



# SECURITIES AND EXCHANGE COMMISSION

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## Company Information

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**SEC Registration No.:** CN201210969

**Company Name:** MT.-PROVINCE TEACHERS' MUTUAL AID SYSTEM, INC.

**Industry Classification:** O91990

**Company Type:** Non-stock Corporation

## Document Information

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**Document ID:** OST10613202381306262

**Document Type:** General Information Sheet

**Document Code:** GIS

**Period Covered:** May 20, 2023

**Submission Type:** Annual Meeting

**Remarks:** None

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Acceptance of this document is subject to review of forms and contents

**GENERAL INFORMATION SHEET (GIS)  
NON-STOCK CORPORATION  
FOR THE YEAR 2023**

**GENERAL INSTRUCTIONS:**

- FOR USER CORPORATION: THIS GIS SHALL BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF THE ANNUAL MEMBERS' MEETING AS STATED IN THE BY-LAWS. **DO NOT LEAVE ANY ITEM BLANK.** WRITE "N.A." IF THE INFORMATION REQUIRED IS NOT APPLICABLE TO THE CORPORATION OR "NONE" IF THE INFORMATION IS NON-EXISTENT. IF THE ANNUAL MEMBERS' MEETING IS HELD ON A DATE OTHER THAN THAT STATED IN THE BY-LAWS, THE GIS SHALL BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS AFTER THE ELECTION OF THE DIRECTORS, TRUSTEES AND OFFICERS OF THE CORPORATION AT THE ANNUAL MEMBERS' MEETING.
- IF NO MEETING IS HELD, THE CORPORATION SHALL SUBMIT THE GIS NOT LATER THAN JANUARY 30 OF THE FOLLOWING YEAR. HOWEVER, SHOULD AN ANNUAL MEMBERS' MEETING BE HELD THEREAFTER, A NEW GIS SHALL BE SUBMITTED/FILED.
- THIS GIS SHALL BE ACCOMPLISHED IN ENGLISH AND CERTIFIED AND SWORN TO BY THE **CORPORATE SECRETARY** OF THE CORPORATION.
- ALL CHANGES ARISING BETWEEN ANNUAL MEETINGS AND AFFECTING THE INFORMATION STATED IN THE GIS, SUCH AS THE DEATH, RESIGNATION OR CESSATION OF HOLDING OF OFFICE OF A DIRECTOR, TRUSTEE, OR OFFICER, SHALL BE REFLECTED IN AN AMENDED GIS LABELED AS SUCH AND THE CHANGES CLEARLY HIGHLIGHTED. THE AMENDED GIS SHALL BE SUBMITTED WITHIN SEVEN [7] DAYS AFTER SUCH CHANGES OCCURRED OR BECAME EFFECTIVE.
- SUBMIT FOUR (4) COPIES OF THE GIS TO THE RECEIVING SECTION AT THE SEC MAIN OFFICE, OR TO SEC SATELLITE OFFICES OR EXTENSION OFFICES. ALL COPIES SHALL UNIFORMLY BE ON A4 OR LETTER-SIZED PAPER. THE PAGES OF ALL COPIES SHALL USE ONLY ONE SIDE.
- ONLY THE GIS ACCOMPLISHED IN ACCORDANCE WITH THESE INSTRUCTIONS SHALL BE CONSIDERED AS COMPLIANT WITH EXISTING RULES AND REGULATIONS.**
- THIS GIS MAY BE USED AS EVIDENCE AGAINST THE CORPORATION AND ITS RESPONSIBLE DIRECTORS/TRUSTEES/OFFICERS FOR ANY VIOLATION OF EXISTING LAWS, RULES AND REGULATIONS

===== PLEASE PRINT LEGIBLY =====

<b>CORPORATE NAME:</b>		MT. PROVINCE TEACHERS' MUTUAL AID SYSTEM, INC.		<b>DATE REGISTERED:</b>		06/13/2012	
<b>BUSINESS/TRADE NAME</b>		MUTUAL BENEFIT ASSOCIATION		<b>FISCAL YEAR END:</b>		DECEMBER 31	
<b>SEC REGISTRATION NUMBER:</b>		CN201210969		<b>CORPORATE TAX IDENTIFICATION NUMBER (TIN):</b>		008-303-814	
<b>DATE OF ANNUAL MEETING PER BY-LAWS:</b>		3rd Saturday of May		<b>WEBSITE/URL ADDRESS:</b>		www.mtprovince.com	
<b>DATE OF ACTUAL MEETING:</b>		20-May-23		<b>EMAIL ADDRESS:</b>		mtprovince.teachers@yahoo.com	
<b>COMPLETE PRINCIPAL OFFICE ADDRESS:</b>		DELOS REYES BLDG., BINTAWAN RD., POBLACION NORTH, SOLANO, NUEVA VIZCAYA		<b>TELEPHONE NUMBER(S):</b>		525-6925/871-0806	
<b>COMPLETE BUSINESS ADDRESS:</b>		DELOS REYES BLDG., BINTAWAN RD., POBLACION NORTH, SOLANO, NUEVA VIZCAYA		<b>FAX NUMBER(S):</b>		NA	
<b>OFFICIAL E-MAIL ADDRESS</b>		<b>ALTERNATE E-MAIL ADDRESS</b>		<b>OFFICIAL MOBILE NUMBER</b>		<b>ALTERNATE MOBILE NUMBER</b>	
mtprovince.teachers@yahoo.com		mtprovince.solano@gmail.com		+63-917-839-6767		+63-997-617-6391	
<b>PRIMARY PURPOSE ENGAGED IN:</b>		To foster brotherhood and mutual help among its members; to encourage the habit of thrift and savings among its members; to provide financial assistance to beneficiary or beneficiaries of deceased member upon death of member.					
<b>NAME OF EXTERNAL AUDITOR &amp; SIGNING PARTNER:</b>		AMC & ASSOCIATES / ARIEL D. GONZALES		<b>SEC ACCREDITATION NUMBER:</b>		<b>TELEPHONE NUMBER(S):</b>	
				89570 (Group A)		8841-0462	
<b>IF ENGAGED IN MICROFINANCE BUSINESS, CHECK SERVICES</b>				<b>TO BE FILLED UP BY SEC PERSONNEL:</b>			
Deposits		X Insurance Products		<b>INDUSTRY</b>		<b>NATIONAL GEOGRAPHICAL</b>	
Loans		Payment Services		<b>CLASSIFICATION CODE:</b>		<b>CODE (NGC):</b>	
Money Transfer		Others					



# GENERAL INFORMATION SHEET

## NON-STOCK CORPORATION

===== PLEASE PRINT LEGIBLY =====

**Corporate Name:** MT. PROVINCE TEACHERS' MUTUAL AID SYSTEM, INC.

**A. Is the Corporation a covered person under the Anti Money Laundering Act (AMLA), as amended? (Rep. Acts. 9160/9164/10167/10365)**  Yes  No

**Please check the appropriate box:**

<p><b>1.</b></p> <p><input type="checkbox"/> Banks</p> <p><input type="checkbox"/> Offshore Banking Units</p> <p><input type="checkbox"/> Quasi-Banks</p> <p><input type="checkbox"/> Trust Entities</p> <p><input type="checkbox"/> Non-Stock Savings and Loan Associations</p> <p><input type="checkbox"/> Pawnshops</p> <p><input type="checkbox"/> Foreign Exchange Dealers</p> <p><input type="checkbox"/> Money Changers</p> <p><input type="checkbox"/> Remittance Agents</p> <p><input type="checkbox"/> Electronic Money Issuers</p> <p><input type="checkbox"/> Financial Institutions which Under Special Laws are subject to Bangko Sentral ng Pilipinas' (BSP) supervision and/or regulation, including their subsidiaries and affiliates.</p>	<p><b>4.</b> <input type="checkbox"/> Jewelry dealers in precious metals, who, as a business, trade in precious metals</p>
<p><b>2.</b></p> <p><input type="checkbox"/> Insurance Companies</p> <p><input type="checkbox"/> Insurance Agents</p> <p><input type="checkbox"/> Insurance Brokers</p> <p><input type="checkbox"/> Professional Reinsurers</p> <p><input type="checkbox"/> Reinsurance Brokers</p> <p><input type="checkbox"/> Holding Companies</p> <p><input type="checkbox"/> Holding Company Systems</p> <p><input type="checkbox"/> Pre-need Companies</p> <p><input checked="" type="checkbox"/> Mutual Benefit Association</p> <p><input type="checkbox"/> All Other Persons and entities supervised and/or regulated by the Insurance Commission (IC)</p>	<p><b>5.</b> <input type="checkbox"/> Jewelry dealers in precious stones, who, as a business, trade in precious stone</p>
<p><b>3.</b></p> <p><input type="checkbox"/> Securities Dealers</p> <p><input type="checkbox"/> Securities Brokers</p> <p><input type="checkbox"/> Securities Salesman</p> <p><input type="checkbox"/> Investment Houses</p> <p><input type="checkbox"/> Investment Agents and Consultants</p> <p><input type="checkbox"/> Trading Advisors</p> <p><input type="checkbox"/> Other entities managing Securities or rendering similar services</p> <p><input type="checkbox"/> Mutual Funds or Open-end Investment Companies</p> <p><input type="checkbox"/> Close-end Investment Companies</p> <p><input type="checkbox"/> Common Trust Funds or Issuers and other similar entities</p> <p><input type="checkbox"/> Transfer Companies and other similar entities</p> <p><input type="checkbox"/> Other entities administering or otherwise dealing in currency, commodities or financial derivatives based there on</p> <p><input type="checkbox"/> Entities administering of otherwise dealing in valuable objects</p> <p><input type="checkbox"/> Entities administering or otherwise dealing in cash Substitutes and other similar monetary instruments or property supervised and/or regulated by the Securities and Exchange Commission (SEC)</p>	<p><b>6.</b> Company service providers which, as a business, provide any of the following services to third parties:</p> <p><input type="checkbox"/> acting as a formation agent of juridical persons</p> <p><input type="checkbox"/> acting as (or arranging for another person to act as) a director or corporate secretary of a company, a partner of a partnership, or a similar position in relation to other juridical persons</p> <p><input type="checkbox"/> providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement</p> <p><input type="checkbox"/> acting as (or arranging for another person to act as) a nominee shareholder for another person</p>
<p><b>7.</b> Persons who provide any of the following services:</p> <p><input type="checkbox"/> managing of client money, securities or other assets</p> <p><input type="checkbox"/> management of bank, savings or securities accounts</p> <p><input type="checkbox"/> organization of contributions for the creation, operation or management of companies</p> <p><input type="checkbox"/> creation, operation or management of juridical persons or arrangements, and buying and selling business entities</p>	<p><b>8.</b> <input type="checkbox"/> None of the above</p>
<p><b>B. Has the Corporation complied with the requirements on Customer Due Diligence (CDD) or Know Your Customer (KYC), record-keeping, and submission of reports under the AMLA, as amended, since the last filing of its GIS?</b></p>	<p>Describe nature of business:</p>

**B. Has the Corporation complied with the requirements on Customer Due Diligence (CDD) or Know Your Customer (KYC), record-keeping, and submission of reports under the AMLA, as amended, since the last filing of its GIS?**  Yes  No

**GENERAL INFORMATION SHEET**

**NON-STOCK CORPORATION**

===== PLEASE PRINT LEGIBLY =====

**CORPORATE NAME: MT. PROVINCE TEACHERS' MUTUAL AID SYSTEM, INC.**

**DIRECTORS / OFFICERS**

<u>NAME AND CURRENT RESIDENTIAL ADDRESS</u>	<u>NATIONALITY</u>	<u>INCORPORATOR</u>	<u>BOARD</u>	<u>SEX</u>	<u>OFFICER</u>	<u>TAX IDENTIFICATION NUMBER</u>
1. ELMER B. MABBAYAD [REDACTED]	FILIPINO	Y	M	M	PRE	[REDACTED]
2. ROLANDO A. DAUGOY [REDACTED]	FILIPINO	Y	M	M	COO	[REDACTED]
3. MARILOR I. ALBERTO [REDACTED]	FILIPINO	N	M	F	N/A	[REDACTED]
4. NELITA B. DEOGRACIAS [REDACTED]	FILIPINO	Y	M	F	CFO	[REDACTED]
5. JOAN O. TAMAYO [REDACTED]	FILIPINO	Y	M	F	COS	[REDACTED]
6. TEOFISTO GLENN V. HERMOSA [REDACTED]	FILIPINO	Y	C	M	N/A	[REDACTED]
7. ....						
8. ....						
9. ....						
10. ....						
11. ....						
12. ....						
13. ....						
14. ....						
15. ....						

**INSTRUCTIONS:**

FOR SEX COLUMN, PUT "F" FOR FEMALE, "M" FOR MALE.  
 FOR INCORPORATOR COLUMN, PUT "Y" IF AN INCORPORATOR, "N" IF NOT.  
 FOR BOARD COLUMN, PUT "C" FOR CHAIRMAN, "M" FOR MEMBER.  
 FOR OFFICER COLUMN, INDICATE PARTICULAR POSITION IF AN OFFICER, SUCH AS:

- |                               |                                 |                     |
|-------------------------------|---------------------------------|---------------------|
| PRE-PRESIDENT                 | CEO - CHIEF EXEC. OFFICER       | CFO - TREASURER     |
| COO - CHIEF OPERATING OFFICER | COS - CORPORATE SECRETARY       | LEG - LEGAL COUNSEL |
| AUD - EXTERNAL AUDITOR        | GOV - GOVERNMENT REPRESENTATIVE | OTR - OTHERS        |
|                               |                                 | N - NONE            |



**GENERAL INFORMATION SHEET**

**NON-STOCK CORPORATION**

===== PLEASE PRINT LEGIBLY =====

**CORPORATE NAME: MT. PROVINCE TEACHERS' MUTUAL AID SYSTEM, INC.**

**1. INTERCOMPANY AFFILIATIONS**

PARENT COMPANY	SEC REG. NO.	ADDRESS
N/A	N/A	N/A
AFFILIATE	SEC REG. NO.	ADDRESS
N/A	N/A	N/A

NOTE: USE ADDITIONAL SHEET IF NECESSARY

2. INVESTMENT OF CORPORATE FUNDS IN ANOTHER CORPORATION	AMOUNT (in PhP)	DATE OF BOARD RESOLUTION
2.1 STOCKS	N/A	N/A
2.2 BONDS/COMMERCIAL PAPER (issued by private corporations)	N/A	N/A
2.3 LOANS/ CREDITS/ ADVANCES	N/A	N/A
2.4 GOVERNMENT TREASURY BILLS	PhP 700,000.00	11/5/2021
2.5 OTHERS	N/A	N/A

3. INVESTMENT OF CORPORATE FUNDS IN ACTIVITIES UNDER ITS SECONDARY PURPOSES (PLEASE SPECIFY:)	DATE OF BOARD RESOLUTION	DATE OF MEMBERS' RATIFICATION
3.1 N/A	N/A	N/A
3.2		
3.3		
3.4		
3.5		

4. FUND BALANCE (in PhP):

**5. SECONDARY LICENSE/REGISTRATION/AUTHORITY/ACCREDITATION OTHER GOVERNMENT AGENCY:**

5.1 NAME OF AGENCY:	BANGKO SENTRAL NG PILIPINAS	INSURANCE COMMISSION	DEPARTMENT OF EDUCATION	COMMISSION ON HIGHER EDUCATION	TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
5.2 DATE ISSUED:		1/1/2022				
5.3 DATE STARTED OPERATIONS:		11/10/2014				

6. TOTAL ANNUAL COMPENSATION OF DIRECTORS/TRUSTEES DURING THE PRECEDING FISCAL YEAR (in PhP)	7. TOTAL NO. OF OFFICERS	8. TOTAL NO. OF RANK & FILE EMPLOYEES	9. TOTAL MANPOWER COMPLEMENT
0	5	119	0

NOTE: USE ADDITIONAL SHEET IF NECESSARY

I, JOAN O. TAMAYO, Corporate Secretary of MT. PROVINCE TEACHERS' MUTUAL AID SYSTEM, INC. declare under penalty of perjury that all matters set forth in this GIS have been made in good faith, duly verified by me and to the best of my knowledge and belief are true and correct.

I hereby attest that all the information in this GIS are being submitted in compliance with the rules and regulations of the Securities and Exchange Commission (SEC) the collection, processing, storage and sharing of said information being necessary to carry out the functions of public authority for the performance of the constitutionally and statutorily mandated functions of the SEC as a regulatory agency.

I further attest that I have been authorized by the Board of Directors/Trustees to file this GIS with the SEC.

I understand that the Commission may place the corporation under delinquent status for failure to submit the reportorial requirements three (3) times, consecutively or intermittently, within a period of five (5) years (Section 177, RA No. 11232).


Done this 22nd day of May, 2023 in Solano, Nueva Vizcaya.



JOAN O. TAMAYO  
(Signature over printed name)

**SUBSCRIBED AND SWORN TO** before me in SOLANO, NUEVA VIZCAYA on MAY 22 2023 by affiant who personally appeared before me and exhibited to me his/her competent evidence of identity consisting of \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc No. 26;  
Page No. 06;  
Book No. 351;  
Series of 2013;

  
**ATTY. PRIMO PERCIVAL J. MARCOS**  
Notary Public-Solano, Nueva Vizcaya  
Notarial Commission No. 12/31/2024  
PTR NO. 2792276, 11/17/2022, Bay.N.V.  
IBP no. 05693-1 LIFETIME, Roll No. of ATTY. 31459  
MCLE no. CN. VII-001-1323, Valid until: 4/14/2024



## BENEFICIAL OWNERSHIP DECLARATION

SEC REGISTRATION NUMBER:

CN201210969

CORPORATE NAME:

MT. PROVINCE TEACHERS' MUTUAL AID SYSTEM, INC.

**Instructions:**

1. Identify the Beneficial Owner/s of the corporation as described in the Categories of Beneficial Ownership in items A to I below. List down as many as you can identify. You may use an additional sheet if necessary.
2. Fill in the required information on the beneficial owner in the fields provided for.
3. In the "Category of Beneficial Ownership" column, indicate the letter(s) corresponding thereto. In the event that the person identified as beneficial owner falls under several categories, indicate all the letters corresponding to such categories.
4. If the category is under letter "I", indicate the position held (i.e., Director/Trustee, President, Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, etc.).
5. Do not leave any item blank. Write "N/A" if the information required is not applicable or "NONE" if non-existent.

"Beneficial Owner" refers to any natural person(s) who ultimately own(s) or control(s) or exercise(s) ultimate effective control over the corporation. This definition covers the natural person(s) who actually own or control the corporation as distinguished from the legal owners. Such beneficial ownership may be determined on the basis of the following:

<u>Category</u>	<u>Description</u>
<b>A</b>	Natural person(s) owning, directly or indirectly or through a chain of ownership, at least twenty-five percent (25%) of the voting rights, voting shares or capital of the reporting corporation.
<b>B</b>	Natural person(s) who exercise control over the reporting corporation, alone or together with others, through any contract, understanding, relationship, intermediary or tiered entity.
<b>C</b>	Natural person(s) having the ability to elect a majority of the board of directors/trustees, or any similar body, of the corporation.
<b>D</b>	Natural person(s) having the ability to exert a dominant influence over the management or policies of the corporation.
<b>E</b>	Natural person(s) whose directions, instructions, or wishes in conducting the affairs of the corporation are carried out by majority of the members of the board of directors of such corporation who are accustomed or under an obligation to act in accordance with such person's directions, instructions or wishes.
<b>F</b>	Natural person(s) acting as stewards of the properties of corporations, where such properties are under the care or administration of said natural person(s).
<b>G</b>	Natural person(s) who actually own or control the reporting corporation through nominee shareholders or nominee directors acting for or on behalf of such natural persons.
<b>H</b>	Natural person(s) ultimately owning or controlling or exercising ultimate effective control over the corporation through other means not falling under any of the foregoing categories.
<b>I</b>	Natural person(s) exercising control through positions held within a corporation (i.e., responsible for strategic decisions that fundamentally affect the business practices or general direction of the corporation such as the members of the board of directors or trustees or similar body within the corporation; or exercising executive control over the daily or regular affairs of the corporation through a senior management position). This category is only applicable in exceptional cases where no natural person is identifiable who ultimately owns or exerts control over the corporation, the reporting corporation having exhausted all reasonable means of identification and provided there are no grounds for suspicion.

COMPLETE NAME (Surname, Given Name, Middle Name, Name Extension (i.e., Jr., Sr., III))	SPECIFIC RESIDENTIAL ADDRESS	NATIONALITY	DATE OF BIRTH	TAX IDENTIFICATION NO.	% OF OWNERSHIP <sup>1</sup> / % OF VOTING RIGHTS <sup>2</sup>	TYPE OF BENEFICIAL OWNER <sup>3</sup> Direct (D) or Indirect (I)	CATEGORY OF BENEFICIAL OWNERSHIP
ELMER B. MABBAYAD	[REDACTED]	FILIPINO	11/21/1968	[REDACTED]	0.00%	N/A	I
ROLANDO A. DAUIGOY	[REDACTED]	FILIPINO	07/18/1969	[REDACTED]	0.00%	N/A	I
MARILOR I. ALBERTO	[REDACTED]	FILIPINO	09/19/1980	[REDACTED]	0.00%	N/A	I

Note: This page is not for uploading on the SEC iView.

<sup>1</sup> For Stock Corporations.

<sup>2</sup> For Non-Stock Corporations.

<sup>3</sup> For Stock Corporations.

**BENEFICIAL OWNERSHIP DECLARATION**

SEC REGISTRATION NUMBER:

CN201210969

CORPORATE NAME:

MT. PROVINCE TEACHERS' MUTUAL AID SYSTEM, INC.

COMPLETE NAME (Surname, Given Name, Middle Name, Name Extension (i.e., Jr., Sr., III))	SPECIFIC RESIDENTIAL ADDRESS	NATIONALITY	DATE OF BIRTH	TAX IDENTIFICATION NO.	% OF OWNERSHIP <sup>1</sup> / % OF VOTING RIGHTS <sup>2</sup>	TYPE OF BENEFICIAL OWNER <sup>3</sup> Direct (D) or Indirect (I)	CATEGORY OF BENEFICIAL OWNERSHIP
NELITA B. DEOGRACIAS	[REDACTED]	FILIPINO	04/08/1963	[REDACTED]	0.00%	N/A	I
JOAN O. TAMAYO	[REDACTED]	FILIPINO	08/30/1975	[REDACTED]	0.00%	N/A	I
TEOFISTO GLENN V. HERMOSA	[REDACTED]	FILIPINO	08/27/1960	[REDACTED]	0.00%	N/A	I

Note: This page is not for uploading on the SEC iView.

<sup>1</sup> For Stock Corporations.

<sup>2</sup> For Non-Stock Corporations.

<sup>3</sup> For Stock Corporations.