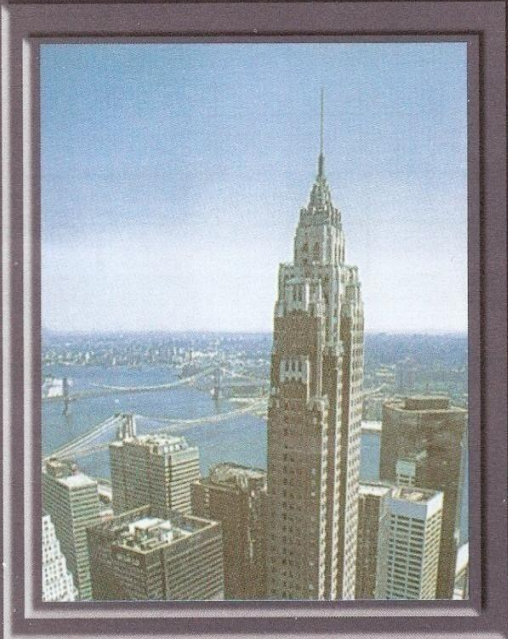


YOUR WINDOW TO GLOBAL OPPORTUNITIES



 **PHILAM ASSET
MANAGEMENT, INC.**

CLIENT INFORMATION SHEET

Retail (Individual) Account

Mr. Mrs. Ms. Atty. Dr. Engr. Others _____
 Last Name

 First Name

 Middle Name

Birthdate (mm/dd/yy)	Place of Birth	Citizenship	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated
Mother's Maiden Name		SSS/GSIS#	Tax Identification Number	

Source of Income

Employment Business Allotment Others _____

Residence

Present Address			Zip Code
Permanent Address			Zip Code
Telephone No.	Mobile Phone No.	Fax No.	E-Mail Address

Employment / Business

Name of Company		No. of years with Company
Nature of Business	Position/Title	
Address		
Zip Code		
Telephone No.	Fax No.	
Mobile Phone No.	E-Mail Address	

Valid IDs presented (any one for each individual of age; *for minor) - to be filled up with ID No.

<input type="checkbox"/> *Passport # _____	<input type="checkbox"/> HDMF (PAGIBIG) # _____	<input type="checkbox"/> *Barangay Office ID # _____
<input type="checkbox"/> A.C.R.# _____	<input type="checkbox"/> GSIS / SSS Card # _____	<input type="checkbox"/> Philippine Postal ID # _____
<input type="checkbox"/> *Driver's License # _____	<input type="checkbox"/> BIR TIN _____	<input type="checkbox"/> Voter's ID # _____
<input type="checkbox"/> P.R.C. ID # _____	<input type="checkbox"/> Army, Navy, Airforce ID # _____	<input type="checkbox"/> Others _____

Please send my mail to (check one) : Present Address Permanent Address Others _____

CLIENT INFORMATION SHEET

Retail (Individual) Account

Mr. Mrs. Ms. Atty. Dr. Engr. Others _____

Last Name _____

First Name _____

Middle Name _____

Birthdate (mm/dd/yy) _____ Place of Birth _____ Citizenship _____ Gender Male Female Status Single Married Widow Separated

Mother's Maiden Name _____ SSS/GSIS# _____ Tax Identification Number _____

Source of Income

Employment Business Allotment Others _____

Residence

Present Address _____ Zip Code _____

Permanent Address _____ Zip Code _____

Telephone No. _____ Mobile Phone No. _____ Fax No. _____ E-Mail Address _____

Employment / Business

Name of Company _____ No. of years with Company _____

Nature of Business _____ Position/Title _____

Address _____

Zip Code _____

Telephone No. _____ Fax No. _____

Mobile Phone No. _____ E-Mail Address _____

Valid IDs presented (any one for each individual of age; *for minor) - to be filled up with ID No.

*Passport # _____ HDMF (PAGIBIG) # _____ *Barangay Office ID # _____
 A.C.R.# _____ GSIS / SSS Card # _____ Philippine Postal ID # _____
 *Driver's License # _____ BIR TIN _____ Voter's ID # _____
 P.R.C. ID # _____ Army, Navy, Airforce ID # _____ Others _____

Please send my mail to (check one) : Present Address Permanent Address Others _____

CLIENT INFORMATION SHEET			
Retail (Individual) Account			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Atty. <input type="checkbox"/> Dr. <input type="checkbox"/> Engr. <input type="checkbox"/> Others _____			
Last Name			
<input type="text"/>			
First Name			
<input type="text"/>			
Middle Name			
<input type="text"/>			
Birthdate (mm/dd/yy)	Place of Birth	Citizenship	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Maiden Name		SSS/GSIS#	Status <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated
Tax Identification Number			
Source of Income			
<input type="checkbox"/> Employment <input type="checkbox"/> Business <input type="checkbox"/> Allotment <input type="checkbox"/> Others _____			
Residence			
Present Address			Zip Code
Permanent Address			Zip Code
Telephone No.	Mobile Phone No.	Fax No.	E-Mail Address
Employment / Business			
Name of Company			No. of years with Company
Nature of Business		Position/Title	
Address			
Zip Code			
Telephone No.		Fax No.	
Mobile Phone No.		E-Mail Address	
Valid IDs presented (any one for each individual of age; *for minor) - to be filled up with ID No.			
<input type="checkbox"/> *Passport # _____	<input type="checkbox"/> HDMF (PAGIBIG) # _____	<input type="checkbox"/> *Barangay Office ID # _____	
<input type="checkbox"/> A.C.R.# _____	<input type="checkbox"/> GSIS / SSS Card # _____	<input type="checkbox"/> Philippine Postal ID # _____	
<input type="checkbox"/> *Driver's License # _____	<input type="checkbox"/> BIR TIN _____	<input type="checkbox"/> Voter's ID # _____	
<input type="checkbox"/> P.R.C. ID # _____	<input type="checkbox"/> Army, Navy, Airforce ID # _____	<input type="checkbox"/> Others _____	
Please send my mail to (check one) : <input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Others _____			

Account Name		
Name of Fund <input type="checkbox"/> PBFJ <input type="checkbox"/> PDBFI <input type="checkbox"/> PFI <input type="checkbox"/> PSGFI Others: _____		Client Number
<i>Please sign 3 times</i>		
Print Name		
1.	2.	3.
Joint <input type="checkbox"/> AND <input type="checkbox"/> OR		<i>Please sign 3 times</i>
Print Name		
1.	2.	3.
Joint <input type="checkbox"/> AND <input type="checkbox"/> OR		<i>Please sign 3 times</i>
Print Name		
1.	2.	3.
Authenticated By:		
Name:	Signature:	Date: