Additional Account Holder Form INDIVIDUAL



SECONDARY ACCOUNT HOLDER

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

Date of Birth (MM-DD-YYYY) Place of Birth (City, Country) NATIONALITY CITIZENSHIP GENDER

GENDER

CIVIL STATUS SPOUSE'S NAME (if married) (Last Name, First Name, Middle Name, Suffix)

MOTHER'S MAIDEN NAME (Last Name, First Name, Middle Name, Suffix)

Tax Identification Number SSS/GSIS No. ID Presented (ID Type, Number)

HOME NO. MOBILE NO. EMAIL ADDRESS

PRESENT ADDRESS

Unit / House No. Building/Street/Subdivision

Barangay/District City/Province Country Zip Code

PERMANENT ADDRESS (Only if different from present address)

Same as Present Address

Unit / House No. Building/Street/Subdivision

Barangay/District City/Province Country Zip Code

WORK / BUSINESS INFORMATION

EMPLOYMENT STATUS Employed Self-Employed Retired Student Unemployed Others, Specify:

NAME OF EMPLOYER/BUSINESS

NATURE OF WORK (JOB TITLE) RANK NATURE OF BUSINESS OFFICE TELEPHONE NO.

OFFICE/BUSINESS ADDRESS

INVESTMENT OBJECTIVE

Unit / House No. Building/Street/Subdivision

Speculation

Barangay/District City/Province Country Zip Code

Preservation of Capital

INVESTMENT PROFILE & FINANCIAL INFORMATION

No. of Yrs. of Exp. IN Equity Investment

Less than 1 year 1 to 5 years 5 to 10 years More than 10 years

Source of Funds Salary Business Others, Specify:

Growth

Source of Funds Salary Business Others, Specify:

 ANNUAL GROSS INCOME
 < PHP 250,000</th>
 PHP 250,000 – 500,000
 PHP 500,000 – 1 million
 > PHP 1 million

 ASSETS
 < PHP 250,000</th>
 PHP 250,000 – 500,000
 PHP 500,000 – 1 million
 > PHP 1 million

 NET WORTH
 < PHP 250,000</th>
 PHP 250,000 – 500,000
 PHP 500,000 – 1 million
 > PHP 1 million

INVESTMENT RISK APPETITE Conservative Moderate Balanced

Do you have accounts with other Brokers/Dealers? No Yes

If yes, indicate Name of Broker/Dealer:

DISCLOSURES

ARE YOU AN OFFICER/DIRECTOR OF A PSE LISTED COMPANY? NO Yes

If yes, indicate Corporation: Position:

ARE YOU AN EMPLOYEE OF A REGISTERED BROKER/DEALER? NO Yes

If yes, indicate NAME OF BROKER/DEALER:

ARE YOU AN OFFICER/DIRECTOR OF A REGISTERED BROKER/DEALER? NO Yes

If yes, indicate NAME OF BROKER/DEALER:

DO YOU HAVE ANY RELATIVES WORKING IN BPI SECURITIES? NO Yes

If yes, indicate NAME OF EMPLOYEE:

Long-Term Investment

Aggressive

FATCA						
ARE YOU A US PERSON?*	No	Yes, indicate US TIN:		_		
I certify that all information provided herein are true, accurate and complete, and I agree to promptly inform BPI Securities Corporation ("BPI SEC") of any changes thereto. I authorize BPI SEC to rely upon my declaration herein and, if I am a US Person or have US indicators that render my account reportable under FATCA, I consent to the reporting and disclosure of the required information by the BPI SEC to the Internal Revenue Services (IRS) and/or Bureau of Internal Revenue (BIR) in compliance with FATCA. In consideration of the foregoing, I agree to hold BPI SEC, its directors, officers, employees, representatives and agents free and harmless from any liability, action and suits, costs, and expenses, arising from or in connection with the BPI SEC's compliance with FATCA regulations and/or as a result of disclosure made to the US IRS and/or BIR.						
I likewise agree that this constitutes Bank Deposits), R.A. No. 6426 (Forei similar and related laws.*	• •			•	•	•
CONFORME & SPECIMEN SI	GNATURES					
By signing this form, I hereby certify that the information I provided herein is true, accurate and complete, and I agree to notify/update BPI SEC of any change in any of the information supplied in this form.						
I acknowledge to have read and understood, and I agree to be bound by, the BPI TRADE TERMS AND CONDITIONS as the same may be amended from time to time. Such terms and conditions are provided and/or are made available to me via www.bpitrade.com and/or other channels.						
If I am, become, or apply to become a client of any of the Bank's subsidiaries or affiliates, I agree that the latter has the option but not the obligation to rely on the above information for any and all of the concerned subsidiary's or affiliate's account opening, maintenance and transaction requirements. ¹						
(Please sign thrice on the lines provided	l below)					
✓Signature		- ✓	gnature	~	Signature	
For BPI Use Only – Verifying Officer:		10/5				
Name: Position:		ID/Employee No.: Bank and Branch:		Signature:		
For BPI SEC Use Only:	71nto	□ Non Interret T	nombin. District	Digint Dire	Currence: 730:	/ Deller
Account Type: Internet Cash		□ Non-Internet TL Ow	nership: 🗖 Individual	□ Joint □ ITF	Currency: Peso	□ Dollar

NDB Cleared:

Processed by:

Remarks:

RM Number:

Date Opened:

Trader Name & Signature:

Account Verified:

Approved by: