

PERSONAL INFORMATION

INVESTOR 1 INVESTOR 2

LAST NAME			FIRST NAME			MIDDLE NAME		
BIRTH DATE (MM/DD/YYYY)			BIRTHPLACE					
NATIONALITY		TIN		SSS/GSIS				
COMPLETE NAME, ADDRESS AND CONTACT INFORMATION OF BENEFICIAL OWNER/S IF APPLICABLE								

LAST NAME			FIRST NAME			MIDDLE NAME		
BIRTH DATE (MM/DD/YYYY)			BIRTHPLACE					
NATIONALITY		TIN		SSS/GSIS				
COMPLETE NAME, ADDRESS AND CONTACT INFORMATION OF BENEFICIAL OWNER/S IF APPLICABLE								

ADDRESS AND CONTACT DETAILS

PERMANENT ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)			ZIP CODE			
PRESENT ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)			ZIP CODE			
HOME PHONE NUMBER		MOBILE NUMBER		EMAIL ADDRESS		
PREFERRED MAILING ADDRESS			<input type="checkbox"/> PERMANENT ADDRESS <input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> BUSINESS/EMPLOYER ADDRESS			

PERMANENT ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)			ZIP CODE			
PRESENT ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)			ZIP CODE			
HOME PHONE NUMBER		MOBILE NUMBER		EMAIL ADDRESS		
PREFERRED MAILING ADDRESS			<input type="checkbox"/> PERMANENT ADDRESS <input type="checkbox"/> PRESENT ADDRESS <input type="checkbox"/> BUSINESS/EMPLOYER ADDRESS			

WORK INFORMATION

EMPLOYER/BUSINESS NAME		
EMPLOYER /BUSINESS ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)		ZIP CODE
NATURE OF WORK/ BUSINESS		PRIMARY OCCUPATION
OFFICE PHONE NUMBER / EMAIL ADDRESS		SOURCE OF FUNDS

EMPLOYER/BUSINESS NAME		
EMPLOYER /BUSINESS ADDRESS (NO. & STREET, CITY/MUNICIPALITY & PROVINCE, COUNTRY)		ZIP CODE
NATURE OF WORK/ BUSINESS		PRIMARY OCCUPATION
OFFICE PHONE NUMBER / EMAIL ADDRESS		SOURCE OF FUNDS

SPECIMEN SIGNATURES (PLEASE SIGN TWICE):

1. _____ 2. _____

SPECIMEN SIGNATURES (PLEASE SIGN TWICE):

1. _____ 2. _____

DECLARATION AND SPECIMEN SIGNATURE/S
 1. I, BY PROVIDING SPECIMEN SIGNATURE/S BELOW, CONFIRM THAT ALL THE INFORMATION DISCLOSED IN THIS CUSTOMER DATA SHEET IS CORRECT AND COMPLETE.
 I AM FULLY AWARE THAT ONLY UPON SUBMISSION OF COMPLETE AUTHENTIC AND LEGITIMATE DOCUMENTARY REQUIREMENTS WILL THE TRANSACTION BE PROCESSED.
 2. I UNDERTAKE TO INDEMNIFY AND HOLD FIRST METRO ASSET MANAGEMENT, INC. ITS OFFICERS, EMPLOYEES AND REPRESENTATIVES, FREE AND HARMLESS FROM ALL CLAIMS AND LIABILITIES, DAMAGES, AND SUITS OF WHATEVER NATURE ARISING OUT OF OR IN CONNECTION WITH THE IMPLEMENTATION OF THIS ARRANGEMENT.

SIGNATURE OVER PRINTED NAME	DATE
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SIGNATURE OVER PRINTED NAME	DATE
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BOOKING CONFIRMATION (FOR FAMI USE ONLY)

SIGNATURE VERIFIED BY	DATE ENCODED	CHECKER	NAME OF AGENT/RELATIONSHIP MANAGER
	MAKER	AUTHORIZER	AGENT/MANAGER CODE