PROXY FORM

I, __________________________, the __________________ of __________________________, pursuant to the authority given to me, do hereby name, constitute and appoint:

____________________________________________

or in his/her absence, the Chairman of the meeting, or in his/her absence, the Secretary of the meeting, as the Company’s attorney-in-fact and proxy to represent and vote on behalf in any regular or special membership meeting or general assembly called by FILSCAP, at the FILSCAP Office located at No. 140, Scout Rallos Street, Diliman, Quezon City or at any place in Metro Manila as designated by the Board of Trustees, to attend any such meeting and vote on all matters and proposals referred in the notice of any such meeting all businesses and transactions which may be brought thereat or submitted to vote of the members of FILSCAP, including without limitation, the referendum of the amendment in the articles of incorporation or by-laws and other matters as set forth in the notice of meeting.

In case of non-attendance of said attorney and proxy above-named at the particular meeting, the Company authorizes and empowers FILSCAP’s General Manager, as its proxy for attendance purposes only (without voting rights).

In case I shall be present at this particular meeting or at any other membership meeting, regular or special (including the adjournments thereof), to be called by FILSCAP, this proxy shall be rendered ineffective for the particular meeting(s) which I shall personally attend, provided, this proxy shall continue to be of full force and effect until the same is expressly revoked by me in writing, expressly stating in a separate document that I revoke the other proxy issued. Proxies previously used will be considered revoked upon receipt of this proxy.

This proxy shall be effective for five years or for such maximum period as allowed by law.

Date: ________________.

____________________________________________

Signature over Printed Name

Filed with and received by the FILSCAP Corporate Secretary on ________________ at _________ o’clock in the morning/afternoon.

For the FILSCAP Corporate Secretary:

______________________________________________

Signature over Printed Name