



RAMPVER INSURANCE AGENCY TRADE AND DEVELOPMENT, INC.

Unit 222 2nd Floor Asian Mansion, Legaspi Village, Makati City Tel.No. 812-0389

RAMPVER FIXED-INCOME PLACEMENT APPLICATION FORM

ACCOUNT NAME
(Primary)

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(Last)

(First)

(Middle)

ACCOUNT NAME
(Co-Investor)

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(Last)

(First)

(Middle)

RESIDENCE
ADDRESS

--

TELEPHONE
NUMBER/s

--

BUSINESS ADDRESS

--

TELEPHONE
NUMBER/s

--

BIRTHDATE/s

--	--

(Primary)

(Co-Investor)

TYPE OF ACCOUNT

Single

Joint

TERM

30 days

60 days

90 days

COMMERCIAL PAPER

SMC

ALI

PLDT

NAPCR

GLOBE

OTHERS

APPLICABLE RATE:

--

AMOUNT OF
PLACEMENT

--

(In Words)

AMOUNT OF
PLACEMENT

--

(In Figures. Please Indicate Currency)

PAYMENT DETAILS

--	--

(Bank & Branch)

(Check Number)

SIGNATURE/s Over
Printed Name/s

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(Primary)

(Co-Investor)

I confirm that the information given in this form is correct and complete. Having read and understood Rampver, Inc's primer and the content's of this form, I/We hereby agree to abide by the terms and conditions of the Company. I hold Rampver, Inc., Rampver Strategic Advisors, its officers and representatives, free and harmless from any and all claims, liabilities, damages and suits of whatever nature arising out of or in connection to being an investor/s.