# **COVER SHEET**

|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  | 0        | 0    | 0        | 0      | 0    | 1     | 4        | 7        | 6     | 6 | 9 |
|---|----------------------------|-------|-------|------|-------|----|---------------------------|----------|----------|----------|----------|------|-----|-------|----------|------|----------|---------------------------------|-------|----------|--|----------|------|----------|--------|------|-------|----------|----------|-------|---|---|
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          | SE     | C Re | egis  | tratio   | n Nui    | mber  |   |   |
| С   | 0                          | S     | С     | 0    |       | С  | Α                         | Р        | ı        | Т        | Α        | L    | ,   | ı     | N        | С    |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
| Ĕ   |                            |       |       |      |       |    |                           |          |          |          |          |      | ,   |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       | l        |          |       |   |   |
|   |                            |       |       |      | l     | l  |                           | <u> </u> | <u> </u> | <u> </u> | <u> </u> | l    | l   | l     | <u> </u> |      |          |                                 |       |          | <u>                                       </u> | <u> </u> | l    | <u> </u> |        |      |       | <u> </u> |          |       |   |   |
| <u></u>   |                            |       |       |      |       |    |                           | <u> </u> | <u> </u> | <u> </u> | <u> </u> |      | (C  | omp   | any'     | s Fu | ll Na    | me)                             | l     | <u> </u> | <u> </u>                                       | <u> </u> |      | <u> </u> | l      |      |       | <u> </u> | <u> </u> |       |   |   |
|   |                            |       | ı     | _    | _     | _  |                           | _        | _        |          |          | _    |     | _     | _        | _    |          | _                               | _     | 1        | 1  | 1        | _    | _        | _      |      |       | 1        | 1        | П     |   | _ |
| N   | O                          |       |       | 9    | _     | 0  |                           | R        | O        | M        | U        | Α    | L   | D     | Ε        | Z    |          | S                               | T     | •        | ,  |          | Р    | Α        | С      | 0    | ,     | <u> </u> |          |       |   | _ |
| M   | Α                          | N     |       | L    | Α     |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
| (Business Address: No. Street City/Town/Province) |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
| CANDY H. DACANAY-DATUON (02) 8523-305             |                            |       |       |      |       |    | 55                        |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   | (Company Telephone Number) |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
| 1   | 2                          |       | 3     | 1    | 1     |    |                           |          |          |          |          |      | S   | EC    | ; F      | OR   | M        | 17-                             | С     | 1        |  |          |      |          |        |      |       | 0        | 6        | 1     | 2 | 5 |
| Month Day   |                            |       |       |      |       |    | SEC FORM 17-C (Form Type) |          |          |          |          |      |     |       |          |      |          |                                 |       |          | Мс   | nth      | , .  | Da       | ау     |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  | 1        |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          | (Sec | ond | ary L | icen     | se T | уре,     | If A                            | pplic | able     | )  | J        |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
| Dept. Requiring this Doc.                         |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      | <u> </u> | Amended Articles Number/Section |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      | Tota     | al An  | noun | t of  | Borr     | Owing    |       |   |   |
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| Tot   | al No                      | o. of | Stocl | chol | lders | 6  |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  | Do       | omes | stic     |        |      |       |          | F        | oreig | n |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
| SEC Personnel concerned                           |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
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|   |                            |       | Fil   | e N  | umb   | er |                           |          |          | 1        |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
| Cashier   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
| Document ID                                       |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          | Ī        |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   |                            |       | S     | ГΑ   | MF    | PS |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |
|   |                            |       |       |      |       |    |                           |          |          |          |          |      |     |       |          |      |          |                                 |       |          |  |          |      |          |        |      |       |          |          |       |   |   |

Remarks: Please sure BLACK ink for scanning purposes.

### SECURITIES AND EXCHANGE COMMISSION

### SEC FORM 17-C

# CURRENT REPORT UNDER SECTION 17 OF THE SECURITIES REGULATIONS CODE AND SRC RULE 17.2 (C) THEREUNDER

| Date of Report   | November 9, 2021  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|
| SEC Identification Number  | 147669  |  |  |  |  |  |  |  |  |
| BIR Tax Identification Number  | 000-432-378   |  |  |  |  |  |  |  |  |
| Name of Issuer as specified in its charter   | Cosco Capital, Inc.   |  |  |  |  |  |  |  |  |
| Address of principal office and postal code  | No. 900 Romualdez St., Paco, Manila, 1007                                   |  |  |  |  |  |  |  |  |
| Industry Classification Code   |   |  |  |  |  |  |  |  |  |
| Issuer's Telephone Number  | (632) 522-8801  |  |  |  |  |  |  |  |  |
| Former Name  | None  |  |  |  |  |  |  |  |  |
| Securities registered pursuant to<br>Section 8 and 12 of the SRC or<br>Sections 4 and 8 of the RSA | Number of Common Shares –<br>7,190,421,264<br>Treasury Shares – 214,842,300 |  |  |  |  |  |  |  |  |
| Indicate the item numbers reported therein   | Other Matters/Event   |  |  |  |  |  |  |  |  |

### Other matters:

## Result of Cosco Capital Regular Board Meeting dated November 9, 2021

The Board of Directors of Cosco Capital, Inc. has approved today, November 9, 2021, its Consolidated Financial Performance as of September 30, 2021. The mandatory Quarterly Report (SEC 17-Q) will be released on or before November 15, 2021.

### **SIGNATURE**

Pursuant to the requirements of the Securities Regulation Code, the issuer has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

COSCO CAPITAL, INC.

CANDY H. DACANAY DATUON

Assistant Corporate Secretary & Compliance Officer