VENTURE SECURITIES, INC.

8/F STI Holdings Center 6764 Ayala Avenue, Makati City Office Phone: 848-6505 Trading Floor: 891-9420-21

Fax: 848-6505

CASH MARGIN Risk Profile: High Med	DISCRETIONARY OTHERS CUST	OMER ACCOUNT INFORMATI (Form must be completely filled to Affix your signature where requir	ıp)	
Individual	Joint Or	Joint And	Others	

High Med Low (Form must be completely filled up) Affix your signature where required									
Individual Joint Or Joint And Others									
INFORMATION ABOUT THE PRIMARY ACCOUNT HOLDER									
Name									
Gender Last		Civi <u>l Sta</u> tus	First			Middle			
Male Female		Single	e Ma	rried	Widowed	Separated			
Name of Spouse(if applicable)		Number of Dependents (if applicable)							
Date of Birth (month/day/year)	Place of Birth (town/province/city)								
Citizenship Filipino Other	Tel No/Mobile No (Including country and area code								
Email Address	Facsimile No	Facsimile No (Including country and area code)							
Residential Address (no, street, town/district, city/province, postal/zip code, country)									
Educational Background Primary Post Graduate Other	Tertiary	Employment Status Employed Self-Employed Unemployed Retired Other							
Tax Identification Number	SSS or GSIS Identification Number								
Name of Employer/Name of Business(if Owned	Nature of Business								
Office Tel No/Fax No (+country code and area c	ode)	Years with employer/Years of Business (if Owned)							
Employer Address/Business Address(no, street,	building, town/d	istrict, city/pro	vince, pos	tal/zip code,	country)				
FINANCIAL AND INVESTMENT PROFILE									
Liquid Net Worth (in Php) <pre></pre>	Php) <pre>Annual Income </pre> <pre> <pre></pre></pre>								
Primary Source of Income Salary Retirement	Inv	estment	Bus	siness	Othe	ers			
Investment Objectives Capital Preservation Long Term Investment Growth Speculation DISCLOSURES	None Limited Good Extensive	nce		God	ne ited				
Are you a corporate officer or director, or do you own 10% or more of a PSE listed or publicly held Company? No Yes (specify name) Are you an officer or employee of another Broker/Dealer? No Yes (specify broker and present consent letter by employer) Do you have an account(s) with other stockbrokerage firms or mutual fund companies? Yes (specify name)									
MAILING OF INVOICES, MONTHLY STATEMENT OF ACCOUNT AND OTHER COMMUNICATION									
Courier Fax	Em	ail	Pick	k-up		Mail			
Note: It is understood that all transactions with Venture Securities, Inc. are subject to the terms and conditions stated at the back hereof and to any agreement signed in relation hereto. Client's Signature Salesman/Officer's Signature									