

CUSTOMER ACCOUNT INFORMATION FORM
INDIVIDUAL ACCOUNT

CS-EXT-2015-002.ver1
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18F PSBank Center
777 Paseo De Roxas corner Sedeño St.
Makati City, 1226 Philippines

Tel. No. (632) 859 0600
Fax No.: (632) 859 0698

For internal use only

ACCOUNT NAME	ACCOUNT CODE	DATE
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Please complete the application clearly and in full. Tick the appropriate box as applicable.

Type of Account Single Joint OR No. of co-acountholders (max. of 4 allowed)

Cash Regular Margin Discretionary

	PRIMARY	SECONDARY
Surname		
First name		
Middle name		
Birthdate	(MM/DD/YYYY)	(MM/DD/YYYY)

FOR PRIMARY ONLY

PERSONAL INFORMATION

Gender Male Female Birthplace _____

Citizenship Filipino Others (please specify) _____

Civil Status Single Married Widow/er Others (please specify) _____
If married, name of spouse _____

Mailing Address _____

Unit No. House/Building Street + Barangay Name City/Province Zip Country

IDENTIFICATION (at least 2 valid photo bearing IDs are required)

TIN (required) [][][][] - [][][][] - [][][][] SSS/GSIS/UMID [][][][][] - [][][][][][][][][][][][][][][][]

Passport PP # _____ Date issued _____ Place issued _____ Expiry date _____

Driver's License DLR # _____ Date issued _____ Place issued _____ Expiry date _____

Other IDs (please indicate) _____
If foreigner, please provide ACR or ICR No. _____ Date issued _____ Place issued _____

CONTACT DETAILS

📞 Home Country code City code Number 📠 Fax Country code City code Number

📞 Office/Business Country code City code Number 📱 Mobile Country code City code Number

@ Email _____

ADDRESS

Home Ownership Owned Rented Living with relatives Owned-mortgaged with (please specify) _____

Length of stay _____

Home Address _____

Unit No. House/Building Street + Barangay Name City/Province Zip Country

Permanent Address (if home is not the same as your permanent address)

Unit No. House/Building Street + Barangay Name City/Province Zip Country

EMPLOYMENT DETAILS

Occupation Employed Business owner Student Retired Others (pls. specify) _____

Name of Employer/Business _____

Nature of work/Type of business _____

Position / Designation _____ Years w/ Company or Date Bus. Established _____

Employer's/Business Address _____

Unit No. House/Building Street + Barangay Name City/Province Zip Country

INVESTOR PROFILE

Investment Objective Speculation Quick trade Capital growth Capital preservation Long term investment Others

Annual Income < P100,000 < P300,000 < P500,000 < P1,000,000 > P1,000,000

Net Worth < P500,000 < P1,000,000 < P5,000,000 < P10,000,000 > P10,000,000

**CUSTOMER ACCOUNT INFORMATION FORM
INDIVIDUAL ACCOUNT**

Source of Funds	<input type="checkbox"/> Personal savings	<input type="checkbox"/> Proceeds from investments	<input type="checkbox"/> Business (pls. provide documents) -Application for business name w/ DTI -DTI cert of registration
	<input type="checkbox"/> Professional fees	<input type="checkbox"/> Proceeds from sale (goods/retail/property)	
	<input type="checkbox"/> Property rental	<input type="checkbox"/> Pension	
	<input type="checkbox"/> Salary	<input type="checkbox"/> Others	
Are you a beneficial owner of more than 10%, or an officer, or a director of a PSE-listed company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, pls. indicate: Company _____			Position held _____
Do you have an account with other brokers/dealers?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, pls. indicate: Name of Broker/Dealer _____			Contact Person _____
Are you employed or otherwise associated with another broker/dealer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, pls. indicate: Name of Broker/Dealer _____			Position held _____

ACCOUNT HANDLING

Investment/s to be handled by:	<input type="checkbox"/> Customer	<input type="checkbox"/> First Metro Securities (Discretionary Account)
Registration of stocks bought:	<input type="checkbox"/> First Metro Securities' Name (Street Registration/PCD)	<input type="checkbox"/> Name of Account
Proceeds from sale, cash dividends, etc.		
<input type="checkbox"/> For credit to:		
<input type="checkbox"/> Registered MetrobankDirect Account No.	[] [] [] - [] - [] [] [] [] - [] [] [] [] [] - []	
<input type="checkbox"/> Other Bank Account: Bank _____	Account Number _____	
<input type="checkbox"/> For pick-up from First Metro Securities by myself or any one of us, or by my/our authorized representative		
<input type="checkbox"/> For delivery/mail to my/our registered mailing address		
For broker-assisted client/s only: Confirmations, name certificates and other documents		
<input type="checkbox"/> For pick-up from First Metro Securities by myself or any one of us, or by my/our authorized representative		
<input type="checkbox"/> For delivery/mail to my/our registered mailing address		
I/We require duplicate confirmation/s to be sent to another person <input type="checkbox"/> Yes (charges may apply) <input type="checkbox"/> No		
If Yes, please send to: Name _____ Relationship to Applicant/Customer _____		
<input type="checkbox"/> Address: _____		
<input type="checkbox"/> Email Address: _____		

CHANNEL

How did you learn about First Metro Securities Brokerage Corporation?			
<input type="checkbox"/> Online Ad	<input type="checkbox"/> Billboard	<input type="checkbox"/> Metrobank IDD	<input type="checkbox"/> Client of First Metro Securities
<input type="checkbox"/> Print Ad	<input type="checkbox"/> Metrobank branch	<input type="checkbox"/> Tutorials	<input type="checkbox"/> Officer/Staff of First Metro Securities
<input type="checkbox"/> Others			

CONFORME

It is agreed as follows:

Each party to a joint "or" account is a principal, with joint and several liability and is privileged to operate the same separately and independent of the other, and to withdraw all funds, assets and securities, unless otherwise specified in writing by the parties to such joint and several account.

Each party to a joint and several "or" account hereby grants authority to the other party to transact, endorse and accept on behalf of each other, money, securities and other assets of every kind, which are originally in the sole name of one party, and after which, shall become common fund of such joint and several account.

All money, securities, commodities and other assets of every kind payable or deliverable under joint account may in the event of death be paid or delivered to the survivor (as joint tenant) and it is hereby authorized that same be so paid, or the survivor may transfer the account to himself, upon his own signature and the production of a properly certified death certificate of the deceased party.

All parties to this account are over 21 years of age.

I/We hereby certify that all data statements on this form are correct and complete, and are made for the purpose of opening an account, and the signature/s appearing below is/are genuine. The signature/s may be used for verification at all times and for all purposes. I/We authorize you to obtain such information as you may require concerning the statements made on this application, and that the sources from which you may verify are authorized to provide anv information relative to this application.

I/We agree that this application will remain as First Metro Securities' property whether the application is granted or not.

Primary Accountholder Signature over printed name / Date

Co-Accountholder (2) Signature over printed name / Date

Co-Accountholder (3) Signature over printed name / Date

Co-Accountholder (4) Signature over printed name / Date

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Comm. Rate:	Name	Signature	Date
Salesman / Trader			
Checked vs. Negative Watchlist			
Encoder			
Approver			
Compliance Reviewer			

Checklist for Accepting Metrobank Branch:

1. Specimen Signature Cards -must be signature verified
2. Customer Account Information Form - must be signature verified
3. Signed T & C or Online Trading Agreement -must be signature verified
4. Photocopy of 2 valid government issued IDs -must be stamped as original seen & signature verified
5. KYC Reliance Form (please print and send to FMSBC)