



30th Flr Unit 3003 One Corporate Center, Dona Julia Vargas Street, corner Meralco Ave., Ortigas Center, Pasig City
Tel. No. 477-9959, Fax No. 654-6799, Cell No. 0917-5385431

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