

Exhibit 10

CABLE APPLICATION FOR FOREIGN PAYMENT

Date: _____, 20____

To: **PHILIPPINE NATIONAL BANK**
 316 W. 2nd Street, Suite 700
 Los Angeles, CA 90012
 Tel: (213) 401-1800

Subject to your charges and to the conditions on the reverse hereof, the undersigned remitter requests that payment be effected as follows:

PNB PAYING BRANCH/OFFICE

PAY TO	NAME OF BENEFICIARY - PRINT		CLID NO.
	ADDRESS - PRINT		TEL. # _____
ACCOUNT NO. (IF ANY)	DOLLAR S/A [] PESO S/A []		
AMOUNT	AMOUNT IN FIGURES \$	AMOUNT IN WORDS	
BY ORDER OF	NAME OF SENDER - PRINT		OFFICE TEL. # _____
	ADDRESS OF SENDER - PRINT		HOME TEL. # _____
	CITY AND STATE	ZIP CODE	

Signature of Remitter _____

FOR BANK USE ONLY

RATE/USS	PESO EQUIVALENT
U.S. Equivalent	\$
Our Commission	\$
CORRES. CHARGES	\$
CABLE OR POSTAGE	\$
TOTAL AMT. DUE	\$

FORM OF PAYMENT REC'D

Cash \$ _____
 ABA No. \$ _____
 Total Amount Due \$ _____

Receipt of Total Amount Due, shown above, is acknowledged.

PHILIPPINE NATIONAL BANK

REF. # _____

By: _____

Date: _____