

COVER SHEET

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SEC Registration Number

		S	E	M	I	R	A	R	A	M	I	N	I	N	G	A	N	D	P	O	W	E	R		

(Company's Full Name)

				2	n	d	F	l	o	o	r	D	M	C	I	P	L	A	Z	A					

(Business Address: No. Street City/Town/Province)

John R. Sadullo (Contact Person)

(632) 8888-3000 (Company Telephone Number)

1	2	3	1
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(Fiscal Year)

1	7	-	C	
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(Form Type)

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Month Day
(Annual Meeting)

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(Secondary License Type, If Applicable)

MSRD

Dept. Requiring this Doc.

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Amended Articles Number/Section

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Total No. of Stockholders

Total Amount of Borrowings	
Domestic	Foreign

To be accomplished by SEC Personnel concerned

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File Number

_____ LCU

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Document ID

_____ Cashier

STAMPS

Remarks: Please use BLACK ink for scanning purposes.

