

# NOTICE FOR TERMINATION AS SALESMAN OR ASSOCIATED PERSON OF A BROKER DEALER

*(To be accomplished in four (4) copies with cover sheet; 3 copies for SEC & 1 receiving copy for the applicant)*

- ☐ ASSOCIATED PERSON  
☐ SALESMAN

INSTRUCTIONS: Pursuant to SRC Rule 28.1-4 (C), this form must be accomplished every time a Salesman or Associated Person ("AP") ceases to be employed as such by the registered Broker Dealer and must be filed with the Commission not later than thirty (30) days from effectivity of termination/discontinuation of employment as stated in Paragraph 6 hereof. A salesman/Associated Person whose license will not be renewed for the next licensing year shall also file this form at the time of Broker Dealer license renewal.

(1) LAST NAME		JR./SR., etc.		FIRST NAME		MIDDLE NAME	
(2) TIN		(2A) CERTIFICATE OF REGISTRATION NO.			(2B) LICENSE NO.		
(3) FIRM NAME							
(4) FIRM MAIN ADDRESS		STREET		CITY		PROVINCE ZIP	
(5) OFFICE OF EMPLOYMENT ADDRESS		STREET		CITY		PROVINCE ZIP	
(6) DATE TERMINATED							
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> Month/ Day/ Year							
(7) REASON FOR TERMINATION: (Check one) <span style="float: right;">*Indicate year      **Provide an Explanation</span>							
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <input type="checkbox"/> Voluntary           <input type="checkbox"/> Non-renewal for subsequent license year           <input type="checkbox"/> Permitted to Resign           <input type="checkbox"/> Discharged           <input type="checkbox"/> Other         </div> <div style="width: 50%; border-top: 1px solid black; height: 40px;"></div> </div>							
<b>IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IN ITEMS 8, 9, 10 is "YES", ATTACH COMPLETE DETAILS OF ALL EVENTS OR PROCEEDINGS ON ATTACHED DRP FORM.</b>							
(8) WHILE EMPLOYED BY OR ASSOCIATED WITH YOUR FIRM, WAS THE INDIVIDUAL: <span style="float: right;">YES NO</span>							
A. Involved in any disciplinary action by a domestic or foreign governmental body or self-regulatory organization with jurisdiction over securities related business? .....							<input type="checkbox"/> YES <input type="checkbox"/> NO
B. The subject of a securities or consumer-initiated complaint that:							
(1) alleged compensatory damages of P250,000 or more, fraud, or the wrongful taking of property? .....							<input type="checkbox"/>
(2) was settled or decided against the individual for P125,000 or more, or found fraud, or the wrongful taking of property? .....							<input type="checkbox"/>
C. Convicted of or plead guilty or nolo contendere ("no contest") in a domestic or foreign court to:							
(1) A felony or misdemeanor involving: investments or an investment-related business, fraud, false statements or omissions, wrongful taking of property, or bribery, forgery, counterfeiting or extortion, or gambling? .....							<input type="checkbox"/>
(2) Any other felony? .....							<input type="checkbox"/>
(9) Currently is, or at termination was, an individual involved in an investigation or proceeding by a domestic or foreign governmental body or self-regulatory organization with jurisdiction over securities related businesses? .....							<input type="checkbox"/>
(10) Currently is, or at termination was, an individual under internal review for fraud or wrongful taking of property, or violating securities related statutes, regulations, rules or industry standards of conduct? .....							<input type="checkbox"/>
<b>VERIFY THE ACCURACY AND COMPLETENESS OF THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM</b>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div>           MONTH         </div> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div>           DAY         </div> <div style="width: 20%;"> <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div>           YEAR         </div> </div>				<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> SIGNATURE OF APPROPRIATE SIGNATORY			
Reviewed by:				<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> TYPE NAME OF APPROPRIATE SIGNATORY			
<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> PRINTED NAME & SIGNATURE OF ASSOCIATED PERSON				<div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> PERSON TO CONTACT FOR FURTHER INFORMATION			

LAST NAME	JR./SR., etc.	FIRST NAME	MIDDLE NAME
TIN #		CERTIFICATE OF REGISTRATION NO.	
<b>DISCLOSURE REPORTING PAGE (DRP)</b>			
<b>INSTRUCTIONS</b>  This Disclosure Reporting Page (DRP) is to be used to report details of affirmative responses to items 8,9,10.  * Use a separate DRP for each event or proceeding. Complete Items 1-8 below (Item 9 is optional). * One event may result in more than one "YES" answer to Items 8-10; if so use only one DRP to report this information. * It is very important that clear and concise information be provided for each item on this form. * It is not a requirement that documents be provided for each event or proceeding. Should they be provided with the DRP, they will not be accepted as disclosure in lieu of answering the questions on this form.			
<p>(1) This DRP relates to the following questions in Items 8-10.</p> <p style="margin-left: 40px;">8A _____ 8B(1) _____ 8B(2) _____ 8C(1) _____ 8C(2) _____ 9 _____ 10 _____</p> <p>(2) Is this DRP being filed to change or update any information regarding a previously reported event or proceeding? YES _____ NO _____</p> <p>(3) Who initiated this event or proceeding? (Enter name of firm, regulator, court, customer, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(4) What type of proceeding was this? (i.e. customer complaint, internal review, civil, administrative, criminal, arbitration) _____</p> <p>_____</p> <p>_____</p> <p>(5) On what date was the event or proceeding initiated? _____</p> <p>_____</p> <p>(6) Identify the docket or case number of the event or proceeding (if any). _____</p> <p>(7) What were the allegations against the individual? (Include amounts of actual or alleged damages or claims.) _____</p> <p>_____</p> <p>_____</p> <p>(8) a. What is the current status of the event or proceeding? _____</p> <p style="margin-left: 40px;">b. On what date was this status reached? _____</p> <p style="margin-left: 40px;">c. What was the result? (Include felony/misdemeanor, termination, description of penalties, amount of fine, payment or settlement, terms of the disposition, length of suspension or restriction, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>(9) You may provide a brief summary of this event or proceeding. _____</p> <p>_____</p> <p>_____</p>			
_____ MONTH      DAY      YEAR		_____ APPROPRIATE SIGNATORY	