: _____ Cell. No.: _____

Office
Address: _____ Tel. No.: _____ Cell. No.: _____

Educational Background/Attainment:	
Work and/or Business Experience:	
Stockholdings (indicate direct and indirect shares)	

Name of Nominator-Stockholder or Authorized Representative: _____

Relation of Nominee and Nominator: _____

Conformity and acceptance:

Nominee

Nominator

Date