

13. Changes in the Firm/Partnership from Last Registration: _____

14. Internal Quality Review Procedures _____

I hereby certify that the foregoing entries/information are true and correct

Date

Place

Managing Partner
 Sole Practitioner

ACKNOWLEDGMENT

Republic of the Philippines) S.S.
City of _____)

Personally appeared before me _____ with his/her
Community Certificate No. _____ issued at _____
on _____ known to me and to me known to be the same person who
execute the foregoing instrument and acknowledge the same to be his/her free voluntary
act and deed.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

Note: Use additional sheet where necessary which must be certified as true and correct
or attach plantilla of partner and staff members.