

**08 September 2009**

**FOR : ALL PARTICIPATING RURAL BANKS**

**FROM : Tomas S. Gomez IV, Chairman**

**SUBJECT : CIRCULAR LETTER: SEMINAR-WORKSHOP ON  
CORPORATE GOVERNANCE & RISK MANAGEMENT  
FOR RB DIRECTORS**

Dear Fellow Rural Bankers:

The Rural Bankers Association of the Philippines (RBAP), through the *Rural Bankers' Research and Development Foundation, Inc. (RBRDFI)* is pleased to announce that it will conduct a seminar-workshop, as part of its continuing strategy to strengthen the rural banking industry.

**Course Title: Seminar-workshop on Corporate Governance  
& Risk Management for RB Directors**

**Venue: RBAP Conference Room, RBAP Bldg., A. Soriano Ave.,  
Cor. Arzobispo St., Intramuros, Manila**

**Schedule: September 24-25, 2009 (Thursday-Friday)**

**Duration: 2 days (8:30AM – 5:30PM)**

Pursuant to BSP Circular No. 296 prescribing the minimum qualifications of a bank director, a director '*must have attended a special seminar for board of directors conducted or accredited by BSP...That incumbent directors as well as those who will be elected...must attend said seminar within a period of six (6) months...from the date of their election*'. Rural bank directors are mandated by the said circular in order to improve and strengthen corporate governance of their banks.

Registration fee is **Four Thousand Four Hundred Pesos only (P4, 400.00).**\*

Should these arrangements meet your approval, we thereby request you to submit to us not later than **September 21, 2009** the following:

1. A non-refundable down payment of P2, 200.00 per participant. Payments can be remitted to the **Rural Bankers Research and Development Foundation, Inc.** bank account (*Land Bank of the Philippines – Intramuros Branch Savings Account Number 0012-1046-26*). Proof of payment (i.e., deposit slip) should be sent immediately to

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\* *Non-member rural banks will be charged thrice the regular registration fee. To avail of the regular registration fee, non-member banks are encouraged to apply for membership with RBAP/RBRDFI. Please call RBAP for details.*

RBAP via fax for verification. Our fax number is (02) 527-2969 **For check payments, payable to Rural Bankers Research and Development Foundation, Inc (RBRDFI);**

1. Nomination form of the participant(s) duly endorsed by the bank's authority;
2. Filled-up Participant's Profile.

Please be advised that we will be accepting up to thirty (30) participants only. We reserve the right to limit the number of participants to a manageable level. Participants will be accepted on a first-come-first-served basis.

Participants who have paid but fail to show up for the seminar will only be entitled to a rebate of 50% of the total registration fee.

Thank you very much.

**PARTICIPANT'S PROFILE SHEET**

**SEMINAR-WORKSHOP ON CORPORATE GOVERNANCE  
& RISK MANAGEMENT FOR RB DIRECTORS**

**Date: September 24- 25, 2009 (Thursday and Friday)  
Venue: RBAP Conference Room, A. Soriano Ave. cor. Arzobispo St.,  
Intramuros, Manila**

**PRINTED NAME:**

\_\_\_\_\_ *FirstName*                      *M.I.*                      *Surname*  
**NICKNAME:** \_\_\_\_\_                      **BIRTHDAY:** \_\_\_\_\_

**RURAL BANK:** \_\_\_\_\_

**RB COMPLETE ADDRESS:** \_\_\_\_\_

**RB TEL. NO(S):** \_\_\_\_\_                      **RB FAX NO:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_                      **MOBILE NO** \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

	Course/Degree	Institution	Year Graduated
<b>PostGraduate</b>			
<b>College</b>			

**WORK EXPERIENCE: (Last 2 including Current Employment)**

Company	Inclusive Year(s) of Employment	Position(s) Held

# RURAL BANKERS RESEARCH & DEVELOPMENT FOUNDATION, INC.

## NOMINATION FORM

<b>Seminar Title:</b>	Seminar-workshop on Corporate Governance & Risk Management For RB Directors	<b>Date:</b>	September 24-25, 2009	<b>Time:</b>	8:30AM to 5:30PM
<b>Venue:</b>	RBAP Conference Room A. Soriano Ave. cor Arzobispo St., Intramuros, Manila				

*To be completed by the employer/nominating agency/project leader*

1. Employing office institution  
\_\_\_\_\_
2. Postal address of employing office/institution \_\_\_\_\_
3. Phone no/s. \_\_\_\_\_
4. Facsimile no/s. \_\_\_\_\_
5. E-mail Address: \_\_\_\_\_
6. Name/s and exact position/s held by nominee/s

Name	Position
1.	
2.	
3.	

\_\_\_\_\_ Date

\_\_\_\_\_  
Signature Over Printed Name/  
Position/President/Personnel Manager