

CLIENT REQUEST FORM

Date

To: Settlements Department, Unicapital Securities, Inc.

TYPE OF REQUEST	
<input type="checkbox"/> STOCK INVESTMENT CERTIFICATION	<input type="checkbox"/> CERTIFIED TRUE COPY OF STATEMENT OF ACCOUNT (SOA)
<i>Purpose:</i> <input type="checkbox"/> Visa Application <input type="checkbox"/> Estate Settlement <input type="checkbox"/> Others: _____	<i>Period:</i> From: _____ To: _____
<i>Fee: Php100.00 per request</i>	<i>Fee: Php100.00 per request</i>

I/We will settle the corresponding Fee/s as follows:

- Enclosed Cash / Check Deposit to USI Account
 Debit from my account Bank/Online Transfer to USI Account
 Others: specify _____

AUTHORIZATION TO RECEIVE <i>(accomplish only if applicable)</i>
This is to authorize _____ whose name and signature appears below, to receive in my behalf, the above request. <div style="text-align: center;"> _____ Signature Over Printed Name of Authorized Representative </div>

I/We agree that by signing this form, I/We authorize Unicapital Securities, Inc. (USI) to the collection and processing of personal data provided herein and disclose my trading account information to third party entity/ies, for the purpose/s mentioned above. I/We release and hold USI free and harmless from any claim, damage or liability that may arise in connection with this request.

Below is my/our account and contact information:

Account No.	<input type="text"/>
E-mail address	<input type="text"/>
Contact No.	<input type="text"/>

Thank you.

Signature over Printed Name of Client 1



Signature over Printed Name of Client 2



Signature over Printed Name of Client 3

