The Exchange does not warrant and holds no responsibility for the veracity of the facts and representations contained in all corporate disclosures, including financial reports. All data contained herein are prepared and submitted by the disclosing party to the Exchange, and are disseminated solely for purposes of information. Any questions on the data contained herein should be addressed directly to the Corporate Information Officer of the disclosing party.



OV

## PSE Disclosure Form 17-7 - Statement of Changes in Beneficial Ownership of Securities *References: SRC Rule 23 and Section 17.5 of the Revised Disclosure Rules*

| Name of Reporting         Alakor Securities Corporation  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
| Relationship of       Stockholder owning more than 10% of the shares of the Corporation         Issuer       Stockholder owning more than 10% of the shares of the Corporation |  |  |  |  |  |  |  |  |  |  |  |
| Description of the Disclosure  |  |  |  |  |  |  |  |  |  |  |  |
| Statement of Changes in Beneficial Ownership of Alakor Securities Corporation for the month ended May 31, 2019.  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

Filed on behalf by:

Name Designation Josephine Ilas

Assistant Corporate Secretary

COVER SHEET

|   |   | _ | and the second se | - |  |  |   |
|---|---|---|---|---|--|--|---|
|   |   |   |   |   |  |  |   |
| 2 | 8 | 6 | 8   | 3 |  |  | 1 |
| 5 | 0 |   | 0   |   |  |  |   |

S.E.C. Registration Number

| Т                           | H  | E    |          | Р      | H    | Ι    | Ĺ           | 0 | D        | R         | Ι     | L   | L          |       | С     | 0               | R     | Р     | 0      | R    | A   | Т          | Ι     | 0      | N     |      |       |              |      |
|-----------------------------|--|------|----------|--------|------|------|-------------|---|----------|-----------|-------|---|------------|-------|-------|-----------------|-------|-------|--------|------|-----|------------|-------|--------|-------|------|-------|--------------|------|
|                             | 11   |      |          | 1      |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            | e.    |        | 2     |      |       |              |      |
|                             | (Company's Full Name)                                  |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
| 8                           | t  | h    |          | F      | 1    | 0    | 0           | r | <u> </u> |           | Q     | u   | a          | d     |       | A               |       | р     | h      | a    |     | С          | e     | n      | t     | r    | u     | m            |      |
| В                           | u  | i    | 1        | d      | i    | n    | g           | , |          | 1         | 2     | 5   |            | Р     | i     | 0               | n     | е     | e      | r    |     | S          | t     | r      | e     | e    | t     |              |      |
| М                           | a  | n    | d        | a      | 1    | u    | у           | 0 | n        | g         |       | С   | i          | t     | у     |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             | (Business Address : No. Street City / Town / Province) |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
| Josephine C. Lafiguera-Ilas |  |      |          |        |      |      |             |   |          |           |       | (   | 631        | -81   | 51    |                 |       | 4.11  |        |      |     |            |       |        |       |      |       |              |      |
|                             | Contact Person Company Telephone Number                |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
| 1                           | 2  | 1    | 3        | 1      | 1    |      |             |   |          |           |       | SE  | <b>C</b> ] | FO    | R     | <b>VI 2</b>     | 3-]   | B     |        |      |     |            |       |        | 0     | 6    | ]     | 3rd          | Wed  |
|                             | onth   | 1    |          | ay     | 1    |      |             |   |          |           |       |   |            |       | RM    |                 |       |       |        | -    |     |            |       |        |       | onth | -     | I            | Day  |
|                             | Annual Meeting   |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      |          |        |      |      |             |   |          |           | Se    | cond                                      | lary l     | Licer | nse T | ype,            | If Ap | plic  | able   |      |     |            |       |        |       |      |       |              |      |
|                             |  |      | 1        |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       | 4<br>9.<br>7 | 1.1  |
| L                           |  |      | ]        | 1 · T  |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      | A   | meno       | led A | Articl | les N | umb  | er/Se | ection       | 1.5- |
| Dej                         | ot. R  | equi | ring t   | nis I  | Joc. |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      | 1.  |            |       |        |       |      |       |              |      |
| _                           |  |      |          |        | ٦    |      |             |   |          |           |       |   |            |       |       |                 |       |       | Т      | otal | Amo | unt c<br>7 | f Bo  | rrow   | ings  |      | 4 V   |              | _    |
| Tot                         | ol N   | o of | Stoc     | khol   | ders |      |             |   |          |           |       |   |            |       |       | Domestic Foreig |       |       |        |      |     |            | ign   |        |       |      |       |              |      |
|                             | .ai in   | •••• |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      |          |        |      |      |             |   |          | Toł       | ne ac | comi                                      | olishe     | ed by | / SEC | C Per           | sonn  | el co | onceri | ned  |     |            |       |        |       |      |       |              |      |
| r                           | T  |      | т-       |        | T    | 1    | <del></del> |   | 1        | ייי.<br>ר |       |   | 5          |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      | <u> </u> | File 1 | Num  | ber  |             |   |          | 1         |       |   |            |       |       | LC              | U     |       |        |      |     | <u>-</u>   |       |        |       |      |       |              |      |
|                             |  | _    | -        |        |      |      |             |   |          | -         |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      |          |        |      |      |             |   |          |           |       | 60-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |            | 1.    |       | Carl            |       |       |        |      |     | _          |       |        |       |      |       |              |      |
|                             |  |      | D        | ocur   | nent | I.D. |             |   |          |           |       |   |            |       |       | Casł            | ner   |       |        |      |     |            |       |        |       |      |       |              |      |
| ĺ                           |  | -    | -        |        |      |      |             |   |          | ļ         |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
| Ì                           |  |      |          | S T A  | A M  | ΡS   |             |   |          | ļ         |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
| I                           |  |      | -        |        |      |      |             |   |          | _         |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |
|                             |  |      |          |        |      |      |             |   |          |           |       |   |            |       |       |                 |       |       |        |      |     |            |       |        |       |      |       |              |      |

Remarks = pls. use black ink for scanning purposes

| Check box if no longer subject Check box if no longer subject Check box if no longer subject Statement BY Received Subject to Rev Fyrm and Address of Reporting Person | ENEFICIAL OVIN<br>Filed                    | ERSHIP OF SECU                         | S AND EXCHANC<br>Netro Manila, Phili<br>RITIES<br>Iche Securities Regula | ppines      | Ν                            |   |   | REVISED                                       |
|--|--|--|--|-------------|------------------------------|---|---|---|
| ALAKOR SECURITIES CORPORATION  | 2. Issuer Name and                         | DRUL CODDO                             | DATION   |             | 7. Relationship              | of Reporting Person to Issuer               |   |   |
| (Last) (First) (Middle)  | 3. Tax Identification                      | DRILL CORPO                            | 5. Statement For   | ) /         |                              |   | (Check all applicable)                            |   |
| FIF O  | Number                                     |  | Month/Year   |             |                              | Director<br>Officer                         |   | X 10% Owner                                   |
| 5/F Quad Alpha Centrum, 125 Pioneer Street   | 003461151-                                 | 000                                    | May 2019   |             |                              | (give title below)                          |   | Other<br>(specify below)                      |
| (Street)   | 4. Citizenship                             |  | 6. If Amendment,   | Date of     |                              |   |   |   |
| Mandaluyong City   | Filiping                                   |  |  |             |                              |   | Stockholder o                                     | wning 10%                                     |
| (City) (Province) (Postal Code)  | 1 impirio                                  | 2                                      |  |             |                              |   |   |   |
| 1. Class of Equity Security  |  |  |  | Table 1 - E | Equity Securities Be         | eneficially Owned                           |   |   |
| in the start County  | 2. Transaction<br>Date<br>(Month/Day/Year) | 4. Securities Acquirea (               | A) or Disposed of (D)  |             | 3. Amount of 8<br>Month<br>% | Securities Owned at End of Number of Shares | 4 Ownership Form:<br>Direct (D) or indirect (I) * | 6. Nature of Indirect Beneficial<br>Ownership |
| Common Shares  |  | Amount                                 | (A) or (D)   | Price       |                              | Number of Shares                            |   |   |
| Sommon Shares  | as reported b                              | Dy PCD                                 |  |             | 17.767%                      | 34,090,662,850                              | (1)   |   |
| WWWWWWWWWWWWWWW  | for the month                              | -fla. 0040                             |  |             |                              | 07,000,002,000                              | (1)   | PCD Nominee                                   |
|  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX     | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | xxxxnothing  | followsyyyy |                              |   | <u> </u>  | Corporation                                   |
| 200000000000000000000000000000000000000  |  |  | l  |             |                              |   | *****   | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX        |
|  |  |  | 1  |             |                              |   |   |   |
|  | 1  |  | 1  |             |                              |   |   |   |
|  |  |  |  |             | _                            |   |   |   |
|  |  |  |  |             |                              |   |   |   |
|  |  |  |  |             |                              |   |   |   |
|  |  |  |  |             |                              |   |   |   |
|  |  |  |  |             | Contraction of the second    |   |   |   |

If the change in beneficial ownership is 50% of the previous shareholdings or is equal to 5% of the outstanding capital stock of the issuer, provide the disclosure requirements set forth on page 3 of this form.

(Print or Type Responses)

Reminder: Report on a separate line for each class of equity securities beneficially owned directly or indirectly.

(1) A person is directly or indirectly the beneficial owner of any equity security with respect to which he has or shares: (A) Voting power which includes the power to vote, or to direct the voting of, such security; and/or

(B) Investment power which includes the power to dispose of, or to direct the disposition of, such security. (2) A person will be deemed to have an indirect beneficial interest in any equity security which is:
 (A) held by members of a person's immediate family sharing the same household;

(B) held by a partnership in which such person is a general partner;

(C) held by a corporation of which such person is a controlling shareholder; or

(D) subject to any contract, arrangement or understanding which gives such person voting power or investment power with respect to such security.

## FORM 23-B (continued)

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., warrants, options, convertible securities)

| 1. Derivative Security | 2. Conversion or<br>Exercise Price<br>of Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Yr) | <ol> <li>Number of Deriva<br/>Acquired (A) or Di<br/>Acquired (A) or Di</li> </ol> |           | 5. Date<br>Exercisable and<br>Expiration Date<br>(Month/Day/Year)<br>Date Exercisable | 6. Title and<br>Underlying S<br>Title |          |        | 8. No. of<br>Derivative<br>Securities<br>Beneficially<br>Owned at<br>End of<br>Month | 9. Owner-<br>ship Form<br>of Derivative<br>Security;<br>Direct (D)<br>or<br>indirect (I) * | 10. Nature<br>of Indirect<br>Beneficial<br>Ownership |          |
|------------------------|---|--|--|-----------|---|---------------------------------------|----------|--------|--|--|--|----------|
| N.A.                   | N.A.  | N.A.                                     | N.A.   | N.A.      | N.A.  | N.A.                                  | N.A.     | N.A.   | N.A.   | N.A.   | N.A.   | N.A.     |
| *****                  | XXXXXXXXXXX   | XXXXXXXXXXX                              | XXXXXXXXXXXXXX   | XXXNOTHIN | IG FOLLOW   | Sxxxxxx                               | xxxxxxx  | xxxxxx | XXXXXXX  | xxxxxxxx   | xxxxxxxx   | XXXXXXXX |
|                        |   |  |  |           |   |                                       |          |        |  |  |  |          |
|                        |   |  |  |           | ļ   |                                       |          |        |  |  | ļ  |          |
|                        |   |  |  |           |   | ļ                                     |          | ļ      |  |  |  | <u> </u> |
|                        |   |  |  |           |   |                                       |          | ļ      | <b> </b>   | ļ  |  |          |
|                        |   |  |  |           |   |                                       | <u> </u> |        | ļ  | <u> </u>   | L  |          |
|                        |   |  |  |           | <u> </u>  |                                       |          |        | <u> </u>   |  |  |          |
|                        |   |  |  |           |   |                                       |          |        |  |  |  |          |
|                        |   |  |  | L         |   |                                       |          |        |  |  |  |          |

Explanation of Responses:

## **ALAKOR SECURITIES CORPORATION**

Date: 06/04/2019

By:

Note: File three (3) copies of this form, one of which must be manually signed.

Attach additional sheets if space provided is insufficient.