



6/F PSE Tower, 5th Avenue corner 28th St., Bonifacio Global City,
 Taguig City, Philippines
 Tel Nos. (28) 8876-4500; Fax Nos. (02) 8848-6626 & (02) 8848-6616

Form No. 005

CLEARING MEMBER INFORMATION FORM

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A. CORPORATE DETAILS

MEMBER'S NAME		BROKER CODE	TIN
ADDRESS		POSTAL CODE	SEC REGISTRATION
FORM OF ORGANIZATION			
CORPORATION		PARTNERSHIP	SOLE PROPRIETORSHIP
PRINCIPAL CONTACT NAME		TITLE	TELEPHONE NO(S)
COMPANY EMAIL ADDRESS		FAX NO(S)	
DATE BUSINESS STARTED		PDTIC MEMBER	
		YES NO (PDTIC MEMBERSHIP IS MANDATORY)	
OTHER MEMBERSHIPS (SECURITIES OR SETTLEMENT-RELATED INSTITUTIONS)			
OWNERSHIP STRUCTURE			
NAME		NO. OF SHARES SUBSCRIBED	% OF OWNERSHIP CITIZENSHIP
(PLEASE ATTACH THE NECESSARY INFORMATION USING THIS FORMAT)			
CHIEF EXECUTIVE OFFICER			TELEPHONE NO.
CHIEF FINANCIAL OFFICER			TELEPHONE NO.
CHIEF OPERATING OFFICER			TELEPHONE NO.
ASSOCIATED PERSON			TELEPHONE NO.
NUMBER OF REGISTERED CUSTOMER SECURITIES REPRESENTATIVES		NUMBER OF BACKROOM OPERATIONS PERSONNEL	NUMBER OF BRANCH OFFICES AND LOCATIONS
NAME OF EXTERNAL COUNSEL			TELEPHONE NO.
NAME OF EXTERNAL AUDITING FIRM			TELEPHONE NO.
DATE OF LATEST ANNUAL EXTERNAL AUDIT		DATE OF LATEST AUDIT BY CMIC	
DATE OF LATEST AMENDMENT TO ARTICLES OF INCORPORATION:			

B. DEPARTMENT / UNIT DETAILS

SETTLEMENT UNIT DEPARTMENT				
ADDRESS				
PRINCIPAL CONTACT NAME		TITLE	TEL NO(S)	
SETTLEMENT CONTACT NAME		TITLE	TEL NO(S)	
MODE OF ACCESS TO SCCP SYSTEM				
Fiber	DSL	Wireless Broadband	Cable Internet	Others:
INTERNET SERVICE PROVIDER				
MODE OF BACK-UP ACCESS TO SCCP SYSTEM (MANDATORY)				
Fiber	DSL	Wireless Broadband	Cable Internet	Others:
INTERNET SERVICE PROVIDER				
MODE OF ACCESS TO PDTC SYSTEM				
Fiber	DSL	Wireless Broadband	Cable Internet	Others:
BACK-OFFICE SYSTEM				
MANUAL	AUTOMATED (In-house/ Vendor Name			
OTHERS				

C. SETTLEMENT BANK ACCOUNT / CLEARING DETAILS

SETTLEMENT BANK	CASH SETTLEMENT ACCOUNT NO.
Branch of Account	
(THE ABOVE SETTLEMENT BANK ACCOUNT IS TO BE USED AS THE DEFAULT SCCP SYSTEM CASH ACCOUNT FOR EXCHANGE TRADES)	CASH COLLATERAL DEPOSIT ACCOUNT NO.
DOES MEMBER HAVE A CREDIT LINE / FACILITY WITH THE ABOVE SETTLEMENT BANK?	
If Yes, how much? Php	No
DOES A MEMBER HAVE A BILLS PURCHASED LINE / FACILITY WITH THE ABOVE SETTLEMENT BANK?	
If Yes, how much? Php	No
CLEARING ARRANGEMENTS	
Self-Clearing	Yes
Thru Others	No
Names	
For Others	
Names	
BRIEFLY DESCRIBE ANY CHANGES CONTEMPLATED IN THE MEMBER'S CLEARING ARRANGEMENT	

D. TYPE OF BUSINESS CONDUCTED

CHECK, IN APPROPRIATE BOX, TYPES OF THE BUSINESS ENGAGED IN (OR TO BE ENGAGED IN, IF NOT YET ACTIVE) BY MEMBER. DO NOT CHECK ANY CATEGORY WHICH ACCOUNTS FOR LESS THAN 10% OF ANNUAL GROSS REVENUE FROM THE SECURITIES OR INVESTMENT ADVISORY BUSINESS.

Exchange Trading Participant engaged in exchange commission business
 Underwriter or selling group participant (corporate securities)
 Government securities dealer
 Put and call broker or dealer option writer
 Stock borrowing
 Other (please give details)

MEMBER ENGAGED IN OTHER NON-SECURITIES BUSINESS	DESCRIBE SUCH OTHER BUSINESS BRIEFLY
Yes	No

INDICATE THREE (3) PRIMARY SOURCES OF MEMBER'S INCOME DURING THE MOST RECENT TWELVE (12) MONTH PERIOD

	%
	%

PROJECTED CHANGES

SECURITIES ACCOUNTS FOR CUSTOMERS

APPROXIMATE NUMBER OF ACTIVE ACCOUNTS Cash Margin TYPES OF ACCOUNTS (NUMBER) Discretionary Investment Advisory Others (Specify)	Clientelle (Number) Retail Institutional Services Safekeeping Proxy Research Accommodation Transfers Others (specify)
Approximate Number of monthly tickets	
BRIEFLY DESCRIBE ANY CHANGES IN CONTEMPLATED DURING THE NEXT SIX (6) MONTHS IN THE MEMBER'S BUSINESS ACTIVITY	

E. BONDING

Is member required to have a surety bond?	Yes	No
Name of Insurance Company		
Surety	Php	
On Premises	Php	
In Transit	Php	
Misplacement	Php	
Forgery and Alteration	Php	
Securities Loss	Php	
Fraudulent Trading	Php	
Amount of Deduction Provision	Php	

MEMBER INFORMATION FORM

EXPIRATION DATE OF BOND			IS THERE A CANCELLATION RIDER?		
MONTH	DAY	YEAR	Yes	No	
BRIEFLY DESCRIBE ANY CLAIMS PAID					
BRIEFLY DESCRIBE ANY CHANGES CONTEMPLATED IN MEMBER'S BONDING COVERAGE					

F. PENDING INVESTIGATION(S) AND/OR LITIGATION(S)

IS THE MEMBER THE SUBJECT OF ANY INVESTIGATION(S), HEARING(S), INJUNCTION(S), OPERATIONAL RESTRICTION(S) OR OTHER ACTIONS BY ANY COURT, GOVERNMENT AGENCY OR BODY OR ANY REGULATORY BOARD OR BODY?	
Yes	No
IF YES, PLEASE EXPLAIN BRIEFLY	
IS THE MEMBER CURRENTLY INVOLVED IN ANY LITIGATION OF A CRIMINAL OR CIVIL NATURE?	
Yes	No
IF YES, PLEASE EXPLAIN BRIEFLY	

SCCP will collect, record, store, use, disclose, and process your personal and sensitive personal information ("Personal Data") for the purpose of this Clearing Member Information Form and for the purposes of relevant or incidental thereto. The personal information consist of the names, contact information, citizenship, signature, and other information; and the sensitive personal information pertains to the government issued ID number as competent evidence of identity. Said Personal Data will be retained for a period of ten (10) years and afterwards it will be safely destroyed. you have the rights under the Data Privacy Act such as rights to be informed, access, correct, object, withdraw, erasure or block, data portability, file complaint, and damages. You should be aware that there are risks in the processing of your Personal Data and for safeguards to protect it. Kindly read our Privacy Policy at <https://sccp.com.ph>, or contact our Data Protection Officer at dataprivacy@sccp.com.ph to exercise your right or for any concern.

ALL CLEARING MEMBERS SHALL BE REQUIRED TO FILE THE ABOVE INFORMATION ANNUALLY, WITHIN SUCH TIME PERIOD AS THE CORPORATION SHALL PRESCRIBE, AND ANY OTHER INFORMATION SHALL BE HELD CONFIDENTIAL. THE CLEARING MEMBER SHALL NOTIFY SCCP IN WRITING OF ANY CHANGE IN THE INFORMATION PROVIDED ABOVE AS SOON AS IS REASONABLY PRACTICABLE.

Date: _____ Associated Person: _____
Signature Over Printed Name

Name of Clearing Member: _____

Republic of the Philippines)
 _____)s.s.

The undersigned hereby certifies that he/she is a senior officer of the Clearing Member named herein and authorized to execute this Membership Information Form and that all the foregoing information is true, accurate, and correct.

Date: _____ Signature: _____
Designation: _____
Signature Over Printed Name

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting to me his _____,
(date) (ID)

No. _____, issued on _____ at _____.
(ID Number) (ID - Date Issued) (ID - Place Issued)

Doc No. _____
 Page No. _____
 Book No. _____
 Series of _____