

CUSTOMER ACCOUNT INFORMATION FORM

(Form must be completely filled up)
Affix your signature where required

☐ INDIVIDUAL

☐ OTHERS: _____

ACCOUNT NO. _____

☐ JOINT

☐ CASH

☐ MARGIN

PERSONAL INFORMATION			
Last Name			
First Name			
Middle Name			
Gender	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	
Date of Birth (Month/Day/Year)			
Place of Birth (Town/City/Province)			
Citizenship	<input type="checkbox"/> Filipino	<input type="checkbox"/> Resident Foreigner	<input type="checkbox"/> Non Resident Foreigner: _____ <small>(Please indicate Nationality)</small>
Telephone No./Mobile No.			
Facsimile No.			
Email Address			
Residential Address			
Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Name of Spouse (if applicable)			
Educational Background	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary
	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Other: _____	
Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Others: _____	
TIN / SSS / GSIS No.	TIN	SSS No.	GSIS No.
Name Of Employer / Business		Nature of Business:	
Office / Business Address			
Office Contact Numbers		Telephone No.: _____ Facsimile No.: _____	
FINANCIAL AND INVESTMENT PROFILE			
Assets (in Phn)		Total Net Worth (in Phn)	
<input type="checkbox"/> < 500,000	<input type="checkbox"/> < 1 Million	<input type="checkbox"/> < 500,000	<input type="checkbox"/> < 1 Million
<input type="checkbox"/> < 5 Million	<input type="checkbox"/> < 10 Million	<input type="checkbox"/> < 5 Million	<input type="checkbox"/> < 10 Million
<input type="checkbox"/> Over 10 Million		<input type="checkbox"/> Over 10 Million	
Annual Income			
<input type="checkbox"/> < 250,000		<input type="checkbox"/> < 500,000	
<input type="checkbox"/> < 750,000		<input type="checkbox"/> < 1 Million	
<input type="checkbox"/> Over 1 Million			
Primary Source Of Income			
<input type="checkbox"/> Salary <input type="checkbox"/> Retirement <input type="checkbox"/> Business <input type="checkbox"/> Investments <input type="checkbox"/> Others: _____			
Investment Experience		Investment Knowledge	
<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			
<input type="checkbox"/> Capital Preservation <input type="checkbox"/> Long Term Investment <input type="checkbox"/> Growth <input type="checkbox"/> Speculation			
DISCLOSURES			
Are you a corporate officer or director of a PSE-listed company?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (specify company name) _____			
Are you an officer or employee of another Broker / Dealer?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (specify broker and present consent letter by employer) _____			
Do you have an account(s) with other stockbrokerage firms or mutual fund companies?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (specify name) _____			
MAILING OF INVOICES, MONTHLY STATEMENT OF ACCOUNT AND OTHER COMMUNICATION			
<input type="checkbox"/> Courier <input type="checkbox"/> Facsimile <input type="checkbox"/> Email <input type="checkbox"/> Pick-up <input type="checkbox"/> Mail			
NOTE: It is understood that all transactions with Cualoping Securities Corporation are subject to the terms and conditions stated at the attached page hereof and to any agreement signed in relation hereto.			
_____		_____	
Client's Signature		Date	
for CSC's use only			
ID/s or Documents Presented:			
<input type="checkbox"/> School/Company ID	<input type="checkbox"/> GSIS e-Card	<input type="checkbox"/> PRC ID _____	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> SSS Card	<input type="checkbox"/> NBI Clearance	
<input type="checkbox"/> Passport	<input type="checkbox"/> Senior Citizen Card	<input type="checkbox"/> Birth Certificate certified by NSO	
<input type="checkbox"/> Postal ID	<input type="checkbox"/> Voter's ID	<input type="checkbox"/> Others: _____	
Salesman/Referred by:	Processed by:	Date Opened:	Approved by: