PHILEQUITY MANAGEMENT, INC.

Customer Referral Program

Submit the names and contact numbers of your friends and relatives today and get rewarded with cash incentive for every successful referral. Please write the necessary information in print. **Terms and conditions apply.**

Your Details

Full Name (Last Name, First Name, Middle Name)		
$\square_{Mr.}$ $\square_{Ms.}$ $\square_{Mrs.}$		
Mailing Address		
Contact Details Celfone: e-Mail [Landline:		
PEMI Account Number:		
Account No.: Bank & Branch:		
Signature Distributor		

Your Referral's Details

Full Name (Last Name, First Name, Middle Name)	
Home phone number	Other contact Numbers or email:
Birthday	Business Name:
MM DD YEAR	Best time to call:

Your Referral's Details

Full Name (Last Name, First Name, Middle Name)		
Home phone number	Other contact Numbers or email:	
Birthday MM DD YEAR	Business Name: 	

You may fax this form to Philequity Management, Inc., Sales and Marketing Department at 706-0795 or at 689-8066. You may also email this to <u>sales@philequity.net</u> or mail this to: Philequity Management, Inc., 2004-A 20/F East Tower, Philippine Stock Exchange Centre, Exchange Road, Ortigas, Pasig City 1605