Date									
SETTLE Suite 4 Greenl	CURITIES, INC. EMENTS DEPARTMENT 101-403 CLMC Building, 259 hills, Mandaluyong City Manila	-269 EI	DSA						
	AUTHO	RIZATIO	ON TO PIO	CK-UP CE	RTIFICA	<u>TES</u>			
Gentle	emen:								
appeai	This is to authorize my/ours below, to pick-up and rec	-		-			nd spec	imen siį	gnature
is/are	A copy of my/our valid ID, attached for your reference	_	ier with a	copy of	the vali	d ID of	my/our	represe	entative
	Thank you.								
	Very truly yours,								
	Customer's Signature over Printed Name	- Cus	stomer's S Printed	ignature I Name Í			ner's Sig Printed i		over
	Authorized Representative's	 Signatuı	 re						

## IMPORTANT NOTICE

Over Printed Name