

Please fill-out in **BLOCK** letters, if not applicable, write "N/A"

Name TIN

First Name Middle Name Family Name Suffix Nickname/Alias

Civil Status Gender Nationality

☐ Single ☐ Married ☐ Separated ☐ Widow/er ☐ Others: \_\_\_\_\_ ☐ Male ☐ Female ☐ Filipino ☐ Others: \_\_\_\_\_

Birth Information SSS/GSIS No.

Birthdate (DD/MM/YYYY) City/Municipality Province/State ☐ SSS / ☐ GSIS \_\_\_\_\_

Contact Information

Mobile No/s. Landline No/s. Email Address/es Social Media Handles

Present Address ☐ Preferred Mailing Address

Number/Floor/Unit Building Name Street Barangay/Subdivision City Province Country Zip Code

Permanent Address ☐ Check this box if Present Address is the same with Permanent Address ☐ Preferred Mailing Address

Number/Floor/Unit Building Name Street Barangay/Subdivision City Province Country Zip Code

Occupation Type ☐ Employed ☐ Self-Employed ☐ Retired ☐ Student ☐ Unemployed ☐ Others: \_\_\_\_\_

For Employed Individuals

Employer's Name Designation Telephone No/s. Fax No/s.

Nature of Work Nature of Business

Address of Employer

Number/Floor/Unit Building Name Street Barangay/Subdivision City Province Country Zip Code

For Self-Employed Individuals and Sole Proprietorship DTI Registration

Trade/Business Name Nature of Business Registration Number/ Date of Registration Expiry Date

Contact Information

Phone Number/s and Local Fax No/s. Email Address/es Website

Address of Business

Number/Floor/Unit Building Name Street Barangay/Subdivision City Province Country Zip Code

Investment Objective ☐ Long-term Investment ☐ Preservation of Capital ☐ Growth ☐ Speculation ☐ Others: \_\_\_\_\_

Source of Funds Financial Status

<input type="checkbox"/> Salaries	<input type="checkbox"/> Dividends	< 500K	≥500K but <1M	≥1M but <5M	≥5M but <25M	≥25M but ≤40M	Over 40M
<input type="checkbox"/> Professional Fees	<input type="checkbox"/> Interest Income	Annual Income <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pension	<input type="checkbox"/> Sale of Properties	Asset <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Others: _____	Networth <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship with Related Parties Do you have relatives in the Unicapital Group within the fourth degree of affinity or consanguinity? ☐ Yes ☐ No  
(If "Yes", please accomplish "Addendum to CIF" Form)

I hereby confirm that all data and information given on this form are true and correct. I hereby allow Unicapital Group to verify and investigate said information and/or secure such other information as may be required by Unicapital Group.

Signature Over Printed Name of Funder/ Date

**Specimen Signature**  
(Please sign thrice)

SIGNATURE 1

SIGNATURE 2

SIGNATURE 3

**FOR UNICAPITAL GROUP'S USE ONLY**

**Salesman/Marketing Officer's Attestation**

I hereby certify that I have conducted face to face interview with the client in accordance with the relevant rules and I have verified the information in the CIF as true and correct to the best of my knowledge and belief. I have sighted all the originals of the documents submitted and undertake full responsibility thereat.

Signature Above Printed Name of Salesman/Marketing Officer

Date

Verified by: \_\_\_\_\_

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

Encoded by: \_\_\_\_\_

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

Approved by: \_\_\_\_\_

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

**CIF Number:**

\_\_\_\_\_

Relationship with Related Parties (attach sheet if necessary)

[illegible]

Signature Over Printed Name of Qualified Buyer Registrant/ Date