

JOHN SHAO PORTFOLIO MANAGEMENT, INC.

New Client Profile

Name _____ Date of Birth ____ / ____ / ____

Occupation and Firm Name _____

Spouse Name _____ Date of Birth ____ / ____ / ____

Address _____

City, State and Zip _____

Home Phone: () - Work Phone: () -

Fax: () - Mobile Phone: () -

Pager: () - E-mail: _____

Investment Account Type	Location	Amount
Taxable		
Custodial		
Retirement or Pension		
Non-Profits		
Trusts		
Corporation		
Partnership		