



CERTIFICATION OF INDEPENDENT DIRECTOR

I, **Darcy A. Quindor**, Filipino, of legal age and a resident of #660 Mabulay Road, Brgy. Linabuan Norte, Kalibo, Aklan, after having been duly sworn to in accordance with law do hereby declare that:

1. I am a nominee for independent director of Asia Pacific Medical Center – Aklan Inc. and have been its independent director since July 4, 2021 (where applicable).
2. I am affiliated with the following companies or organizations (including Government-Owned and Controlled Corporations):

COMPANY/ORGANIZATION	POSITION/RELATIONSHIP	PERIOD OF SERVICE
APMC – Aklan Inc.	Independent Director	July 4, 2021 to present
Dr. Rafael S. Tumbukon Memorial Hospital	Medical Specialist I	January 14, 2014 to present
St. Jude Hospital	Visiting Consultant	March 2013-present
St. Gabriel Medical Center	Visiting Consultant	March 2013 to present
Panay Health Care Multipurpose Cooperative	Visiting Consultant	March 2013 to present

3. I possess all the qualifications and none of the disqualifications to serve as an Independent Director of APMC-Aklan Inc., as provided for in Section 38 of the Securities Regulation Code, its Implementing Rules and Regulations and other SEC issuances.
4. I am not related to any director/officer/substantial shareholder of Asia Pacific Medical center – Aklan Inc. within the relationship provided under Rule 38.2.3 of the Securities Regulation Code. (where applicable)
5. To the best of my knowledge, I am not the subject of any pending criminal or administrative investigation or proceeding.
6. I am not affiliated with any government agency, instrumentality, office or government owned and controlled corporation thus not required to seek permission pursuant to Office of the President Memorandum Circular No.17 and Section 12, Rule XVII of the Revised Civil Service Rules.
7. I shall faithfully and diligently comply with my duties and responsibilities as independent director under the Securities Regulation Code and its Implementing Rules and Regulations, Code of Corporate Governance and other SEC issuances.
8. I shall inform the Corporate Secretary of APMC- Aklan Inc. of any changes in the abovementioned information within five days from its occurrence.

Done, this 08 MAY 2024 day of _____, at Kalibo, Aklan.

Judge Martelino Road, Andagao,
Kalibo, Aklan
(036) 268-2320
0917-814-6042
info@apmcaklan.com
asiapacificmedicalcenter-aklan.com





**ASIA PACIFIC
MEDICAL CENTER
AKLAN**

Formerly: Allied Care Experts (Ace) Medical Center - Aklan, Inc.

Darcy A. Quindor
Affiant

SUBSCRIBED AND SWORN to before me this 08 MAY 2024 day of _____ at Kalibo, Aklan, affiant personally appeared before me and exhibited to me his/her PRC ID # 100769 issued at _____ on 08/29/2003.

Doc. No. 135;
Page No. 28;
Book No. 29;
Series of 2024;

ROMEO P. INOCENCIO
Notary Public for the Province of Aklan
Appointment No. 1 (2023-2024)
Until December 31, 2024
Roll No. 35274
XIX Martyrs St., Kalibo, Aklan
N.P. No. 2466641900023, 12/20/2023/Pasig City
PTR No. 8716644010312024 Kalibo, Aklan
MCLE Compliance No. VI-0101762
Issued on December 02, 2019

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AUTHORITY TO PRACTICE

I, DARCY A. QUINDOR would like to seek your permission and approval to allow me to engage in **Private Practice of Profession**.

(Please specify the Following)

- Name of Profession: MEDICAL / ENTHANS
- Nature of Service: MEDICAL SERVICES
- Schedule of Private Practice: DURING OFF DUTIES (TUESDAY/THURSDAY/FRIDAY)
- FACILITY (if any): PAUL HEALTCARE UNIC HOSPITAL, ADMC-ARLAN, BOB @ ADMC-ARLAN, GABRIEL MEDICAL CENTER, ST. JUDE HOSPITAL

outside of my official time in the Provincial Government of Aklan for Cy 2024,
I am fully aware and understand the 2017 Omnibus Rules on Appointments and Other Human Resource Actions of the Civil Service Commission (CSC) particularly Section 136 thereof which states that "No officer or employee, whether in a permanent or regular capacity, temporary, casual, or hold-over, shall engage directly or indirectly in any private business or practice of profession. Exemptions may be allowed, subject to the limitations provided under RA No. 6713 and other special laws. Provided further, that the following requirements/conditions are met:


1. Written permission from head of agency must be secured and renewed annually;
2. Time devoted outside of office hours shall not impair in any way the efficiency of the officer or employee nor pose a conflict or tend to conflict with the official functions and must be fixed by the head of agency; and
3. Government facilities, equipment and supplies shall not be used while engaged in private business or practice of profession."

Moreover, I am willing to adhere to the other conditions prescribed in E.O. _____
"Guidelines on the Authority to engage in a Limited Practice of Profession by employees holding Permanent/Casual Plantilla Positions in the Provincial Government of Aklan"
to wit:

- a. Written permission from the head of agency shall be secured and renewed every year;
- b. Private Practice of Profession must be undertaken during off-duty hours.
- c. It shall not in any way be in conflict with the duties and functions of the employee nor entail conflict of interest with the Provincial Government.
- d. It shall not impair the efficiency in the discharge of the employee's duties and responsibilities, and in case of conflict, government service must be prioritized.
- e. It shall not involve the use of government funds or property.
- f. It shall indicate therein the time and place of such private practice.
- g. It shall adhere to the provisions of the Constitution, Republic Act No. 6713 (Code of Conduct and Ethical Standards for Public Officials and Employees), the 2017 Omnibus Rules on Appointments and Other Human Resource Action, and other relevant Civil Service Law and Rules.
- h. Any violation and/or abuse of the conditions set forth in the grant of authority to practice of profession shall be a ground for cancellation and/or revocation of the authority without prejudice to administrative, civil, and/or criminal liabilities.


In compliance thereof, I am submitting the following documents:

1. Copy of Schedule and Official Time at _____
2. Employment Contract/Certificate of Employment (If applicable)



DARCER RIVERA
Name and Signature

MEDICAL SERVICES
Office/Department

Endorsed by:



MICHELLE G. SAN JOSE, MD, DPBRM, FPARM, MMHCA
Medical Specialist II
Chief of Clinics
Head of Unit/Services

Recommending Approval:


CORNELIO V. QUACHON, JR., MD, MPA, MMHoA
Chief of Hospital II
Chief of Hospital/Head of Office


PGDH - PHRMO

APPROVED:


JOSE ENRIQUE M. MIRAFLORES
Provincial Governor