

CUSTOMER ACCOUNT INFORMATION FORM

For HDISI use

ACCOUNT NO.:
 INDIVIDUAL **JOINT** *please check if* **PRIMARY ACCOUNT HOLDER** **SECONDARY ACCOUNT HOLDER**
ACCOUNT TYPE
 CASH **DISCRETIONARY** **MARGIN**
PERSONAL INFORMATION

Full Name	Last name		First name		Middle name
Residential Address	House No.	Street	Barangay	Town/City	Country/Zip code
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (Month/Day/Year)		
Status	<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Name of spouse:		
Nationality	<input type="checkbox"/> Filipino <input type="checkbox"/> Resident Foreigner <input type="checkbox"/> Non-Resident Foreigner		Specify Nationality:		
Contact Details	Mobile		Landline		Email
TIN/ SSS No./ GSIS No.	TIN		SSS		GSIS

ADDITIONAL INFORMATION

Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Others				
Employer/Business (if applicable)					
Office Address(Town/City/Province)	House No.	Street	Barangay	Town/City	Country/Zip code
Office Tel. No.			Fax		

DISCLOSURES

Is your Employer a Registered Broker or Dealer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify company name: _____
Are you an Officer, Director, Salesman or Shareholder of another Trading Participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify the company and describe the relationship: _____
Are you an Officer/ Director of an Exchange-listed company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the name of Corporation: _____ Position: _____
Do you have an account with other Broker/s/Dealer/s	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify Broker/s/Dealer/s name: _____
Do you have an existing account with HDI Securities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please identify account number: _____
Are duplicate confirmations required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify to whom to be sent and relationship to customer: _____

FINANCIAL AND INVESTMENT PROFILE

Investment Objective	<input type="checkbox"/> Capital Preservation <input type="checkbox"/> Growth <input type="checkbox"/> Long Term Investment <input type="checkbox"/> Speculation			
Source/s of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Retirement <input type="checkbox"/> Business <input type="checkbox"/> Investments <input type="checkbox"/> Others(please specify)			
Assets	<input type="checkbox"/> Less than Php 500,000 <input type="checkbox"/> Less than Php 1Million <input type="checkbox"/> Less than Php 5Million <input type="checkbox"/> 5 Million or higher			
Net Worth	<input type="checkbox"/> Less than Php 500,000 <input type="checkbox"/> Less than Php 1Million <input type="checkbox"/> Less than Php 5Million <input type="checkbox"/> 5 Million or higher			
Annual Income	<input type="checkbox"/> Less than Php 500,000 <input type="checkbox"/> Less than Php 1Million <input type="checkbox"/> Less than Php 5Million <input type="checkbox"/> 5 Million or higher			

Should you refuse to disclose the financial information required, please indicate reason/s:

BANK INFORMATION

Bank Account Name	
Bank Name and Address	
Bank Account Number	

DELIVERY AND MAILING INSTRUCTIONS

Confirmation of Buy and Sell Orders and Other Correspondences	<input type="checkbox"/> Via Courier	<input type="checkbox"/> Via Email	<input type="checkbox"/> Via Fax	<input type="checkbox"/> For Pick-up
Mailing Address	<input type="checkbox"/> Residence	<input type="checkbox"/> Office		

I/We hereby certify that the information given in this Customer Account Information Form is true and correct to the best of my knowledge. I/We have read and agree to be governed by the terms and conditions relative to this Account as enumerated in the following pages, as well as by the rules and regulations of The Philippine Stock Exchange, Securities and Exchange Commission, Bangko Sentral ng Pilipinas, the Anti-Money Laundering Council, the Bureau of Internal Revenue, and other appropriate governmental agencies.

Signature of Client Over Printed Name

Date

Signature of Person authorized to exercise discretion in account

Date

For HDISI USE ONLY:
Requirements for Account Opening:

Salesman/Referred by:	<ol style="list-style-type: none"> Completely filled-up CAIF Specimen Signature Cards (2 copies) Signed Trading Agreement Photocopy of (2) valid IDs <ol style="list-style-type: none"> Resident Foreigner - Photocopy of Alien Certificate of Registration issued by the Bureau of Immigration. Non-Resident Foreigner - Authenticated identity documents by the Philippine Embassy or Consulate.
Processed by:	
Date Opened:	
Approved By:	