



Market Data Application Form: ENHANCED CORPORATE ANNOUNCEMENTS FEED

Instructions:

- 1.0) Completely accomplish the Market Data Application Form. Only fully-accomplished request forms will be processed by the PSE.
- 2.0) Upon completion, email the scanned document to market.data@pse.com.ph. All documents sent via email must be in .pdf format.
- 3.0) The PSE will collect, record, retain, use, store, disclose, dispose, and process the personal information of the authorized signatory, representative, primary and billing contacts for the purpose of this Enhanced Corporate Announcements Feed application form and for purposes relevant or incidental thereto. The personal information consists of their names, addresses, email addresses, telephone, fax, and mobile numbers, designations, and signature. They have the rights of the data subject provided under the Data Privacy Act such as the right to be informed of such processing, rights to access, correct, object, withdraw, erase, data portability, file complaint, and right to damages. They should be aware that there are risks involved in the processing of their personal information. For the safeguards adopted to protect their personal information, kindly visit our website www.pse.com.ph for the Privacy Policy. To update, correct or access such personal information, they may contact the PSE at dataprivacy@pse.com.ph or our Data Protection Officer at the said email address for any concern.

Data Requirements:

DATA DESCRIPTION	SUBSCRIPTION FEE (VAT Exclusive)	COVERAGE PERIOD	
		FROM	TO*
Enhanced CAF	One-time fee: US\$2,000 Quarterly recurring fee: US\$3,900		

**Specify "Indefinite" if on-going basis*

Customer Information:

Company Name			
Principal Business Address			
Tel. No.		Fax No.	
Company URL			



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E-mail Address(es) to Receive Files		
E-mail Format (tick only one)	<input type="checkbox"/> Formatted	<input type="checkbox"/> Unformatted
Need Access to FTP folder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Contact Information:			
	Authorized Signatory	Primary Contact	Billing
Name			
Designation			
Address			
Telephone No.			
Fax No.			
Mobile No.			
E-mail Address			

I hereby declare that all the information above is correct and complete. I certify that the authorized signatory, the primary and billing contacts, and I consent to the collection, recording, storage, use, disposal, disclosure, and processing by the PSE of our personal information provided in this form for the purposes stated herein.

Authorized Representative Signature over Printed Name

Date

Designation

TO BE FILLED BY PSE PERSONNEL ONLY	
Date & Time Received:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
Signature:	Remarks: