



30<sup>th</sup> Flr Unit 3003 One Corporate Center, Dona Julia Vargas Street , corner Meralco Ave., Ortigas Center, Pasig City  
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**CUSTOMER ACCOUNT INFORMATION FORM**

Account No. \_\_\_\_\_

Account Name: \_\_\_\_\_  
(or if joint account) \_\_\_\_\_  
Present Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: ( ) Business ( ) Residence

Type of Business: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Tel. No. \_\_\_\_\_

Is the Employer a Broker Dealer? YES ( ) NO ( )

Position/Occupation: \_\_\_\_\_

TIN No.: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

SSS No./GSIS No. \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Business Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Residence Tel. No.: \_\_\_\_\_

Cellphone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Source of Funds: \_\_\_\_\_

Annual Income: \_\_\_\_\_

Assets: \_\_\_\_\_ Net Worth \_\_\_\_\_

Account with other Brokers/Dealers:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

**REFERENCES**

Bank: (Please state branch & Account No.)

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_

Individual: (Please include Contact Number)

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_

INITIAL DEPOSIT: P \_\_\_\_\_

Investment Objective:

- ( ) Speculation ( ) Preservation of Capital
- ( ) Growth ( ) Long Term Investment

Past Experience with:

- ( ) Stock ( ) Mutual Funds
- ( ) Bonds ( ) None
- ( ) Options ( ) Others
- ( ) Commodities

Are you an officer or director of a listed company?

( ) Yes ( ) No If yes, state name of company and position

Associated with another Broker Dealer (e.g. Officer, Director or Shareholder)? YES ( ) NO ( )

Is Customer an institutional customer? YES ( ) NO ( )

Registry of Certificate: ( ) In Client's Name  
( ) In Street Name (Alpha Sec.)

Account Type: Please check if:

- ( ) Cash ( ) Margin
- ( ) Regular ( ) Discretionary
- ( ) Personal ( ) Institutional

For Discretionary Account:

Name of Person Authorized to Exercise Discretion

Signature of Person Authorized to Exercise Discretion

Date Discretionary is granted

Send Duplicate Confirmation to (in case of client's absence)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to customer: \_\_\_\_\_

Name of Attorney-in-Fact, if applicable \_\_\_\_\_

If opened and maintained by a representative:

Name of Beneficial owner \_\_\_\_\_

Address: \_\_\_\_\_

Method of Confirmation of Customer's Order:

( ) via courier ( ) facsimile ( ) electronically

**For Corporate Account\*** Name and position of authorized person to transact on behalf of the company:

1) \_\_\_\_\_

2) \_\_\_\_\_

\* Please attach Board Resolution, Secretary's Certificate Identifying Signatories, Articles of Incorporation and By-Laws, Sec Registration

I am bound by the terms of this CAIF and the attached General Terms and Conditions.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Attorney-in-Fact's Signature  
(If applicable)

**FOR ALPHA SECURITIES USE ONLY:**

How long have you known the client?  
\_\_\_\_\_

- ( ) Phone in
- ( ) Walk-in
- ( ) Personal Contact

Referred by: \_\_\_\_\_

Commission Rate: \_\_\_\_\_

Collateral: \_\_\_\_\_

Special Instruction by Clients: \_\_\_\_\_

\_\_\_\_\_  
Salesman's Signature

Have you ever met the client face to face?  
\_\_\_\_\_

Credit line: \_\_\_\_\_

\_\_\_\_\_  
Approved By:

**Additional Information Required for Corporate or Institutional Accounts Only**

List of directors/partners

List of stockholders owning at least two percent (2%) of the capital stock

Contact numbers

Beneficial owners, if any

The following terms shall have the following meanings:

- 1) Cash Account – purchases by a customer in a cash account shall be paid in full within three (3) business days after the trade date
- 2) Margin Account – securities are purchased by a customer on the basis of credit extended by Broker pursuant to Sec. 48 of the Securities Regulation Code and SRC Rule 48.1. The Client and Broker shall execute a Margin Agreement
- 3) Discretionary Account – the Client has authorized in writing the Broker to effect transactions on behalf of the Client without the Client's specific authorization
- 4) Institutional Account –
  - a) if the Client is either a bank, insurance company, or registered investment company; or
  - b) any other entity (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least P1,200,000,000; *provided, however*, that the Broker Dealer shall obtain from such entity a declaration, under oath, confirming ownership of such assets