

## **CUSTOMER INFORMATION SHEET**

Institution/Corporate Account

Accountee         Account of Action           Business Address	Account Number			Date		Customer Number				
Business Address           Permanent/Mailing Address (House/Unit No., Street/Building, Barangay/Subdivision, District/Town, City/Province)           Mobile Number         Enail Address           Date Registered (DD/MM/YYYY)         Country of Registration           Date Registered (DD/MM/YYYY)         Country of Registration           Date Registered (DD/MM/YYYY)         Country of Registration           Agency Registered With           Country of Origin         GSIS/SSS No./Other IDs           Tax Identification Number           Agency Registered With           Agency Registered With           Country of Origin         GSIS/SSS No./Other IDs           Tax Identification Number           Agency Registered With           Bardinoxide           Bardinoxide           Bardinoxide           Bardinoxide         Recontrol           Diffore										
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SOURCE OF FUNDS/REVENUES (Indicate any or all that applies)         Business/es       Commissions       Borrowings         Rent Income       Others         DepOsit ACCOUNT AGREEMENT         Dy signing below, live confirm that live have received and read the Deposit Terms and Conditions governing this account and have fully understood and agreed to be governed by the provisions on entryice obligations as a depositor should the Bank opt to purchase myour checks: the subminorable agreement autorizing the Bank to release the balance of an and excount and have fully understood and agreed to be governed by the provisions on thereof, including the term integer to purchase and any other banking products and services and the is subidary and milling to shark afficiencies informationation generating to mexicu. The provision on the authorizing of such banking products for any and al colligations with the Bank and any of its subidaries and milling to such terms and Conditions which may be published in any other manner.         UWe fully understand the corresponding risks involved in availing of such banking products, facilities, or services. Further, myour continued use and/or avail-meet of the banking products, facilities, or services. Further, myour continued use and/or avail-meet of the banking products, facilities, or services form may and al colligations with the Bank and any of its or here and the authorize of an any other manner.         UWe also authorize the Bank and its baladiary products for any other manner.       If the authorize the Bank and its officers and staff to oblain and diverspresent that myour transactions here in an oral andice programmed to the banking products for any officers and staff to oblain and diverspresent that myour forgests and other programits for much staff to actins						□ Others				
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Signature Over Printed Name by Authorized Signatory       Date       Signature Over Printed Name by Authorized Signatory       Date         Signed in presence of       Authenticated by (Branch Manager)       Date       Authenticated by (Branch Manager)         OTHER BUSINESS INFORMATION (For Bank's use only)         Type of Organization       Purpose of Account       Size of Business         Solo Proprietor       Partnership       Savings Mobilization       Payroll       Micro/Small (3 million to 15 million)         Corporation       Association       Business       Fund Control       Medium (15 million to 100 million)         Cooperative       Foundation       Lending       Others       Large (Above 100 million)         Signature Over Printed Name by Authorized Signatory       Date       Signature Over Printed Name by Authorized Signatory       Date										
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Signed in presence of       Authenticated by (Branch Manager)         OTHER BUSINESS INFORMATION (For Bank's use only)         Type of Organization       Purpose of Account       Size of Business         Solo Proprietor       Partnership       Savings Mobilization       Payroll       Micro/Small (3 million to 15 million)         Corporation       Association       Business       Fund Control       Medium (15 million to 100 million)         Cooperative       Foundation       Lending       Others       Large (Above 100 million)         Signature Over Printed Name by Authorized Signatory       Date       Signature Over Printed Name by Authorized Signatory       Date										
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Type of Organization       Purpose of Account       Size of Business         Solo Proprietor       Partnership       Savings Mobilization       Payroll       Micro/Small (3 million to 15 million)         Corporation       Association       Business       Fund Control       Medium (15 million to 100 million)         Cooperative       Foundation       Lending       Others       Large (Above 100 million)         Signature Over Printed Name by Authorized Signatory       Date       Signature Over Printed Name by Authorized Signatory       Date	OTHER BUSINESS INFORMATION (For Bank's use only)									
Solo Proprietor       Partnership       Savings Mobilization       Payroll       Micro/Small (3 million to 15 million)         Corporation       Association       Business       Fund Control       Medium (15 million to 100 million)         Cooperative       Foundation       Lending       Others       Large (Above 100 million)         Signature Over Printed Name by Authorized Signatory       Date       Signature Over Printed Name by Authorized Signatory       Date	Type of Organization					Size of Business				
□ Cooperative □ Foundation □ Lending □ Others □ Large (Above 100 million) Signature Over Printed Name by Authorized Signatory Date Date Date Over Printed Name by Authorized Signatory Date	□ Solo Proprietor □ Partner	•	□ Savings Mobilization	🗆 Payroll						
Signature Over Printed Name by Authorized Signatory     Date     Signature Over Printed Name by Authorized Signatory     Date										
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Documents Verified against Original Copies by Reviewed and Approved by (Branch Cashier/Senior Teller) Approved by (For high-risk only, Branch Manager)				_	-					
	Documents Verified against Original Copies b	У	Reviewed and Approved by (B	ranch Cashier/Senior Teller)	Approved by	(For high-risk only, Branch Manager)				

	PERSONAL INFO	RMATION OF AUTHORIZ	ZED SIGNATORIES					
1 CUSTOMER NUMBER								
Last Name	First Name M	iddle Name Suf	ffix (Sr., Jr., etc.)	Date of Birth (DD/MM/YYYY)				
Dresent Address (House (Ho	it (Drovince)	Birthplace						
Present Address (House/Un	ity/Province)	ыгтпріасе						
Permanent/Mailing Addres	ss (House/Unit No., Street/Build	ing, Barangay/Subdivision, Dis	trict/Town, City/Province)	Nationality				
			-					
Landline Number	Mobile Phone Number	Email Address	Job Title/Position	TIN				
U.C. Address (House/Fleer S	Street, City, State, Postal Code)		U.S. TIN	ID Presented & ID No.				
<b>0.3. Address</b> (House/Fillor, 5	Street, City, State, Postal Code)		0.5. 110	id Presented & id No.				
		2 CUSTOMER NUMBE	R					
Last Name		Date of Birth (DD/MM/YYYY)						
Present Address (House/Un	it No., Street/Building, Baranga	y/Subdivision, District/Town, C	ity/Province)	Birthplace				
Permanent/Mailing Addres	<b>ss</b> (House/Unit No., Street/Build	ing Barangay/Subdivision Dis	trict/Town City/Province)	Nationality				
		ing, burunguy/suburusion, bis	and rown, city/rrowneey	Nationality				
Landline Number	Mobile Phone Number	Email Address	Job Title/Position	TIN				
U.S. Address (House/Floor, S	Street, City, State, Postal Code)		U.S. TIN	ID Presented & ID No.				
Last Name		3 CUSTOMER NUMBE		Date of Birth (DD/MM/YYYY)				
Last Walle	riist Name ivi	iuule Mallie Sul	(JI, JI, Etc.)					
Present Address (House/Un	ity/Province)	Birthplace						
Permanent/Mailing Addres	trict/Town, City/Province)	Nationality						
Landline Number	Mobile Phone Number	Email Address	Job Title/Position	TIN				
			,					
U.S. Address (House/Floor, S	Street, City, State, Postal Code)		U.S. TIN	ID Presented & ID No.				
Lest New 1		4 CUSTOMER NUMBE						
Last Name	First Name M	iddle Name Suf	ffix (Sr., Jr., etc.)	Date of Birth (DD/MM/YYYY)				
Present Address (House/Un	Birthplace							
Permanent/Mailing Addres	trict/Town, City/Province)	Nationality						
Landling M		Free all A all the second	Lab Tale (D. 191	TINI				
Landline Number	Mobile Phone Number	Email Address	Job Title/Position	TIN				
U.S. Address (House/Floor	Street, City, State, Postal Code)		U.S. TIN	ID Presented & ID No.				
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