

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

Name of Company TIN

Trade Name ☐ SSS No. / ☐ GSIS No.

SEC Registration (if applicable) DTI Registration (if applicable)

Registration Number Date of Registration Country of Registration Registration Number Expiration Date of Registration Country of Registration

Type of Business ☐ Partnership ☐ Corporation ☐ Others: _____ Nature of Business ☐ Manufacturing ☐ Trading ☐ Services ☐ Others: _____

Nationality ☐ Filipino ☐ Others: _____ Is Business Tax Exempt? ☐ No ☐ Yes: (Submit BIR Tax Exemption Letter)

Main/Head Office Address ☐ Preferred Mailing Address

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

Additional Address ☐ Branch ☐ Plant ☐ Others: Specify _____ ☐ Preferred Mailing Address

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

Contact Information of the Company Representative

Full Name Designation Landline No/s Mobile No/s. Email Address/es

Contact Information of the Company Other Contact Information

Landline No/s. _____ Name Position Landline No/s. Mobile No/s. Email Address

Website _____

Fax No/s _____

Social Media Handles _____

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

Source of Funds Financial Status

<input type="checkbox"/> Business	<input type="checkbox"/> Dividends		< 500K	≥500K but <1M	≥1M but <5M	≥5M but <25M	≥25M but ≤40M	Over 40M
<input type="checkbox"/> Proceeds from investment	<input type="checkbox"/> Sale of Goods	Annual Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Interest Income	<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"/> Inheritance	<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 Does your Stockholders, Partners, Directors and Officers have relatives in the Unicapital Group within the fourth degree of affinity or consanguinity? (If "Yes", please accomplish "Addendum to CIF" Form) ☐ Yes ☐ No

We hereby confirm that all data and information given on this form are true and correct. We 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 Authorized Signatory/ Date

Signature Over Printed Name of Authorized Signatory/ Date

Signature Over Printed Name of Authorized Signatory/ Date

Signature Over Printed Name of Authorized Signatory/ Date

For Unicapital Group's Use only

Salesman'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

Date

Verified by:	Encoded by:	Approved by:	CIF Number:
Team Head : _____	Encoder: _____	Operations : _____	
Date : _____	Date : _____	Date : _____	_____

Relationship with Related Parties (attach sheet if necessary)

[illegible]

Signature Over Printed Name of Authorized Signatory/ Date

Signature Over Printed Name of Authorized Signatory/ Date

Signature Over Printed Name of Authorized Signatory/ Date

Signature Over Printed Name of Authorized Signatory/ Date