

DAVAO DOCTORS HOSPITAL (CLINICA HILARIO), INC.
118 E. Quirino Avenue, Davao City

STOCKHOLDER'S DATA CHANGE REQUEST FORM

PLEASE READ THE INSTRUCTIONS BELOW BEFORE ACCOMPLISHING THIS FORM. PLEASE PRINT ALL INFORMATION LEGIBLY. DO NOT USE PENCIL. IN CASE OF CO-OWNERS, WRITE ALL THE NAMES OF THE CO-OWNERS AS THEY APPEAR IN THE STOCK CERTIFICATE.

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE NAME
_____ BUSINESS ADDRESS		_____ PHONE NO.
_____ RESIDENCE ADDRESS		_____ PHONE NO.
_____ E-MAIL ADDRESS		_____ MOBILE NO.

TYPE OF DATA CHANGE

<input type="checkbox"/> CORRECTION OF NAME	FROM	TO
LAST NAME	_____	_____
FIRST NAME	_____	_____
MIDDLE NAME	_____	_____
<input type="checkbox"/> CHANGE OF CIVIL STATUS	FROM	TO
SINGLE TO MARRIED	_____	_____
MARRIED TO RE-MARRIED	_____	_____
REVERT FR. MARRIED TO SINGLE	_____	_____

CERTIFICATION

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM ARE TRUE AND CORRECT.

_____ PRINTED NAME	_____ SIGNATURE	_____ DATE
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DDH USE ONLY:

RECEIVED BY: _____ Date: _____

REMARKS/NOTES: _____

INSTRUCTIONS

1. FILL OUT FORM IN TWO (2) COPIES.
2. INDICATE "N/A" OR "NOT APPLICABLE" IF THE REQUIRED DATA IS NOT APPLICABLE.
3. SUBMIT THE FORMS TOGETHER WITH THE ORIGINAL/CERT. TRUE COPY AND PHOTOCOPY OF THE FOLLOWING REQUIRED DOCUMENTS:
 - A. FOR CORRECTION OF NAME
 - A.1. BIRTH CERTIFICATE OR ANY TWO VALID I.Ds.
 - B. FOR CHANGE OF CIVIL STATUS
 - B.1. MARRIAGE CONTRACT
 - B.2. CERTIFICATE OF FINAL ANNULLMENT IF MARRIAGE IS ANNULLED
 - B.3. DECREE OF DIVORCE OR ITS EQUIVALENT