

CUSTOMER ACCOUNT INFORMATION FORM

INDIVIDUAL/JOINT ACCOUNT

Account Opening Date _____

Account Name [Last Name] _____ [First Name] _____ [Middle Name] _____

Mailing Address _____

Residential Address _____

Name of Spouse _____

Tel. No. _____ Email Address _____ Mobile No. _____

Birthplace _____ Date of Birth _____ Nationality _____

Civil Status _____ Sex _____ Occupation _____ TIN _____

Employer _____

Business Address _____

Tel. No. _____ Fax No. _____

Initial Deposit _____ Customer's Bank _____

Identification Documents (any of the following with picture):

Driver's License Passport SSS ID Others

Client's Specimen Signature:

1. _____ 2. _____

1. _____ 2. _____

FOR INSTITUTION/CORPORATE/PARTNERSHIP ACCOUNT

Account Name _____ TIN _____

Nature of Business _____ Nationality _____

Business Address _____ Tel. No. _____ Fax No. _____

Principal Officers authorized to trade in behalf of the company Any one Any two

Name	Position	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Basic Documentation Required:

Board Resolution / Secretary's Certificate authorizing opening of account with **Meridian Securities Inc.** and Identifying Authorized Signatories and Traders

Articles of Incorporation and by Laws /Partnership and SEC Registration

Photocopy of at least (2) valid identification cards of authorized signatories (Driver's license, SSS, Passport)

Consular Certificate from the Philippine Embassy (If Foreign domicile)

ACCOUNT INFORMATION

Account Name	Bank	Branch	Account Number
_____	_____	_____	_____
_____	_____	_____	_____

SETTLEMENT INSTRUCTIONS

Registry of Certificates: In Street In Client's Name

Note: All Securities purchased by non-Metro Manila Clients shall be registered in street name.

Other persons authorized to receive confirmation/checks/other documents:

Name : _____ Relationship: _____ Signature: _____

ACCOUNT TYPE: Cash Discretionary Margin

FOR DISCRETIONARY ACCOUNT (Authorized to exercise discretion in account)

Name _____	Specimen Signature (sign twice) _____
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Are you an officer/director of a publicly listed company? YES NO

If Yes, state the name of the company and position _____

Do you have an account with another Broker? YES NO

If Yes, state the name of Broker _____

Preferred Delivery of Order Confirmation : Courier Fax Email

Special Instructions: _____

INVESTMENT OBJECTIVE: Speculation Long-Term Growth Preservation of Capital

ANNUAL INCOME; Below 10M <input type="checkbox"/>	ASSETS; Below 10M <input type="checkbox"/>	NET WORTH; Below 10M <input type="checkbox"/>
Above 10M <input type="checkbox"/>	Above 10M <input type="checkbox"/>	Above 10M <input type="checkbox"/>

FOR MERIDIAN SECURITIES, INC. USE ONLY

COMMISSION RATE _____ INITIAL DEPOSIT _____

NAME and SIGNATURE of person authorized to exercise discretion on account _____

Name and Signature of associate handling the account _____

Name and Signature of officer or manager accepting the account _____