

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

Source of Funds Financial Status

<input type="checkbox"/> Salaries	<input type="checkbox"/> Dividends		< 30M	≥30M but <50M	≥50M but <100M	≥100M but <200M	200M and above
<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"/> 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"/> Rental Income	<input type="checkbox"/> Others: _____	Networth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key Objective/s for the Investment Being Considered

☐ To safeguard capital amount invested. ☐ To achieve capital appreciation or growth despite the potential for losses to obtain significant gains.

☐ To receive income by liquidating shares regularly. ☐ OTHERS: _____

☐ To achieve a balance between income and capital growth.

Status of Current Portfolio Investment/s Current Total Portfolio of Securities

<input type="checkbox"/> Savings/Time Deposit, Insurance & Pre-Need Products	Amount _____	<input type="checkbox"/> At Least P5 Million but not exceeding P10 Million
<input type="checkbox"/> Government Securities (TBills, FRTNs, Retail Bonds, etc.)	_____	<input type="checkbox"/> More than P10 Million but not exceeding P30 Million
<input type="checkbox"/> Corporate Bonds	_____	<input type="checkbox"/> More than P30 Million but not exceeding P60 Million
<input type="checkbox"/> Unit Investment Trust Funds	_____	<input type="checkbox"/> More than P60 Million but not exceeding P100 Million
<input type="checkbox"/> Mutual Funds	_____	<input type="checkbox"/> More than P100 Million but not exceeding P200 Million
<input type="checkbox"/> PSE Listed Stocks	_____	<input type="checkbox"/> Others: Please state _____
<input type="checkbox"/> Others: Please state _____	_____	

Intended Investment Horizon

☐ Short Term (1-Year or Less) ☐ Medium Term (Over 1-Year to 5-Years) ☐ Long Term (Over 5-Years) ☐ Others: Please State _____

Years of Experience in Trading Securities Personally or Through a Fund Manager

☐ Two (2) Years ☐ Three (3) Years ☐ Four (4) Years ☐ Five (5) Years ☐ Others: Please State _____ Years

Appetite for Risk

- ☐ **LOW RISK** : To earn a stable income, the investor accepts a fair amount of investment risk and fluctuations in the value of the principal amounts invested, such as, purely concentrated investments in fixed income and money market funds.
- ☐ **MEDIUM RISK**: To achieve an above average return and capital growth, the investor accepts that there will be occasional periods of high fluctuations in the value of the principal amounts invested, such as, investment in equity and fixed income or money market funds.
- ☐ **HIGH RISK**: To achieve a high return on capital, the investor is prepared for a high degree of volatility and a high chance of losses to capital investments, such as purely concentrated investments on equity funds, and if the investor is engaged in margin finance, is willing to inject additional capital if required to settle a margin call.
- ☐ **Others**: Please state _____

Positions of Responsibility In a Professional or Business Entity that Requires Knowledge of Expertise in Securities Held for at Least Two (2) Years

- ☐ Legal Consultant
- ☐ Financial Advisor
- ☐ Sales Person or Associated Person of a Broker Dealer
- ☐ Executive Position: Please State _____

Relationship with Related Parties

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

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

Signature Over Printed Name of Qualified Buyer Registrant/ Date

Specimen Signature
(Please sign thrice)

SIGNATURE 1

SIGNATURE 2

SIGNATURE 3

FOR UNICAPITAL GROUP’S USE ONLY

Salesman/Marketing Officer’s Attestation		<div>CIF Number: _____</div>
I hereby certify that I have conducted face to face interview with the client/registrant 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	
<div>Verified by: _____ Date: _____ Encoded by: _____ Date: _____ Approved by: _____ Date: _____</div>		



Relationship with Related Parties (attach sheet if necessary)

[illegible]

Signature Over Printed Name of Qualified Buyer Registrant/ Date



3rd floor, Majalco Building, Benavidez cor. Trasierra Streets, Legaspi Village, Makati City, Philippines 1229