

For Material Transactions

DATE :

This is to request your endorsement of the Related Party Transaction (RPT) described below:

1. *Example: Lease payment to be paid on an annual basis*
2. *Example: Standard fees and charges are applied to the RPT.*

Benchmarking Template for CREDIT TRANSACTION

Date		
DETAILS OF FACILITY		
Related Party Account Name	Non-Related Party Account Name 1	Non-Related Party Account Name 2
CRITERIA FOR SELECTION OF COMPARABLE NON-RPT ACCOUNTS		
Facility		
Risk Rating		
Industry		
Firm / Asset Size		
Collateral		
COMPARATIVE TERMS AND CONDITIONS		
Facility Number 1		
Interest Rate		
Loan Value of Collateral		
Top Up / Pay Down Provision		
Other Non-Standard Terms and Conditions		
Date of Availment		
Facility Number 2		
Interest Rate		
Loan Value of Collateral		
Top Up / Pay Down Provision		
Other Non-Standard Terms and Conditions		
Date of Availment		
BENEFITS TO THE BANK (Be specific as to any benefit the Bank may derived out of the service/arrangements)		
OTHER REMARKS		

1.

Following are the five (5) criteria to be used when identifying comparable non-RPT accounts against which the RPT account shall be benchmarked:

a.

Facility - pertains to the type of credit accommodation extended to the RPT. This could be short-term or long-term in nature.

b.

Risk Rating - based on the most recent approved risk rating of the RPT and its comparables.

c.

Industry - based on category per Philippine Standard Industrial Classification (PSIC) code.

d.

Firm Size - classified as Micro, Small, Medium or Large category.

e.

Collateral – collateral(s) securing the credit facility(ies).
2.

The AO shall perform benchmarking by checking the IBG portfolio for similarly-situated non-RPT accounts using all the five (5) criteria, on a best effort basis.

3.

The RPT Benchmarking Template shall be prepared and attached to the Credit Proposal of the RPT for approval. The terms and conditions shall likewise be matched on a per facility basis, for comparability. However, only the NON-STANDARD terms and conditions shall be indicated in the matrix.

4.

Upon loan availment, the same benchmarking template shall be updated by indicating the actual interest rates (likewise benchmarked against non-RPT accounts), and re-submitted to the RPTC on a monthly basis.

Note: In case the chosen non-RPT account has no availment at the time of the related party's loan availment, an alternate non-RPT account matching the identified parameters, may be used.
- Benchmarking Template for NON-CREDIT TRANSACTION
- | | | |
|---|----------------------------------|----------------------------------|
| Date | | |
| DETAILS OF FACILITY | | |
| Related Party Account Name | Non-Related Party Account Name 1 | Non-Related Party Account Name 2 |
| | | |
| CRITERIA FOR SELECTION OF COMPARABLE NON-RPT ACCOUNTS | | |
| | | |
| COMPARATIVE TERMS AND CONDITIONS <small>(Indicate here the reference terms in arriving at the conclusion that the terms granted are comparable to other clients who are non-related but similarly situated which includes the type of facility granted, risk rating and collateral/security provided, etc.)</small> | | |
| | | |
| APPLICABLE METRICS <small>(e.g., unit cost, approved indicative price, lease rate, service fee, etc.), and</small>
OTHER RELEVANT DETAILS <small>[e.g., interest rate, repayment period & collateral (for sale of assets), price discovery mechanism employed (as applicable), etc.]</small> | | |
| | | |
| BENEFITS TO THE BANK <small>(Be specific as to any benefit the Bank may derived out of the service/arrangements)</small> | | |
| | | |
- Distribution: (1) Requesting Unit's Copy; (2) Office of the Corporate Secretary's Copy
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Form No. _____
(May 2026)

OTHER REMARKS (If applicable):
List of Attachments (if any)

CERTIFICATION	
<i>The requesting unit hereby certifies that the request/transaction is in compliance with the existing DOSRI and RPT rules.</i>	
Prepared By:	Checked By: (Section/Department Head)
Signature Over printed Name Date	Signature Over printed Name Date

RECOMMENDATION AND ENDORSEMENT		
<i>In due consideration of the foregoing details, approval of the transaction is hereby recommended.</i>		
Name/Designation & Signature		Remarks/Special Instructions, if any
Recommended By:		
Signature Over printed Name Date		
Endorsed By:		
Signature Over printed Name Date	Signature Over printed Name Date	Signature Over printed Name Date

APPROVAL	
Approved By:	Remarks or Special Instruction

FOR OFFICE OF THE CORPORATE SECRETARY'S USE ONLY	
Received by:	Remarks
Signature Over Printed Name / Date	