

GENERAL UPDATE FORM

Please fill up clearly in BLOCK LETTER, affix signature(s) and attach a copy of a valid government issued ID(s).

ACCOUNT NUMBER

v.11.2020

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PERSONAL INFORMATION	PRIMARY ACCOUNT HOLDER	SECONDARY ACCOUNT HOLDER
Last Name		
First Name		
Middle Name		
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Overseas Filipino	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Overseas Filipino
	<input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Others _____
	<input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
Occupation/Position Title		
Name of Employer		
Nature of Business		
Business/Office Address	No. & Street	No. & Street
	Building/Subdivision	Building/Subdivision
	City/Province	City/Province
	Postal/Zip Code	Postal/Zip Code
	Town/District	Town/District
	<input type="checkbox"/> Philippines <input type="checkbox"/> USA <input type="checkbox"/> Others _____	<input type="checkbox"/> Philippines <input type="checkbox"/> USA <input type="checkbox"/> Others _____

DISCLOSURES

Are you a corporate officer or director of a PSE listed company?	<input type="checkbox"/> YES, Specify Company: _____ <input type="checkbox"/> No	<input type="checkbox"/> YES, Specify Company: _____ <input type="checkbox"/> No
Are you a director, officer or employee of another broker/dealer?	<input type="checkbox"/> YES, Specify Company: _____ <input type="checkbox"/> No (provide consent letter from broker, if not submitted before)	<input type="checkbox"/> YES, Specify Company: _____ <input type="checkbox"/> No (provide consent letter from broker, if not submitted before)
Are you a shareholder of another broker/dealer?	<input type="checkbox"/> YES, Specify Company: _____ <input type="checkbox"/> No	<input type="checkbox"/> YES, Specify Company: _____ <input type="checkbox"/> No
Have you or your immediate family at any time been employed by a government entity (local or foreign) or international organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Immediate family refers to your spouse, parent, parent-in-law, child or your child's spouse)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Immediate family refers to your spouse, parent, parent-in-law, child or your child's spouse)

FINANCIAL AND INVESTMENT PROFILE

Assets	<input type="checkbox"/> <500,000 <input type="checkbox"/> <1 Million <input type="checkbox"/> <5 Million <input type="checkbox"/> <10Million <input type="checkbox"/> Over 10 Million
Net Worth	<input type="checkbox"/> <500,000 <input type="checkbox"/> <1 Million <input type="checkbox"/> <5 Million <input type="checkbox"/> <10Million <input type="checkbox"/> Over 10 Million
Annual Income	<input type="checkbox"/> <200,000 <input type="checkbox"/> <500,000 <input type="checkbox"/> <1 Million <input type="checkbox"/> Over 1 Million
Source(s) of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Business <input type="checkbox"/> Family / Inheritances / Regular Remittances <input type="checkbox"/> Investments

CONFORME & SPECIMEN SIGNATURES

I hereby authorize COL Financial Group, Inc. (COL) to update my account details as indicated. I confirm that all the information in this FORM are true and correct. COL is authorized to verify the same and may consider any misrepresentation as sufficient ground for the rejection of this request. Should this request be denied, COL has no obligation to furnish the ground for such rejection. I consent to the processing of all information I provided or will provide to COL in the future. I hereby affix my signature to signify my conformance to all the foregoing.

PRIMARY ACCOUNT HOLDER SIGNATURE
SECONDARY ACCOUNT HOLDER SIGNATURE

Signature ✓	Signature ✓
Signature ✓	Signature ✓
Signature ✓	Signature ✓
Date Signed: M M D D Y Y Y Y	Date Signed: M M D D Y Y Y Y

FOR COL'S USE ONLY

RECEIVED BY:	DATE RECEIVED:	APPROVED BY:	DATE APPROVED:	PROCESSED BY:	DATE PROCESSED:
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