

	SPECIMEN SIGNATURE CARD	Page No.	1 of 1
		Form No.	ROASD-1049
		Revision No.	0
		Effectivity	Jun. 29, 2026

NAME OF COMPANY:

TYPE OF LICENSE / ACCREDITATION:

**APPLICANT'S AUTHORIZED SIGNATORIES
SPECIMEN SIGNATURE/S**

Name	Position/Title	Please honor and recognize the following signatures:
		1.
		2.
		1.
		2.
		1.
		2.
		1.
		2.
		1.
		2.
		1.
		2.

(Note: Please use additional sheet/s if the space provided above is not sufficient)

CERTIFICATION

This is to certify that the person/s whose signature/s appear above are the duly designated signatory/ies of the Company, authorized to transact solely with PAGCOR and to sign documents for submission to the Remote Operations and Ancillary Services Department (ROASD).

The Company acknowledges that any document submitted bearing the signature of a person not identified herein shall not be processed and may be returned by the ROASD.

CORPORATE SECRETARY (Signature over Printed Name)	DATE
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