



SECURITIES
CLEARING CORPORATION
OF THE PHILIPPINES

6/F PSE Tower, 5th Avenue corner 28th St., Bonifacio Global City,
Taguig City, Philippines
Tel Nos. (632) 876-4500; Fax Nos. (632) 848-6626 & (632) 848-6616

FORM NO. 005

CLEARING MEMBER INFORMATION FORM

Page 1 of 4

A. CORPORATE DETAILS

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

B. DEPARTMENT / UNIT DETAILS

SETTLEMENT UNIT DEPARTMENT		
ADDRESS		
<input type="text"/>		
PRINCIPAL CONTACT NAME	TITLE	TELEPHONE NO(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>
SETTLEMENT CONTACT NAME	TITLE	TELEPHONE NO(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>

MODE OF ACCESS TO SCCP SYSTEM		
DIAL-UP	DSL	OTHERS
INTERNET SERVICE PROVIDER	<input style="width:100%;" type="text"/>	
MODE OF BACK-UP ACCESS TO SCCP SYSTEM (MANDATORY)		
DIAL-UP	DSL	OTHERS
INTERNET SERVICE PROVIDER	<input style="width:100%;" type="text"/>	
MODE OF ACCESS TO PDTC SYSTEM		
DIAL-UP	DSL	OTHERS
BACK-OFFICE SYSTEM		
MANUAL	AUTOMATED (In-house/ Vendor Name)	<input style="width:100%;" type="text"/>
OTHERS	<input style="width:100%;" type="text"/>	

C. SETTLEMENT BANK ACCOUNT / CLEARING DETAILS

SETTLEMENT BANK <input style="width:100%; height: 40px;" type="text"/> (THE ABOVE SETTLEMENT BANK ACCOUNT IS TO BE EXCLUSIVELY USED AS THE DEFAULT SCCP SYSTEM CASH ACCOUNT FOR EXCHANGE TRADES)	CASH SETTLEMENT ACCOUNT NO. <input style="width:100%;" type="text"/> CASH COLLATERAL DEPOSIT ACCOUNT NO. <input style="width:100%;" type="text"/>
DOES MEMBER HAVE A CREDIT LINE / FACILITY WITH THE ABOVE SETTLEMENT BANK? If Yes, how much? Php <input style="width:150px;" type="text"/> No	
DOES A MEMBER HAVE A BILLS PURCHASED LINE / FACILITY WITH THE ABOVE SETTLEMENT BANK? If Yes, how much? Php <input style="width:150px;" type="text"/> No	
CLEARING ARRANGEMENTS Self-Clearing Yes No Thru Others Names <input style="width:100%;" type="text"/> For Others Names <input style="width:100%;" type="text"/>	
BRIEFLY DESCRIBE ANY CHANGES CONTEMPLATED IN THE MEMBER'S CLEARING ARRANGEMENT <input style="width:100%; height: 20px;" type="text"/>	

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 Yes <input type="checkbox"/> No <input type="checkbox"/>	DESCRIBE SUCH OTHER BUSINESS BRIEFLY <input style="width:100%; height: 20px;" type="text"/>
INDICATE THREE (3) PRIMARY SOURCES OF MEMBER'S INCOME DURING THE MOST RECENT TWELVE (12) MONTH PERIOD	
<input style="width:100%; height: 20px;" type="text"/>	<input style="width: 50px;" type="text"/> %
<input style="width:100%; height: 20px;" type="text"/>	<input style="width: 50px;" type="text"/> %
<input style="width:100%; height: 20px;" type="text"/>	<input style="width: 50px;" type="text"/> %
PROJECTED CHANGES <input style="width:100%; height: 20px;" type="text"/>	

SECURITIES ACCOUNTS FOR CUSTOMERS	
APPROXIMATE NUMBER OF ACTIVE ACCOUNTS Cash <input style="width:100%; height: 20px;" type="text"/> Margin <input style="width:100%; height: 20px;" type="text"/> TYPES OF ACCOUNTS (NUMBER) Discretionary <input style="width:100%; height: 20px;" type="text"/> Investment Advisory <input style="width:100%; height: 20px;" type="text"/> Others (Specify) <input style="width:100%; height: 40px;" type="text"/>	Clientelle (Number) Retail <input style="width:100%; height: 20px;" type="text"/> Institutional <input style="width:100%; height: 20px;" type="text"/> Services Safekeeping <input type="checkbox"/> Proxy <input type="checkbox"/> Research <input type="checkbox"/> Accommodation Transfers <input type="checkbox"/> Others (specify) <input style="width:100%; height: 20px;" type="text"/>
Approximate Number of monthly tickets <input style="width:100%; height: 20px;" type="text"/>	
BRIEFLY DESCRIBE ANY CHANGES IN CONTEMPLATED DURING THE NEXT SIX (6) MONTHS IN THE MEMBER'S BUSINESS ACTIVITY <input style="width:100%; height: 20px;" type="text"/>	

E. BONDING

Is member required to have a surety bond? Name of Insurance Company <input style="width:100%; height: 20px;" type="text"/> Surety <input type="checkbox"/> On Premises <input type="checkbox"/> In Transit <input type="checkbox"/> Misplacemnet <input type="checkbox"/> Forgery and Alteration <input type="checkbox"/> Securities Loss <input type="checkbox"/> Fraudulent Trading <input type="checkbox"/> Amount of Deduction Provision <input style="width:100%; height: 20px;" type="text"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;">Yes</th> <th style="width:25%; text-align: center;">No</th> </tr> <tr> <td>Php</td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Php</td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Php</td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Php</td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Php</td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Php</td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Php</td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> <td style="text-align: center;"><input style="width:100%; height: 20px;" type="text"/></td> </tr> </table>		Yes	No	Php	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	Php	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	Php	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	Php	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	Php	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	Php	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>	Php	<input style="width:100%; height: 20px;" type="text"/>	<input style="width:100%; height: 20px;" type="text"/>
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EXPIRATION DATE OF BOND MONTH <input style="width:100%; height: 20px;" type="text"/> DAY <input style="width:100%; height: 20px;" type="text"/> YEAR <input style="width:100%; height: 20px;" type="text"/>	IS THERE A CANCELLATION RIDER? Yes <input type="checkbox"/> No <input type="checkbox"/>																								
BRIEFLY DESCRIBE ANY CLAIMS PAID <input style="width:100%; height: 20px;" type="text"/>																									
BRIEFLY DESCRIBE ANY CHANGES CONTEMPLATED IN MEMBER'S BONDING COVERAGE <input style="width:100%; height: 20px;" type="text"/>																									

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 purposes 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 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 www.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 FILED 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: _____
Signature Over Printed Name

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting to me his Community Tax Certificate No. _____, issued on _____ at _____.

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