



**24/F East Tower, Philippine Stock Exchange Centre  
Exchange Road, Ortigas Center, Pasig City, 1605 Philippines  
Customer Service Hotline: +632 651 5888• Fax No.: +632 636 3512  
Email Address: [helpdesk@colfinancial.com](mailto:helpdesk@colfinancial.com)  
PSE Trading Participant; SCCP & SIFP Member**

**ACCOUNT NUMBER**

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Please fill up clearly in BLOCK LETTERS and affix signature(s). \* Additional documents required

PERSONAL INFORMATION	PRIMARY ACCOUNT HOLDER	SECONDARY ACCOUNT HOLDER
Last Name		
First Name		
Middle Name		
TIN		
GSIS/SSS		
Gender & Date of Birth		
Country of Birth		
Country of Citizenship		
Country of Residence		
Contact No.		
Email Address		
Residence Address		
Civil Status		
ADDITIONAL INFORMATION		
Occupation/Position Title		
Employment Status		
Name of Employer/Business		
Nature of Business		
Business/Office Tel. No.		
Business/Office Address		
Preferred Mailing Address		

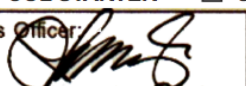
DISCLOSURES	PRIMARY ACCOUNT HOLDER	SECONDARY ACCOUNT HOLDER
Are you a corporate officer or director of a PSE listed company?	<input type="checkbox"/> Yes, Specify Company: _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes, Specify Company: _____ <input type="checkbox"/> No
Are you a director, 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"/> <1 Million <input type="checkbox"/> <5 Million <input type="checkbox"/> <10 Million <input type="checkbox"/> Over 10 Million	<input type="checkbox"/> <500,000 <input type="checkbox"/> <1 Million <input type="checkbox"/> <5 Million <input type="checkbox"/> <10 Million <input type="checkbox"/> Over 10 Million
Net Worth (Assets less liabilities)	<input type="checkbox"/> <500,000 <input type="checkbox"/> <1 Million <input type="checkbox"/> <5 Million <input type="checkbox"/> <10 Million <input type="checkbox"/> Over 10 Million	<input type="checkbox"/> <500,000 <input type="checkbox"/> <1 Million <input type="checkbox"/> <5 Million <input type="checkbox"/> <10 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"/> Business <input type="checkbox"/> Investments <input type="checkbox"/> Retirement/ Pension <input type="checkbox"/> Family/Inheritance Regular Remittances	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investments <input type="checkbox"/> Retirement/ Pension <input type="checkbox"/> Family/Inheritance 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
Investment Objectives (List 1-4 in order of priority)	_____ Capital Preservation    _____ Growth _____ Long Term Investment    _____ Speculation	_____ Capital Preservation    _____ Growth _____ Long Term Investment    _____ Speculation

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

CONFORME & SPECIMEN SIGNATURES	PRIMARY ACCOUNT HOLDER	SECONDARY ACCOUNT HOLDER
<p>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.</p> <p style="text-align: center;">(please sign below twice to confirm the above)</p>		
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:  ALFREDO R. REYES	Signature Verified By: _____	Processed By: _____	Date Opened: _____	Approved By: _____

**DISCRETIONARY ACCOUNT AUTHORIZATION FORM**

1. The undersigned Client ("Client") wishes to avail the services of and hereby authorizes the below-named agent ("Agent") to effect the following buy/subscription and sell/redemption transactions on the Client's behalf without need for the Client's specific authorization and/or instructions for each transaction: *(Please tick all that apply and sign on the spaces provided to confirm grant of authority)*

Asset	Commission / Sales Load	Signature
<input type="checkbox"/> PSE-listed securities	_____ % of the amount of securities purchased or sold or PHP20 per executed order, whichever is <i>higher</i>	<u>✓</u>
<input type="checkbox"/> Mutual Fund shares	_____ % of the investment amount	<u>✓</u>

2. This discretionary authority shall apply to buy/subscription and sell/redemption transactions on margin or otherwise, and shall be in accordance with the terms and conditions of the Online Stock Trading Agreement ("OSTA") of COL Financial Group, Inc. ("COL").
3. In all matters necessary or incidental to the conduct of the account of the Client, the Agent is authorized to act for the Client in the same manner and with the same force and effect as the Client might or could lawfully do. The Agent, however, is not authorized to withdraw from the Client's account any monies or securities either in the Client's name or otherwise.
4. Consistent with the authority granted above, COL is authorized to execute the instructions of the Agent in every respect concerning the Client's trading account with COL. The Client hereby ratifies and confirms any and all transactions with COL heretofore or hereafter made by the Agent on behalf of or for the account of the Client. This authorization is in addition to, and in no way limits or restricts, any rights COL may have under any other agreement between the Client and COL.
5. In consideration of this added service, the Client agrees to pay additional commission and/or sales load, as applicable, at the rates disclosed above. The Client acknowledges that the rates above are set solely by COL and agrees that COL may change the rate structure at any time upon reasonable notice.
6. The Client hereby releases COL and its directors, officers, and employees from and against all liabilities arising directly or indirectly from following instructions or from any and all trade transactions undertaken by the Agent on his behalf and shall pay COL promptly on demand, any losses arising from such trades and any debit balance resulting therefrom.
7. This authorization is a continuing one and shall remain in full force and effect until revoked by the Client by a written notice to COL. Such revocation, however, shall not affect any liability in any way resulting from transactions initiated prior to the receipt of such notice of revocation by COL.
8. The Client hereby manifests that the Client has received a copy of the COL Fund Source Terms and Conditions and accepts and consents to the same, as it may be amended from time to time.
9. All other provisions of the OSTA not otherwise amended by this Discretionary Account Authorization Form shall remain in full force and effect.

\_\_\_\_\_  
 Signature over Printed Name  
 (Primary)

Date: \_\_\_\_\_

Account No.: \_\_\_\_\_

\_\_\_\_\_  
 Signature over Printed Name  
 (Secondary – if applicable)

Date: \_\_\_\_\_

  
**ALFRED BENITEZ REYES**  
 Signature over Printed Name