



# ACCOUNT CERTIFICATION REQUEST FORM

**INSTRUCTIONS:** Please type all information in CAPITAL LETTERS. Fill-out this form completely. Write N/A on fields that are not applicable and do not leave any blank spaces.

DATE (MM/DD/YY)  -  -

## GENERAL INFORMATION

NAME OF INVESTOR:

ACCOUNT NUMBER:

I/We would like to request FAMI for the following certification/s listed below as authenticated by my signature. I/we understand that certification requests may be processed in one or two business days after FAMI receives this request.

Type of Certification Request (please check):	Processing Fee
<input type="checkbox"/> Visa Application - Specify the following details: Country and Name of Embassy: _____ Complete Address of Embassy: _____	Php 100.00
<input type="checkbox"/> General Purpose (except for VISA Application) - Specify Reason: _____	Php 100.00
<input type="checkbox"/> Certified true copies of monthly ledgers - Specify Month/s & Year/s: _____	Php 100.00 per month

Requestor (choose only one)

For *joint account/s*, please indicate the name of the person to appear as the requester in the certification.

- Primary
  Secondary
  Both

Note: If the chosen requestor is BOTH, two (2) certifications will be made. One for the primary and one for the secondary account holder. The processing fee will be P200.00.

## DELIVERY METHOD (Choose only one)

- Pick up at the FAMI Head Office 18th F PS Bank Centre Sedeno st cor Paseo de Roxas Makati City  
 Scan and email to my registered e-mail  
 Mail Courier to be sent to the address below:

No. & Street	Building/Subdivision	Town/District
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/Province	Postal/Zip Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Processing Fee:** A standard processing fee of Php 100.00 (One Hundred Pesos) plus courier charges (if applicable) will be charged per certification which must be credited to FAMI account before actual processing occurs. FAMI reserves the right to hold certification/s until payment has been received.

## PAYMENT METHOD

I/We will be making a deposit amounting to Php 100.00 + courier charges (if applicable) through:

- Direct Deposit to First Metro Asset Management Inc.  
 Metrobank Paseo Branch: Account Number 292- 7-292-53684-0  
 Over the Counter Cash Payment at any FAMI Branch

<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Investor (Signature Over Printed Name)	Co-Investor 1 (Signature Over Printed Name)	Co-Investor 2 (Signature Over Printed Name)

## AUTHORIZATION FOR REPRESENTATIVE

I/We hereby authorize my/our representative whose name and signature appears below, to pick-up the certificate/s in my/our behalf.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Representative (Signature Over Printed Name)	Primary Investor (Signature Over Printed Name)	Co-Investor 1 (Signature Over Printed Name)

Authorized Representative must provide a valid ID upon pick-up of certificate/s