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
☐ Visa Application - Specify the following details: Country and Name of Embassy: _____ Complete Address of Embassy: _____	Php 100.00
☐ General Purpose (except for VISA Application) - Specify Reason: _____	Php 100.00
☐ 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 4th Floor Tower One & Exchange Plaza, Ayala Triangle, Ayala Avenue, 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

City/Province	Postal/Zip Code	Country

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

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.

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