

CUSTOMER ACCOUNT INFORMATION FORM (Corporate Signatories)

Fill out the form using **BLOCK LETTERS**. Write **NA** if the question is not applicable.

Personal Information

Name: _____ **Gender:** ☐ Male ☐ Female
Last First Middle

Birthdate: (mm/dd/yyyy) _____ **Birthplace:** _____

Civil Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed **Name of Spouse:** _____

Address: _____
House No. & Street Barangay & Municipality/City Country Zip Code

Telephone No.: _____ **Mobile No.:** _____

Occupation: _____ **Email Address:** _____

Citizenship: ☐ Filipino ☐ Foreigner **TIN:** _____

Are you the beneficial owner of more than 10%, or an Officer, or a Director of a PSE-listed company?

☐ Yes ☐ No

Name of Company: _____

Position: _____

Do you have account(s) with other stockbroker(s)? ☐ Yes ☐ No

Name of Broker: _____

Are you employed or otherwise associated with any employee of a stock brokerage firm, its subsidiaries or affiliates?

☐ Yes

Name of Brokerage: _____

Name of Employee: _____

Position: _____

Relationship with Employee: _____

☐ No

Conforme

I hereby certify that the information contained in this form is true and correct.

Signature over Printed Name

Date