



SECURITIES
CLEARING CORPORATION
OF THE PHILIPPINES

Memo for Brokers

No. 04-1215

For : All Clearing Members – the Associated Person
Date : 28 December 2015
Subject : Update of Clearing Member Information Form

Please be reminded that all Clearing Members are required to submit to SCCP the **Clearing Member Information Form (CMIF)** annually. Kindly accomplish the attached CMIF form and submit the original notarized copy to SCCP no later than Friday, 15 January 2016.

Should you have further queries on the above matter, please do not hesitate to contact any of the following:

Adis A. Sevilla

Email Address: jasevilla@sccp.com.ph

Ronald P. Pendon

Email Address: rppendon@sccp.com.ph

Thank you.

Renee D. Rubio

Chief Operating Officer



SECURITIES CLEARING CORPORATION OF THE PHILIPPINES

2nd Floor, Philippine Stock Exchange Plaza, Ayala Triangle,
Ayala Ave., Makati City, Philippines
Tel Nos. 819-4464 & 848-4465; Fax Nos. (632) 848-6626 & (632) 848-6616

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 <input type="radio"/> Corporation <input type="radio"/> Partnership <input type="radio"/> Sole Proprietorship			
PRINCIPAL CONTACT NAME	TITLE	TELEPHONE NO(S).	
COMPANY EMAIL ADDRESS	FAX NO(S).		
DATE BUSINESS STARTED	PDTC MEMBER <input type="radio"/> Yes <input type="radio"/> No (PDTC 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		

B. DEPARTMENT / UNIT DETAILS

SETTLEMENT UNIT/DEPARTMENT		
ADDRESS		
PRINCIPAL CONTACT NAME	TITLE	TELEPHONE NO(S).
SETTLEMENT CONTACT NAME	TITLE	TELEPHONE NO(S).

MODE OF ACCESS TO SCCP SYSTEM

- Dial-up DSL Others

Internet Service Provider

MODE OF BACK-UP ACCESS TO SCCP SYSTEM (MANDATORY)

- Dial-up DSL Others

Internet Service Provider

MODE OF ACCESS TO PDTC SYSTEM

- Dial-up DSL Others

BACK-OFFICE SYSTEM

- Manual Automated (In-house/vendor name)

Others

IF MEMBER IS AFFILIATED WITH, CONTROLS, AND/OR IS CONTROLLED BY ANOTHER BUSINESS ENTITY, PLEASE DESCRIBE DETAILS OF RELATIONSHIP

C. SETTLEMENT BANK ACCOUNT / CLEARING DETAILS

SETTLEMENT BANK

Cash Settlement Account No.

Cash Collateral Deposit Account No.

(THE ABOVE SETTLEMENT BANK ACCOUNT IS TO BE USED EXCLUSIVELY AS THE DEFAULT SCCP SYSTEM CASH ACCOUNT FOR EXCHANGE TRADES)

DOES MEMBER HAVE A CREDIT LINE/FACILITY WITH THE ABOVE SETTLEMENT BANK?

- If Yes, how much? Php No

DOES MEMBER HAVE A BILLS PURCHASED LINE/FACILITY WITH THE ABOVE SETTLEMENT BANK?

- If Yes, how much? Php No

CLEARING ARRANGEMENTS

Self-Clearing Yes No

Thru Others
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 BUSINESS ENGAGED IN (OR TO BE ENGAGED IN, IF NOT YET ACTIVE) BYMEMBER. DO NOT CHECK ANY CATEGORY WHICH ACCOUNTS FOR LESS THAN 10% OF ANNUAL GROSS REVENUE FORM 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 ENGAGE IN OTHER NON-SECURITIES BUSINESS?

Yes No

DESCRIBE SUCH OTHER BUSINESS BRIEFLY

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
- On Premises
- In Transit
- Misplacement
- Forgery and Alteration
- Securities Loss
- Fraudulent Trading
- Amount of Deduction Provision

Php _____
 Php _____
 Php _____
 Php _____
 Php _____
 Php _____
 Php _____
 Php _____

EXPIRATION DATE OF BOND

Month _____ Day _____ Year _____

IS THERE A CANCELLATION RIDER?

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

[Empty text box for explanation]

IS THE MEMBER CURRENTLY INVOLVED IN ANY LITIGATION OF A CRIMINAL OR CIVIL NATURE?

Yes No

IF YES, PLEASE EXPLAIN BRIEFLY

[Empty text box for explanation]

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 _____.

NOTARY PUBLIC

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