

ACCOUNT OPENING FORM Institutions

Notes:

- a. Please complete in Block Letters and tick where applicable.
- b. Please indicate N/A when appropriate.
- c. For partnership, please submit an Authorization Letter signed by all partners.
- d. Please note that no chop needs to be or should be affixed to any part of this form, and even if so affixed, will not form part of the signing authority or mandate under any circumstances.
- e. All fields must be filled out completely as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended.

<p>Account Number</p> <p style="text-align: center;">(For FAMI Use Only)</p>

A. Company Information

Registered Company Name		
Company TIN	Nature of Business	Years in Operation
Company Type	<input type="radio"/> Corporation <input type="radio"/> Sole Proprietorship	<input type="radio"/> Partnership <input type="radio"/> Others: _____
Name of Parent Company (If Any)		Number of Employees
Annual Sales/Revenue	Purpose for Investing in Mutual Funds	

B. Contact Information

Address (Pls. Indicate Zip Code)			
Telephone Numbers		Fax Number	E-Mail Address
Contact Person 1	Name		
	Title/Designation	Contact Number	E-Mail Address
Contact Person 2	Name		
	Title/Designation	Contact Number	E-Mail Address

C. Corporate Documents Required

- Account Opening Form
- Investment Application Form (IAF)
- Certificate of Registration
- Articles of Incorporation or Partnership
- By-laws
- Board Resolution or Secretary's Certificate to invest in the fund
- Board Resolution or Secretary's Certificate on the authorized signatories with I.D.s
- Latest Audited Financial Statement
- Latest General Information Sheet
- Contact numbers
- Sworn statement as to the existence or non-existence of beneficial owners
- Verification of the authority and identification of the person purporting to act on behalf of the client

D. Declaration

1. I/We confirm that the information given in this form is correct and complete, and authorize First Metro Asset Management, Inc. to confirm this from any source the company may choose.
2. Having read and understood the contents of this Form, I/we hereby apply for these facilities and/or privilege, and agree to abide by their terms and conditions.
3. I/We understand that the implementation of these services/privileges may be delayed in case the requirements for these are not fulfilled.
4. I/We hold First Metro Asset Management, Inc., its officers and representatives, free and harmless from all claims and liabilities, damages and suits of whatever nature arising out of or in connection to the implementation of this arrangement.

Name of Authorized Signatory

Signature

Date

Name of Authorized Signatory

Signature

Date