



INSTRUCTIONS: Please fill up all fields with check (✓) marks. Do not leave any field blank; instead, indicate "NA" for not applicable, "NAV" for not available and "N" for none.

<b>CUSTOMER RECORD FORM</b>		DATE OPENED	CUSTOMER NO.	CUSTOMER MNEMONIC
		ACCOUNT NUMBER		
<input type="checkbox"/> PESO <input type="checkbox"/> US\$ <input type="checkbox"/> SA <input type="checkbox"/> CA <input type="checkbox"/> ATM <input type="checkbox"/> e - money <input type="checkbox"/> BAHGIT (BSA) <input type="checkbox"/> PSP <input type="checkbox"/> GIA <input type="checkbox"/> OTHERS: <input type="checkbox"/> EasyDebit				
✓ LAST NAME		FIRST NAME	MIDDLE NAME	
✓ HOME ADDRESS			✓ TEL. NO.	
✓ PERMANENT ADDRESS			✓ TEL. NO.	
BUSINESS ADDRESS			✓ TEL. NO.	
✓ DATE OF BIRTH	✓ PLACE OF BIRTH	✓ NATIONALITY	✓ CIVIL STATUS	✓ GENDER   ✓ AGE
✓ ACR NO. (IF ALIEN)	✓ TIN	✓ IDENTIFICATION TYPE & NO	PREFERRED MAILING ADDRESS HOME: <input type="checkbox"/> BUSINESS: <input type="checkbox"/>	
✓ EMPLOYER		✓ POSITION	✓ NATURE OF BUSINESS/OCCUPATION/SOURCE OF INCOME	
✓ NAME OF SPOUSE/PARENT/GUARDIAN			✓ NATIONALITY	✓ TEL. NO.
✓ EMPLOYER		✓ POSITION	✓ NATURE OF BUSINESS/OCCUPATION/SOURCE OF INCOME	
✓ MOTHER'S MAIDEN NAME:			✓ EMAIL ADDRESS OF CLIENT:	
BENEFICIARY (if any) :				
PLACE OF BIRTH :	DATE OF BIRTH:	ADDRESS:	EMPLOYER:	
<b>FOR JOINT ACCOUNT ONLY</b> ✓ <input type="checkbox"/> 1-AND <input type="checkbox"/> 2-AND/OR	✓ LAST NAME	FIRST NAME	MIDDLENAME	✓ GENDER   ✓ AGE
✓ HOME ADDRESS			✓ TEL. NO.	✓ NATIONALITY
✓ BUSINESS ADDRESS			✓ TEL. NO.	✓ CIVIL STATUS
✓ DATE OF BIRTH	✓ PLACE OF BIRTH	✓ IDENTIFICATION TYPE & NO.	✓ ACR NO.(IF ALIEN)	
✓ TIN	✓ NAME OF SPOUSE/PARENT/GUARDIAN		✓ NATIONALITY	✓ TEL. NO.
✓ EMPLOYER		✓ POSITION	✓ FORM OF ORGANIZATION  <input type="checkbox"/> 1 - SINGLE PROPRIETORSHIP <input type="checkbox"/> 2 - PARTNERSHIP <input type="checkbox"/> 3 - CORPORATION <input type="checkbox"/> 4 - OTHERS _____  <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT	
<b>FOR COMMERCIAL ACCOUNT ONLY</b>		✓ NATIONALITY		
✓ COMPANY NAME				
✓ BUSINESS ADDRESS		✓ TEL. / FAX NO.	✓ TIN	
✓ EMAIL ADDRESS		✓ NATURE OF BUSINESS	✓ AUTHORIZED CAPITAL	✓ PAID-UP CAPITAL
<b>I/WE HEREBY ACCEPT THE RULES AND REGULATIONS GOVERNING THE OPERATION OF A DEMAND/SAVING ACCOUNT AS STATED IN THE PASSBOOK, OR AS APPLICABLE, ON THE COPY PROVIDED TO ME.</b>				
✓ SIGNATURE OF DEPOSITOR		✓ SIGNATURE OF DEPOSITOR		✓ DATE
<b>FOR BANK USE ONLY</b>				
SOURCE OF FUND: (AML A Requirement)			DISPOSITION OF MONTHLY STATEMENTS (FOR CA ONLY)	
INITIAL DEPOSIT	MINIMUM BALANCE REQUIRED		<input type="checkbox"/> 1. HOLDFOR PICK - UP <input type="checkbox"/> 2. MAIL TO STATED ADDRESS <input type="checkbox"/> 3. OTHERS _____	
BANK/TRADE CREDIT REFERENCES:				
<input type="checkbox"/> SEC CERTIFICATE OF REGISTRATION NO. _____ DATE _____		<input type="checkbox"/> ARTICLES OF INCORPORATION / CO-PARTNERSHIP		<input type="checkbox"/> POWER OF ATTORNEY <input type="checkbox"/> LETTER OF AUTHORITY
<input type="checkbox"/> REGISTRATION OF TRADE / BUSINESS NAME		<input type="checkbox"/> BY-LAWS		<input type="checkbox"/> BOARD/PARTNERSHIP RESOLUTIONS
INTRODUCED / RECOMMENDED BY:		APPROVED BY:		RISK PROFILING <input type="checkbox"/> LOW <input type="checkbox"/> NORMAL <input type="checkbox"/> HIGH