



ASIA PACIFIC MEDICAL CENTER ILOILO

(Formerly: Allied Care Experts Medical Center-Iloilo, Inc.)
Brgy. Ungka 1, Jaro, Iloilo City, Philippines 5000

2x2 picture in
Executive Attire
w/ white
background

NOMINATION FORM

PLEASE CHECK PROPER BOX

- Nominee for Independent Director
 Nominee for Regular Director

NAME OF NOMINEE

CITIZENSHIP: _____ AGE: _____ DATE OF BIRTH: _____
PLACE OF BIRTH: _____ NAME OF SPOUSE: _____
RESIDENTIAL ADDRESS: _____ CONTACT NO.: _____
OFFICE ADDRESS: _____ CONTACT NO.: _____

EDUCATIONAL BACKGROUND/ATTAINMENT

EDUCATIONAL INSTITUTION	DEGREE	YEAR GRADUATED
_____	_____	_____
_____	_____	_____
_____	_____	_____

FULL DISCLOSURE OF WORK AND/OR BUSINESS EXPERIENCE (please attach a separate sheet if necessary)

COMPANY	POSITION	LENGTH OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DIRECTORSHIP/MEMBERSHIP IN OTHER CORPORATIONS/ASSOCIATIONS (please attach a separate sheet if necessary)

CORPORATION/ASSOCIATION	POSITION	LENGTH OF SERVICE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STOCKHOLDINGS/SECURITY OWNERSHIP (please attach a separate sheet if necessary)

CORPORATION	PERCENTAGE OF OWNERSHIP	NATURE OF OWNERSHIP (DIRECT OR INDIRECT)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONVICTION, IF ANY, OF AN OFFENSE, JUDICIAL OR ADMINISTRATIVE, OR JUDICIAL DECLARATION OF BEING INSOLVENT, SPENDTHRIFT OR INCAPACITATED TO ENTER INTO CONTRACT. IF APPLICABLE, PLEASE STATE:

NATURE OF OFFENSE FILED	COURT/BODY	DATE COMPLAINT/ INFORMATION WAS
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNATURE

**PRINTED NAME OF NOMINATOR STOCKHOLDER
OR AUTHORIZED REPRESENTATIVE**

DATE SUBMITTED

RELATION TO NOMINEE

CONFORMITY & ACCEPTANCE:

I hereby certify to the correctness of the above-stated information and I consent to the collection, generation, use, processing, storage and retention of my personal data by ACEMCI for my nomination and/or election as one of the members of its Board of Directors and other legal purpose. This certification also signifies my conformity and acceptance of my nomination as a Regular/Independent Director.

SIGNATURE

PRINTED NAME OF NOMINEE

DATE SUBMITTED

REPUBLIC OF THE PHILIPPINES)
CITY/MUNICIPALITY OF _____) S.S.

SUBSCRIBED AND SWORN to before me this ____ day of _____ at _____, Philippines. Affiant is personally known to me and was identified by me through competent evidence of identity as defined in the 2004 Rules on Notarial Practice (A.M. No. 02-8-13-SC). Affiant exhibited to me her/his _____ with her/his photograph and signature appearing thereon, with no. _____ issued by the _____ and her/his Community Tax Certificate No. _____ on _____ at _____, Philippines.

Witness my hand and seal.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 2021