

Customer Account Information Form

ACCOUNT NUMBER

Account Ownership

Credit Facility

☐ INDIVIDUAL ☐ JOINT OR ☐ ITF ☒ CASH ☐ MARGIN* ☐ ADVISORY* ☐ DISCRETIONARY*

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	<input type="checkbox"/> M <input type="checkbox"/> F	m	m	-	d	d	-	y	y	y	y
Country of Birth	<input type="checkbox"/> Philippines <input type="checkbox"/> USA <input type="checkbox"/> Others			<input type="checkbox"/> Philippines <input type="checkbox"/> USA <input type="checkbox"/> Others							
Country of Citizenship	<input type="checkbox"/> Philippines <input type="checkbox"/> USA <input type="checkbox"/> Others			<input type="checkbox"/> Philippines <input type="checkbox"/> USA <input type="checkbox"/> Others							
Country of Residence	<input type="checkbox"/> Philippines <input type="checkbox"/> USA <input type="checkbox"/> Others			<input type="checkbox"/> Philippines <input type="checkbox"/> USA <input type="checkbox"/> Others							
Contact No.	Telephone No. _____ (country code) (city code) (number)			Telephone No. _____ (country code) (city code) (number)							
	Mobile No. _____ (country code) (city code) (number)			Mobile No. _____ (country code) (city code) (number)							
Email Address <small>(All notices shall be sent to the email address of the primary account holder)</small>											
Residence Address	No. & Street		Building/Subdivision		No. & Street						
	City/Province		Postal/Zip Code		City/Province						
	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							
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							
ADDITIONAL INFORMATION											
Occupation/Position Title											
Employment Status <small>(choose one)</small>	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Overseas Filipino <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker			<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Overseas Filipino <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Others <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker							
Name of Employer/Business											
Nature of Business <small>(choose one)</small>	<input type="checkbox"/> Agri/Aqua <input type="checkbox"/> Mining <input type="checkbox"/> Food/Industry <input type="checkbox"/> Consultancy <input type="checkbox"/> Transportation and Communication <input type="checkbox"/> Manufacturing <input type="checkbox"/> Entertainment <input type="checkbox"/> Medical Services <input type="checkbox"/> Financial Institution <input type="checkbox"/> Banking <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Government Service <input type="checkbox"/> Brokerage <input type="checkbox"/> Utilities (including military) <input type="checkbox"/> Education <input type="checkbox"/> Others			<input type="checkbox"/> Agri/Aqua <input type="checkbox"/> Mining <input type="checkbox"/> Food/Industry <input type="checkbox"/> Consultancy <input type="checkbox"/> Transportation and Communication <input type="checkbox"/> Manufacturing <input type="checkbox"/> Entertainment <input type="checkbox"/> Medical Services <input type="checkbox"/> Financial Institution <input type="checkbox"/> Banking <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Government Service <input type="checkbox"/> Brokerage <input type="checkbox"/> Utilities (including military) <input type="checkbox"/> Education <input type="checkbox"/> Others							
Business/Office Tel. No.	(country code) (city code) (number)			(country code) (city code) (number)							
Business/Office Address	No. & Street		Building/Subdivision		No. & Street						
	City/Province		Postal/Zip Code		City/Province						
	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							
Preferred Mailing Address	<input type="checkbox"/> Home <input type="checkbox"/> Business / Office			<small>*While most notices shall be sent to the client's email address, COL may also send other notices to client's home or business address.</small>							

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		<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)		<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		<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 _____ / _____		<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 _____ / _____		<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		<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		<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		<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 <input type="checkbox"/> Regular Remittances	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investments <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Family/Inheritance <input type="checkbox"/> Regular Remittances		<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Investments <input type="checkbox"/> Retirement/Pension <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 _____ Growth _____ Long Term Investment _____ Speculation	_____ 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)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
Signature (2)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		
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:	