

# COVER SHEET

2 8 7 8 8

S.E.C. Registration Number

M A K A T I F I N A N C E C O R P O R A T I O N

(Company's Full Name)

3 R D F L O O R M A Z D A M A K A T I

B U I L D I N G 2 3 0 1 C H I N O R O C E S

B A R A N G A Y M A G A L L A N E S

A V E N U E M A K A T I C I T Y 1 2 3 1

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

**CHARITO S. ESPIRITU**

Contact Person

**(02) 7751-8134**

Company Telephone Number

1 2

Month

3 1

Day

Fiscal Year

**2024**

**SEC Form 23-B**

FORM TYPE

Secondary License Type, If Applicable

0 7

Month

Day

Annual Meeting

**Every last Thursday of July**

M S R D

Dept. Requiring this Doc.

Amended Articles Number/Section

**113**

Total No. of Stockholders

Total Amount of Borrowings

Domestic

Foreign

To be accomplished by SEC Personnel concerned

File Number

LCU

Document I.D.

Cashier

**STAMPS**

Remarks = pls. Use black ink for scanning purposes

SECURITIES AND EXCHANGE COMMISSION  
Metro Manila, Philippines

**FORM 23-B**

**REVISED**

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 23 of the Securities Regulation Code

Check box if no longer subject to filing requirement

| 1. Name and Address of Reporting Person<br><b>Cruz, Alan Michael R.</b><br><small>(Last) (First) (Middle)</small><br>[REDACTED]<br><small>(Street)</small><br>[REDACTED]<br><small>(City) (Province) (Postal Code)</small> |  | 2. Issuer Name and Trading Symbol<br><b>Makati Finance Corporation MFIN</b> |  |                      | 7. Relationship of Reporting Person to Issuer<br><small>(Check all applicable)</small><br><input checked="" type="checkbox"/> Director <input type="checkbox"/> 10% Owner<br><input type="checkbox"/> Officer <input type="checkbox"/> Other<br><small>(give title below) (specify below)</small> |                    |   |  |  |  |  |
|--|--|---|--|----------------------|---|--------------------|---|--|--|--|--|
|  |  | 3. Tax Identification Number/Passport No.<br>[REDACTED]                     | 5. Statement for Month/Year<br><b>SEPTEMBER 2024</b> |                      |   |                    |   |  |  |  |  |
|  |  | 4. Citizenship<br><b>Filipino</b>   | 6. If Amendment, Date of Original (Month/Year)       |                      |   |                    |   |  |  |  |  |
| Table 1. Equity Securities Beneficially Owned  |  |   |  |                      |   |                    |   |  |  |  |  |
| 1. Class of Equity Security  | 2. Transaction Date<br><small>(Month/Day/Year)</small> | 3. Securities Acquired (A) or Disposed of (D)                               |  |                      | 4. Amount of Securities Beneficially Owned at end of Month  | 5. Percentage Held | 6. Ownership Form:<br><small>Direct (D) or Indirect (I) *</small> | 7. Nature of Indirect Beneficial Ownership |  |  |  |
|  |  | <small>Amount</small>   | <small>(A) or (D)</small>                            | <small>Price</small> |   |                    |   |  |  |  |  |
| <b>Common Shares*</b>  | <b>09/18/2024</b>                                      | <b>0</b>  | <b>A</b>   | <b>P1.00</b>         | <b>1</b>  | <b>0.00%</b>       | <b>D</b>  |  |  |  |  |
|  |  |   |  |                      |   |                    |   |  |  |  |  |
|  |  |   |  |                      |   |                    |   |  |  |  |  |
|  |  |   |  |                      |   |                    |   |  |  |  |  |
| <b>*AS A RESULT OF THE STOCK DIVIDEND ISSUANCE</b>   |  |   |  |                      |   |                    |   |  |  |  |  |
| <b>No Stock Dividend</b>   |  |   |  |                      |   |                    |   |  |  |  |  |
|  |  |   |  |                      |   |                    |   |  |  |  |  |
|  |  |   |  |                      |   |                    |   |  |  |  |  |

(Print or Type Responses)

**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.**

- 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 Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Yr) | 4. Number of Derivative Securities Acquired (A) or Disposed of (D) |            | 5. Date Exercisable and Expiration Date (Month/Day/Year) |                 | 6. Title and Amount of Underlying Securities |                            | 7. Price of Derivative Security | 8. No. of Derivative Securities Beneficially Owned at End of Month | 9. Ownership Form of Derivative Security; Direct (D) or Indirect (I) * | 10. Nature of Indirect Beneficial Ownership |
|------------------------|--|------------------------------------|--|------------|--|-----------------|--|----------------------------|---------------------------------|--|--|---|
|                        |  |                                    | Amount   | (A) or (D) | Date Exercisable   | Expiration Date | Title  | Amount or Number of Shares |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |
|                        |  |                                    |  |            |  |                 |  |                            |                                 |  |  |   |

-NONE-

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this Report is true, complete and accurate. This report is signed in the City of Makati.



**ALAN MICHAEL R. CRUZ**  
Signature of Reporting Person

**September 18, 2024**  
Date

Note: File **three (3)** copies of this form, one of which must be manually signed.  
Attach additional sheets if space provided is insufficient.