

CUSTOMER ACCOUNT INFORMATION FORM

INDIVIDUAL ACCOUNT

ACCOUNT TYPE: ☐ CASH ☐ DISCRETIONARY ☐ INSTITUTIONAL ☐ MARGIN

PERSONAL INFORMATION

CLIENT NAME

Current Address

Mailing Address

Permanent Address

Date of Birth

Place of Birth

Status

Spouse

Nationality

Tel. No.

Mobile No.

Occupation

Email Address

TIN

Identification Documents ☐ Driver’s License ☐ Passport ☐ SSS/GSIS ☐ Others

Specimen Signature

1.

2.

CREDIT INFORMATION

Current Employer/Name of Business

Business Address

Nature of Business/Job Title

Tel. No.

Fax No.

Bank References

Bank / Branch

Type of Account

Account Number

CORPORATE ACCOUNT

CORPORATE NAME

Business Address

Nature of Business

Tel. No.

Fax No.

Email Address

Nationality

TIN

Please indicate the names of principal officers authorized to transact on behalf of the company. ☐ Any one ☐ Any two

Name

Position

Signature

OTHER INFORMATION

Investment Objective: ☐ Speculation ☐ Growth ☐ Preservation of Capital ☐ Long Term Investment

Officer, Director or Shareholder or Broker Dealer? ☐ Yes ☐ No

If yes, identify the Broker Dealer and describe the relationship

Officer or Director of an Exchange-listed company? ☐ Yes ☐ No

If yes, identify the company

Accounts with Other Broker Dealer:

Annual Income

☐ Less than 500K

☐ Less than 1M

☐ Less than 5M

☐ More than 5M

Assets

☐ Less than 500K

☐ Less than 1M

☐ Less than 5M

☐ More than 5M

Networth

☐ Less than 500K

☐ Less than 1M

☐ Less than 5M

☐ More than 5M

Source of Funds Trading Limit Commission Rate

Registry of Certificates: ☐ In Street ☐ In Client’s Name

Preferred Delivery of Confirmations: ☐ Courier ☐ Fax ☐ Email ☐ Pick up

Do you require a duplicate copy of confirmations to be sent to another person? ☐ Yes ☐ No

If yes, state the person’s name and relationship

Signature of Customer or Attorney-in-fact

Date

Signature of Person authorized to exercise discretion

Date

Signature of Salesman introducing the Account

Date

Signature of Officer or Manager accepting the Account

Date