

**IMPORTANT NOTES & INSTRUCTIONS:**

The accomplished and signed **Report Request Form** must be submitted via email to your SLIMTC Relationship Manager or to your Certified UITF Sales Personnel, along with the required documents. All signed documents shall be treated as original copies.

Please write legibly using **CAPITAL LETTERS**. Mark the box(es) with a “[✓]” to indicate your choice(s), then **sign the form** only when completely filled out.

**A GENERAL INFORMATION**

<b>1. Account Number</b>	<b>2. Account Name</b>	<b>3. Date Accomplished</b> (mm-dd-yyyy)

**B REPORT REQUEST**

**IMPORTANT NOTES**

- The **requested report will be sent via email** to the authorized representative or the account holder responsible of receiving account notices and communications. Please ensure that the email address on record is up to date.
- For a hard copy of the report, kindly reach out to your Certified UITF Sales Personnel (CUSP) for assistance.

**4. Please select your request**

**Statement of Account (SOA)**

Statement Period Start Date (mm-dd-yyyy)

Statement Period End Date (mm-dd-yyyy)

**Confirmation of Participation**

Transaction Date/s (mm-dd-yyyy)

**Confirmation of Redemption**

Transaction Date/s (mm-dd-yyyy)

**Certificate of Investment**

Please indicate purpose (this will appear in the certificate)

Business requirement     
  Loan/credit requirement     
  Visa requirement  
 Legal purposes     
  Audit purposes

**5. Other Remarks / Requests**

**C ACKNOWLEDGEMENT**

**Primary Account Holder / Authorized Signatory (1)**

Printed Full Name	Signature
Place of signing (City/Municipality, Country)	Date signed (e.g. mm-dd-yyyy)

*(If there are multiple account holders/authorized signatories required to sign, please use page 2 of the form)*

**Secondary Account Holder / Authorized Signatory (2)**

Printed Full Name

Signature

Place of signing (City/Municipality, Country)

Date signed (e.g. mm-dd-yyyy)

**Secondary Account Holder / Authorized Signatory (3)**

Printed Full Name

Signature

Place of signing (City/Municipality, Country)

Date signed (e.g. mm-dd-yyyy)

**Secondary Account Holder / Authorized Signatory (4)**

Printed Full Name

Signature

Place of signing (City/Municipality, Country)

Date signed (e.g. mm-dd-yyyy)

**Secondary Account Holder / Authorized Signatory (5)**

Printed Full Name

Signature

Place of signing (City/Municipality, Country)

Date signed (e.g. mm-dd-yyyy)

**FOR SLIMTC USE ONLY**

**Signature Verified by**

Printed Name

Signature

Date (e.g. mm-dd-yyyy)

**Approved by**

Printed Name

Signature

Date (e.g. mm-dd-yyyy)