

**CUSTOMER ACCOUNT INFORMATION FORM****INDIVIDUAL ACCOUNT**ACCOUNT TYPE: ☐ CASH ☐ DISCRETIONARY ☐ INSTITUTIONAL ☐ MARGIN**PERSONAL INFORMATION**

|                          |   |                                   |   |
|--------------------------|---|-----------------------------------|---|
| CLIENT NAME              |   |                                   |   |
| Mailing Address          |   |                                   |   |
| Permanent Address        |   |                                   |   |
| Date of Birth            | Place of Birth                            | Status                            | Spouse  |
| Nationality              | Tel. No.                                  | Mobile No.                        | Occupation  |
| Email Address            |   | TIN                               |   |
| Identification Documents | <input type="checkbox"/> Driver's License | <input type="checkbox"/> Passport | <input type="checkbox"/> SSS/GSIS <input type="checkbox"/> 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 |
|                                   |                 |                |
|                                   |                 |                |

**OTHER INFORMATION**

|   |   |                                       |   |
|---|---|---------------------------------------|---|
| Investment Objective: <input type="checkbox"/> Speculation <input type="checkbox"/> Growth <input type="checkbox"/> Preservation of Capital <input type="checkbox"/> Long Term Investment |   |                                       |   |
| Officer, Director or Shareholder or Broker Dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                                       |   |
| If yes, identify the Broker Dealer and describe the relationship _____  |   |                                       |   |
| Officer or Director of an Exchange-listed company? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |                                       |   |
| If yes, identify the company _____  |   |                                       |   |
| Accounts with Other Broker Dealer: _____  |   |                                       |   |
| Annual Income   | <input type="checkbox"/> Less than 500K | <input type="checkbox"/> Less than 1M | <input type="checkbox"/> Less than 5M <input type="checkbox"/> More than 5M |
| Assets  | <input type="checkbox"/> Less than 500K | <input type="checkbox"/> Less than 1M | <input type="checkbox"/> Less than 5M <input type="checkbox"/> More than 5M |
| Networth  | <input type="checkbox"/> Less than 500K | <input type="checkbox"/> Less than 1M | <input type="checkbox"/> Less than 5M <input type="checkbox"/> More than 5M |
| Source of Funds   | Trading Limit                           | Comm.Rate                             |   |
| Registry of Certificates: <input type="checkbox"/> In Street <input type="checkbox"/> In Client's Name  |   |                                       |   |
| Preferred Delivery of Confirmations: <input type="checkbox"/> Courier <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> Pick up                        |   |                                       |   |
| Do you require a duplicate copy of confirmations to be sent to another person? <input type="checkbox"/> Yes <input type="checkbox"/> 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