PhilEquity

15th Floor PSE Tower, 5th Avenue corner 28th Street, Bonifacio Global City, Taguig City, 1634

CERTIFICATION REQUEST FORM

DATE mm/dd/yyyy

(+632) 8250 8700
invest@philequity.net | ask@philequity.net
www.philequity.net
INSTRUCTIONS: Please type all information in CAPITAL LETTERS. Fill out this form completely. Write N/A on fields that are not applicable and do not leave a

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GENERAL INFORMATION								
Account Name								
Account Number								
Contact Number		Email Addres	S					
CERTIFICATE DETAILS								
Number of Copies	Type of Certificate							
	Certified True Copy of Statement of Account – PhP 150.00 per copy							
	Certified True Copy of Confirmation Notice – PhP 150.00 per copy							
	Certificate of Outstanding Investment – PhP 150.00 per copy							
PURPOSE OF CERTIFICATION								
VISA Application: Embassy or Embassies of:								
Others: Please Specify:								
PAYMENT METHOD								
I/We will be making a deposit amounting to Php + courier charges (if applicable) through:								
Check payable to PhilEquity Management, Inc.								
Direct Deposit to PhilEquity Management, Inc. account:								
Banco De Oro: Current Account Number 00-343-0177-094								
Eastwest Bank: Current Account Number 2000-016-185-27								
Union Bank: Current Account Number 00-603-000-5448								
DELIVERY METHOD								
Pick up at PhilEquity Office: 15th Floor PSE Tower, 5th Avenue corner 28th Street Bonifacio Global City, Taguig City 1634								
Scan and email to my registered email address								
Mail via courier to the following address (courier fees apply):								
Processing Fee: A standard processing fee of PhP 150.00 (One Hundred Fifty Pesos) plus courier charges (if applicable) will be charged per certificate which must be deposited to PhilEquity Management, Inc's (PEMI) account. The actual processing would start once the funds have cleared.								
	Staff Ko		Contraction of the second	A POION				
Primary Inve Signature over Pri		Co-Investor 1 Signature over Printed Na	ime	Co-Investor 2 Signature over Printed Name				
AUTHORIZATION FOR REPRESENTATIVE								
I/We hereby authorize my/our representative whose name and signature appears below, to pick-up the certificate/s in my/our behalf.								
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Authorized Representation Signature over Prir		Primary Investor Signature over Printed Na		Co-Investor 1 Signature over Printed Name				
Authorized Representative must provide a valid ID upon pick-up of certificate/s.								