



FIRST METRO INVESTMENT CORPORATION

CLIENT INFORMATION SHEET / SPECIMEN SIGNATURE CARD (CIS/SSC)

INDIVIDUAL ACCOUNT JOINT ACCOUNT

ACCOUNT NAME:	CLIENT No:
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Depositor 1

SURNAME		FIRST NAME		MIDDLE NAME	
BIRTH DATE (M/D/Y):		BIRTHPLACE: (TOWN & PROVINCE/CITY):		NATIONALITY:	
		<input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHER _____		ACR No. _____ EXPIRY _____	
GENDER:	CIVIL STATUS:		TELEPHONE NO.:		FACSIMILE No.:
<input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		_____		_____
<input type="checkbox"/> FEMALE	<input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		MOBILE PHONE NO.:		EMAIL ADDRESS:
		_____		_____	
PERMANENT ADDRESS: NO. & STREET, TOWN & PROVINCE/CITY, COUNTRY					POSTAL ZIP CODE:

RESIDENTIAL/MAILING ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS): NO. & STREET, TOWN & PROVINCE/CITY, COUNTRY					POSTAL ZIP CODE:

MOTHER'S MAIDEN NAME:		SURNAME		FIRST NAME	
MIDDLE NAME					
NAME OF SPOUSE:		SURNAME		FIRST NAME	
MIDDLE NAME					
NAMES OF CHILDREN :					
EMPLOYMENT STATUS:					
<input type="checkbox"/> EMPLOYED					
NAME OF EMPLOYER _____		NATURE OF BUSINESS _____			
YEARS WITH EMPLOYER _____		POSITION _____		OFFICE TELEPHONE No. _____	
EMPLOYER'S BUSINESS ADDRESS _____					
<input type="checkbox"/> SELF EMPLOYED					
NATURE OF BUSINESS _____		YEARS IN BUSINESS _____		POSITION _____	
OFFICE TELEPHONE No. _____		BUSINESS ADDRESS _____			
<input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHER _____					
TAX IDENTIFICATION NUMBER: _____					
IDENTIFICATIONS PRESENTED/NUMBER:				SOURCE OF FUNDS:	
RELATIONSHIP WITH OTHER DEPOSITOR (FOR JOINT ACCOUNT DEPOSITORS ONLY):					
FINANCIAL & INVESTMENT PROFILE :					
TOTAL NET WORTH (IN PHP)		ANNUAL INCOME (IN PHP)		PRIMARY SOURCE OF INCOME	
<input type="checkbox"/> < 500,000 <input type="checkbox"/> <1 MILLION		<input type="checkbox"/> < 250,000 <input type="checkbox"/> < 500,000		<input type="checkbox"/> SALARY <input type="checkbox"/> RETIREMENT	
<input type="checkbox"/> <5 MILLION <input type="checkbox"/> <10 MILLION		<input type="checkbox"/> < 750,000 <input type="checkbox"/> <1 MILLION		<input type="checkbox"/> BUSINESS <input type="checkbox"/> INVESTMENT	
<input type="checkbox"/> =>10 MILLION		<input type="checkbox"/> =>10 MILLION		<input type="checkbox"/> OTHER _____	
RISK TOLERANCE					
<input type="checkbox"/> AGGRESSIVE					
<input type="checkbox"/> MODERATE					
<input type="checkbox"/> CONSERVATIVE					
INVESTMENT OBJECTIVE			INVESTMENT EXPERIENCE		INVESTMENT KNOWLEDGE
<input type="checkbox"/> CAPITAL PRESERVATION <input type="checkbox"/> LONG – TERM INVESTMENT			<input type="checkbox"/> NONE <input type="checkbox"/> LIMITED		<input type="checkbox"/> NONE <input type="checkbox"/> LIMITED
<input type="checkbox"/> GROWTH <input type="checkbox"/> SPECULATION			<input type="checkbox"/> GOOD <input type="checkbox"/> EXTENSIVE		<input type="checkbox"/> GOOD <input type="checkbox"/> EXTENSIVE

ACCOUNT NAME:	CLIENT No:
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Depositor 2

SURNAME		FIRST NAME		MIDDLE NAME	
BIRTH DATE (M/D/Y):		BIRTHPLACE: (TOWN & PROVINCE/CITY):		NATIONALITY: <input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHER _____ ACR No. _____ EXPIRY _____	
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CIVIL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		TELEPHONE NO.: _____ MOBILE PHONE NO.: _____		FACSIMILE No.: _____ EMAIL ADDRESS: _____
PERMANENT ADDRESS: NO. & STREET, TOWN & PROVINCE/CITY, COUNTRY					POSTAL ZIP CODE:
RESIDENTIAL/MAILING ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS): NO. & STREET, TOWN & PROVINCE/CITY, COUNTRY					POSTAL ZIP CODE:
MOTHER'S MAIDEN NAME:		SURNAME		FIRST NAME	
NAME OF SPOUSE:		SURNAME		FIRST NAME	
NAMES OF CHILDREN :					
EMPLOYMENT STATUS:					
<input type="checkbox"/> EMPLOYED NAME OF EMPLOYER _____ NATURE OF BUSINESS _____ YEARS WITH EMPLOYER _____ POSITION _____ OFFICE TELEPHONE No. _____ EMPLOYER'S BUSINESS ADDRESS _____					
<input type="checkbox"/> SELF EMPLOYED NATURE OF BUSINESS _____ YEARS IN BUSINESS _____ POSITION _____ OFFICE TELEPHONE No. _____ BUSINESS ADDRESS _____					
<input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHER _____					
TAX IDENTIFICATION NUMBER: _____					
SOURCE OF FUNDS:			IDENTIFICATIONS PRESENTED/NUMBER:		
RELATIONSHIP WITH OTHER DEPOSITOR (FOR JOINT ACCOUNT DEPOSITORS ONLY):					
FINANCIAL & INVESTMENT PROFILE :					
TOTAL NET WORTH (IN PHP) <input type="checkbox"/> < 500,000 <input type="checkbox"/> <1 MILLION <input type="checkbox"/> <5 MILLION <input type="checkbox"/> <10 MILLION <input type="checkbox"/> =>10 MILLION		ANNUAL INCOME (IN PHP) <input type="checkbox"/> < 250,000 <input type="checkbox"/> < 500,000 <input type="checkbox"/> < 750,000 <input type="checkbox"/> <1 MILLION <input type="checkbox"/> =>10 MILLION		PRIMARY SOURCE OF INCOME <input type="checkbox"/> SALARY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> BUSINESS <input type="checkbox"/> INVESTMENT <input type="checkbox"/> OTHER _____	
INVESTMENT OBJECTIVE <input type="checkbox"/> CAPITAL PRESERVATION <input type="checkbox"/> LONG – TERM INVESTMENT <input type="checkbox"/> GROWTH <input type="checkbox"/> SPECULATION		INVESTMENT EXPERIENCE <input type="checkbox"/> NONE <input type="checkbox"/> LIMITED <input type="checkbox"/> GOOD <input type="checkbox"/> EXTENSIVE		RISK TOLERANCE <input type="checkbox"/> AGGRESSIVE <input type="checkbox"/> MODERATE <input type="checkbox"/> CONSERVATIVE	
				INVESTMENT KNOWLEDGE <input type="checkbox"/> NONE <input type="checkbox"/> LIMITED <input type="checkbox"/> GOOD <input type="checkbox"/> EXTENSIVE	

ACCOUNT NAME:	CLIENT No:
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Depositor 3 (for more than 3 depositors/signatories, print another CIS)

SURNAME			FIRST NAME			MIDDLE NAME					
BIRTH DATE (M/D/Y):		BIRTHPLACE: (TOWN & PROVINCE/CITY):		NATIONALITY:							
				<input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHER _____ ACR No. _____ EXPIRY _____							
GENDER:	CIVIL STATUS:		TELEPHONE NO.:			FACSIMILE No.:					
<input type="checkbox"/> MALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		_____			_____					
<input type="checkbox"/> FEMALE	<input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED		MOBILE PHONE NO.:			EMAIL ADDRESS:					
				_____			_____				
PERMANENT ADDRESS: NO. & STREET, TOWN & PROVINCE/CITY, COUNTRY								POSTAL ZIP CODE:			

RESIDENTIAL/MAILING ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS): NO. & STREET, TOWN & PROVINCE/CITY, COUNTRY								POSTAL ZIP CODE:			

MOTHER'S MAIDEN NAME:		SURNAME			FIRST NAME			MIDDLE NAME			
NAME OF SPOUSE:		SURNAME			FIRST NAME			MIDDLE NAME			
NAMES OF CHILDREN :											
EMPLOYMENT STATUS:											
<input type="checkbox"/> EMPLOYED											
NAME OF EMPLOYER _____					NATURE OF BUSINESS _____						
YEARS WITH EMPLOYER _____					POSITION _____ OFFICE TELEPHONE No. _____						
EMPLOYER'S BUSINESS ADDRESS _____											
<input type="checkbox"/> SELF EMPLOYED											
NATURE OF BUSINESS _____					YEARS IN BUSINESS _____ POSITION _____						
OFFICE TELEPHONE No. _____ BUSINESS ADDRESS _____											
<input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHER _____											
TAX IDENTIFICATION NUMBER: _____											
SOURCE OF FUNDS:					IDENTIFICATIONS PRESENTED/NUMBER:						
RELATIONSHIP WITH OTHER DEPOSITOR (FOR JOINT ACCOUNT DEPOSITORS ONLY):											
FINANCIAL & INVESTMENT PROFILE :											
TOTAL NET WORTH (IN PHP)		ANNUAL INCOME (IN PHP)			PRIMARY SOURCE OF INCOME			RISK TOLERANCE			
<input type="checkbox"/> < 500,000 <input type="checkbox"/> <1 MILLION		<input type="checkbox"/> < 250,000 <input type="checkbox"/> < 500,000			<input type="checkbox"/> SALARY <input type="checkbox"/> RETIREMENT			<input type="checkbox"/> AGGRESSIVE			
<input type="checkbox"/> <5 MILLION <input type="checkbox"/> <10 MILLION		<input type="checkbox"/> < 750,000 <input type="checkbox"/> <1 MILLION			<input type="checkbox"/> BUSINESS <input type="checkbox"/> INVESTMENT			<input type="checkbox"/> MODERATE			
<input type="checkbox"/> =>10 MILLION		<input type="checkbox"/> =>10 MILLION			<input type="checkbox"/> OTHER _____			<input type="checkbox"/> CONSERVATIVE			
INVESTMENT OBJECTIVE				INVESTMENT EXPERIENCE				INVESTMENT KNOWLEDGE			
<input type="checkbox"/> CAPITAL PRESERVATION <input type="checkbox"/> LONG – TERM INVESTMENT				<input type="checkbox"/> NONE <input type="checkbox"/> LIMITED				<input type="checkbox"/> NONE <input type="checkbox"/> LIMITED			
<input type="checkbox"/> GROWTH <input type="checkbox"/> SPECULATION				<input type="checkbox"/> GOOD <input type="checkbox"/> EXTENSIVE				<input type="checkbox"/> GOOD <input type="checkbox"/> EXTENSIVE			

ACCOUNT NAME:	CLIENT NO:
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By signing below, I/we confirm that I/we have received a copy of the Terms and Conditions governing this account and have fully understood and agreed to be governed by the provisions thereof, including but not limited to, the survivorship agreement authorizing First Metro Investment Corporation (FMIC) to release the balance of an "OR" account to the surviving depositor/s in the event of death of one depositor; the conditions under which FMIC and its subsidiary/affiliate to share/disclose information/data pertaining to me/us; and the provision on the authority of FMIC to withhold and/or set off my/our FMIC deposits for any and all obligations with FMIC and any of its subsidiaries/affiliates.

By signing below, I/we confirm that we fully understand the corresponding risks involved in availing of such FMIC products, facilities or services. Further, my/our continuous use and/or availment of such products, facilities or services shall mean my/our conformity to any and all supplement(s), modification(s) or amendment(s) of such Terms and Conditions which maybe posted in conspicuous places within FMIC premises or which may be published in any other manner.

I/we also warrant that I/we are aware of the provisions of Republic Act No. 9160 (Anti Money Laundering Act of 2001) as amended, and I/we represent that my/our transactions herein are not among those violations under the said law and that all the funds to be deposited in the account(s) come from my/our legitimate undertakings. I/we authorize FMIC to make any such verifications or reports in compliance with RA No. 9160, as amended, as it may deem appropriate, for which acts I/we hold FMIC free and harmless from any and all liabilities, claims and/or damages. I/we also attest to the truth and correctness of my/our given personal/business information. In case I/we apply for any credit accommodation, I/we hereby authorize FMIC and its officers and staff to obtain and disclose information on my/our deposits and other properties whether within FMIC or with other banks.

ADDITIONAL ATTESTATION FOR JOINT ACCOUNT DEPOSITORS

I/we have read and understood all the terms and conditions governing this joint account. I/we hereby warrant that our relationship with each other fall under one or more of the following relationships, as required under pertinent laws and regulations."

(a) husband and wife; (b) persons related to each other within the second degree of consanguinity; and (c) in trust for (ITF) arrangements.

IN WITNESS WHEREOF, I/we have affixed my/our signature(s) on _____ at _____.

Depositor 1	Depositor 2	Depositor 3
Depositor 4	Depositor 5	Depositor 6

IN CONNECTION WITH OUR MONEY MARKET AND OTHER TRANSACTION WITH YOU, PLEASE HONOR AND RECOGNIZE THE FOLLOWING SIGNATURES IN THE DISBURSEMENT OF OUR FUNDS AND PROCESSING OF OUR OTHER TRANSACTION WITH YOU. (NOTE: USE ADDITIONAL SIGNATURE CARD IF MORE THAN SIX (6) SIGNATORIES)					
() ANY ONE PARTY		() ANY TWO PARTIES		() ALL PARTIES	
	NAME: (DEPOSITOR 1)		NAME: (DEPOSITOR 2)		NAME: (DEPOSITOR 3)
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
	NAME: (DEPOSITOR 4)		NAME: (DEPOSITOR 5)		NAME: (DEPOSITOR 6)
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	

FMIC/MBTC USE ONLY

SIGNED IN THE PRESENCE OF/DATE: _____ <small>SIGNATURE OVER PRINTED NAME OF WITNESSING FMIC/MBTC PERSONNEL</small>	SIGNATURE AUTHENTICATED BY/DATE: _____ <small>SIGNATURE OVER PRINTED NAME OF AUTHORIZED FMIC/MBTC OFFICER</small>	APPROVED BY/DATE: _____ <small>SIGNATURE OVER PRINTED NAME OF AUTHORIZED FMIC OFFICER</small>
<input type="checkbox"/> NEW ACCOUNT DATE OPENED: (M/D/Y): _____		<input type="checkbox"/> UPDATING UPDATE No _____ LAST UPDATE MADE ON _____ ACCOUNT ORIGINALLY OPENED ON _____