

CUSTOMER ACCOUNT INFORMATION FORM

Institutional/Corporate/Partnership Account



Metrobank Group

18F PSBank Center
777 Paseo De Roxas corner Sedeño St.
Makati City, 1226 Philippines

Tel. No. (632) 859 0600

Fax No.: (632) 859 0698

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For internal use only

ACCOUNT NAME	ACCOUNT CODE	DATE

Please complete the application clearly and in full. Tick the appropriate box as applicable.

Type of Account: Cash Margin Regular Discretionary

COMPANY DETAILS

Company Name: _____

Principal Business Address:

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

SEC Registration No. TIN - -

Form of business organization Corporation Partnership Others

Type of business/Nature of Operation _____ Years of operation _____

Is business tax-exempt? Y - Attach BIR Tax Exemption letter dated _____ No

Nationality Filipino Others (please specify) _____

If non-Filipino: Name of Custodian Bank _____
Registration name _____

CONTACT DETAILS

<input checked="" type="checkbox"/> Business	Country code _____ City Code _____ Number _____	Country code _____ City Code _____ Number _____
<input type="checkbox"/> Fax	Country code _____ City Code _____ Number _____	Country code _____ City Code _____ Number _____
<input type="checkbox"/> Mobile	Country code _____ City Code _____ Number _____	Country code _____ City Code _____ Number _____
<input type="checkbox"/> Email		

Mailing Address (if different from the principal business address)

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

Mgt/Directors/Partners/Stockholders (at least 2% capital stock), Beneficial Owners	Nationality	Position in Company	Amount of Stock Participation	%	Address

FINANCIALS (as of date)

Sales _____ Current Assets _____ Total Liabilities _____
Net Income _____ Total Assets _____ Equity _____

INVESTOR PROFILE

Investment/s to be handled by: Customer First Metro Securities (Discretionary Account)

Investment Objective:

Speculation Capital Preservation Long term Investments
 Quick trade Capital Growth Others

SOURCE OF FUNDS

Business Sale of Property
 Proceeds from investments Operating Profits
 Proceeds from goods/sales Capital Injection Others

Corporate Personnel Authorized to Transact on Behalf of the Company:

Last name, first name, middle name	Position	Signature
Last name, first name, middle name	Position	Signature
Last name, first name, middle name	Position	Signature

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Do you have accounts with other Broker/s or Dealer/s? YES NO

Name of Broker/Dealer: _____ Contact Person: _____

Name of Broker/Dealer: _____ Contact Person: _____

ACCOUNT HANDLING

Registration of stocks bought in the name of: First Metro Securities (Street Registration/PCD-enrolled) Account

Proceeds from sale, cash dividends, etc.

For credit to:

Registered MetrobankDirect Account No. [] [] [] - [] - [] [] [] - [] [] [] [] [] - []

Other Bank Account: _____ Account Number _____

For pick-up from First Metro Securities by any one of us or by our authorized representative

For delivery/mail to my/our registered mailing address

Confirmations, name certificates and other documents

For pick-up from First Metro Securities by any one of us or by our authorized representative

For delivery/mail to my/our registered mailing address

We would like Notices of Corporate Actions of our shares (stockholders' meeting, dividend declaration, rights offering) to be sent to us directly by the Transfer Agent Yes No

CHANNEL

How did you learn about First Metro Securities Brokerage Corporation?

Online Ad Billboard Metrobank IDD Client of First Metro Securities

Print Ad Metrobank branch Tutorials Officer/Staff of First Metro Securities

Others

Basic Requirements

- SEC Registration - certified true copy
- Articles of Incorporation/By-laws/Partnership Agreement - certified true copy
- Secretary's Certification of Authorized Signatories - Notarized
- Latest Audited Financial Statements - certified true copy
- Latest General Information Sheet filed w/ SEC - certified true copy
- BIR Form 2303 - certified true copy
- Photocopies of IDs of authorized signatories & corporate secretary
- For Dealers/stockbrokerage firms: SEC License to Operate

CONFORME

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 hereon are genuine. We authorize you to obtain such information as you may require concerning the statements made in this application, and that the sources from which you may verify are authorized to provide any information relative to this application. We agree that the application may remain as First Metro Securities Brokerage Corporation's property whether the application is granted or not.



Authorized Signatory - Signature over printed name / Date



Authorized Signatory - 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:

- Specimen signature card - sig verified
- CAIF - sig verified
- Signed Terms & Conditions or Online Trading Agreement -sig verified
- SEC registration - certified true copy
- Articles of incorporation & by-laws/partnership - certified true copy
- Notarized secretary's certification of authorized signatories authorized to trade with FMSBC
- Latest Audited Financial Statements - certified true copy
- Latest General Information Sheet filed with SEC - certified true copy
- BIR Form 2303 - certified true copy
- KYC Reliance form
- Copy of 2 valid IDs -stamped as original seen & sig ver.
- For Dealer/stockbrokerage Firms: SEC License to Operate

Additional Information on Authorized Signatory / Primary Officers / Stockholders / Directors / Trustee / Partners owning at least 2% voting rights
 (as required by BSP MORNBF Section 4806Q.2.a)

Name:	
Position / Nature of work:	TIN:
Nationality:	Source of funds:
Date of Birth:	Birthplace:
Present Address:	
Permanent Address:	<input type="checkbox"/> same as present
Contact nos.	
Gov't Issued / Valid IDs presented	
If stockholder, % of stock participation	Signature:

Name:	
Position / Nature of work:	TIN:
Nationality:	Source of funds:
Date of Birth:	Birthplace:
Present Address:	
Permanent Address:	<input type="checkbox"/> same as present
Contact nos.	
Gov't Issued / Valid IDs presented	
If stockholder, % of stock participation	Signature:

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Contact nos.	
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If stockholder, % of stock participation	Signature:

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Nationality:	Source of funds:
Date of Birth:	Birthplace:
Present Address:	
Permanent Address:	<input type="checkbox"/> same as present
Contact nos.	
Gov't Issued / Valid IDs presented	
If stockholder, % of stock participation	Signature:

(please use another sheet if necessary)