

only); and Payment of fee – PhP3,030.00

## SECURITIES AND EXCHANGE COMMISSION APPLICATION FOR REGISTRATION AS MUTUAL FUND DISTRIBUTOR

For the year

(To be accomplished in 4 copies with cover sheet; 3 copies for SEC, 1 copy for applicant's file)

NOTE: TO BE USED BY APPLICANTS WHO ARE CURRENT HOLDERS OF SECONDARY LICENSE/S ISSUED BY SEC

Please check applicable box  NEW REGISTRATION	☐ RENEWAL REGISTRATION
Name of Applicant:	Certificate of Registration No.
	TIN#
Applicant's Main Address:	Tel. No.
	Fax No.
	E-mail Address:
Name of Certified Investment Solicitor/	/s: Certificate of Registration # of CIS:
Contact Person:	Designation:
Name of Investment Company Adviser	er: Address:
Name of Fund(s) Managed/Distributed	d:
# of Branch Office/s offering services a mutual fund distributor:	as Location of Branch Office/s:
Other services offered by the applican	nt. Please check applicable box/es:
☐ Broker-Dealer in Securities	☐ Others (please specify):
☐ Broker-Dealer in Proprietary Shares	
The above-named applicant hereby make	es its application for registration and hereby certifies
that the information contained is true co	
	orrect, current, accurate and complete. Applicants
are required to update all information in SI	orrect, current, accurate and complete. Applicants SEC Form MFD by submitting amendments whenever
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