

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 _____

Source of Funds Financial Status

<input type="checkbox"/> Business	<input type="checkbox"/> Dividends		< 30M	≥30M but <50M	≥50M but <100M	≥100M but <200M	200M and above
<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"/> 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"/> Inheritance	<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.

☐ To achieve a balance between income and capital growth. ☐ OTHERS: _____

Status of Current Portfolio Investment/s Intended Investment Horizon

	Amount	
<input type="checkbox"/> Savings/Time Deposit, Insurance & Pre-Need Products	_____	<input type="checkbox"/> Short Term (1-Year or Less)
<input type="checkbox"/> Government Securities (TBills, FRTNs, Retail Bonds, etc.)	_____	<input type="checkbox"/> Medium Term (Over 1-Year to 5-Years)
<input type="checkbox"/> Corporate Bonds	_____	<input type="checkbox"/> Long Term (Over 5-Years)
<input type="checkbox"/> Unit Investment Trust Funds	_____	<input type="checkbox"/> Others: Please State _____
<input type="checkbox"/> Mutual Funds	_____	
<input type="checkbox"/> PSE Listed Stocks	_____	
<input type="checkbox"/> Others: Please state _____	_____	
TOTAL	_____	

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 _____

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

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, Inc. to verify and investigate said information and/or secure such other information as may be required by Unicapita, Inc..

Signature Over Printed Name of Authorized Signatory/ Date

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FOR UNICAPITAL, INC.’s USE ONLY

Salesman/Marketing Officer’s Attestation

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

Verified by: _____
Date: _____

Encoded by: _____
Date: _____

Approved by: _____
Date: _____

CIF Number:



Addendum to Customer Information Form

QUALIFIED CORPORATE/INSTITUTIONAL BUYER

Relationship with Related Parties (attach sheet if necessary)

[illegible]

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

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