

DISCLOSURES	PRIMARY ACCOUNT HOLDER	SECONDARY ACCOUNT HOLDER
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 (also provide consent letter from broker)	<input type="checkbox"/> Yes, Specify Company: _____ <input type="checkbox"/> No (also provide consent letter from broker)
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
Do you have an existing COL account?	<input type="checkbox"/> Yes, Please list account numbers: _____ <input type="checkbox"/> No _____ / _____	<input type="checkbox"/> Yes, Please list account numbers: _____ <input type="checkbox"/> No _____ / _____
Do you have an account with another broker?	<input type="checkbox"/> Yes, Please list broker names: _____ <input type="checkbox"/> No _____ / _____	<input type="checkbox"/> Yes, Please list broker names: _____ <input type="checkbox"/> No _____ / _____

FINANCIAL AND INVESTMENT PROFILE			
Assets	<input type="checkbox"/> <500,000 <input type="checkbox"/> <10 Million	<input type="checkbox"/> <1 Million <input type="checkbox"/> Over 10 Million	<input type="checkbox"/> <5 Million <input type="checkbox"/> Over 10 Million
Net Worth (Assets less liabilities)	<input type="checkbox"/> <500,000 <input type="checkbox"/> <10 Million	<input type="checkbox"/> <1 Million <input type="checkbox"/> Over 10 Million	<input type="checkbox"/> <5 Million <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	<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 (choose all that apply)	<input type="checkbox"/> Salary <input type="checkbox"/> Retirement/Pension	<input type="checkbox"/> Business <input type="checkbox"/> Family/Inheritance <input type="checkbox"/> Regular Remittances	<input type="checkbox"/> Salary <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Business <input type="checkbox"/> Family/Inheritance <input type="checkbox"/> Regular Remittances
Investment Experience	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive
Investment Objectives (List 1-4 in order of priority)	_____ Capital Preservation _____ Long Term Investment	_____ Growth _____ Speculation	_____ Capital Preservation _____ Long Term Investment _____ Growth _____ Speculation

CUSTOMER'S PHILIPPINE BANK ACCOUNT DETAILS		
Name of Bank: _____ <small>(ex. BPI, BDO, etc.)</small>	Branch: _____ <small>(ex. Tektite Branch)</small>	Bank Account Number: _____


CONFORME & SPECIMEN SIGNATURES	PRIMARY ACCOUNT HOLDER	SECONDARY ACCOUNT HOLDER
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I confirm that all the information given in the Client Account Information Form is true and correct. COL Financial Group, Inc. (COL) is hereby authorized to verify the same from whatever sources and shall consider any misrepresentation as sufficient ground for the rejection of this application or termination of my account. Should this application be denied, COL has no obligation to furnish the ground for such rejection. I commit to keep current all information provided herein and to advise COL of any changes within 30 days from such change. Further, I consent to the processing of all information I provided or will provide COL in the future. I also agree that all invoices and all other communications by COL shall be sent via electronic mail to the primary account holder's email address and that updates of my account can be accessed through COL's portfolio page. Finally, I hereby declare that I have read and understood the Online Securities Trading Agreement of COL and agree to be bound by its terms and conditions, as the same may be amended from time to time. I hereby affix my signatures to signify my conformance to all the foregoing.

(please sign below twice to confirm the above)

Full Name		
Signature (1)	✓ _____	✓ _____
Signature (2)	✓ _____	✓ _____
Date Signed		

HOW DID YOU LEARN ABOUT COL FINANCIAL? (Choose all that apply)
<input type="checkbox"/> COL website <input type="checkbox"/> TV, Radio or Print <input type="checkbox"/> Online Sources <input type="checkbox"/> COL seminar or conference <input type="checkbox"/> Other seminar or conference <input type="checkbox"/> Referred by: _____

FOR COL'S USE ONLY				
ACCOUNT TYPE (Please select ONE)			TYPE OF SERVICE	
<input type="checkbox"/> COL STARTER <input type="checkbox"/> COL PLUS <input type="checkbox"/> COL PREMIUM <input type="checkbox"/> OTHERS _____			<input type="checkbox"/> REGULAR <input type="checkbox"/> PCG <input type="checkbox"/> IFA	
Sales Officer: 	Signature Verified By: _____	Processed By: _____	Date Opened: _____	Approved By: _____