

B A N G K O



M A B U H A Y

CUSTOMER INFORMATION FORM – FOR INDIVIDUAL

 New Account Update Account Branch _____

ACCOUNT NAME		CUSTOMER ID NUMBER		Date Opened/Updated									
FIRST NAME (with suffix: for example, Sr., Jr., III)		MIDDLE NAME		LAST NAME									
PRESENT ADDRESS (Floor/ Number, Street, Barangay/Subdivision/ Municipality, City / Province, Postal Code)													
PERMANENT ADDRESS (Floor/ Number, Street, Barangay/Subdivision/ Municipality, City / Province, Postal Code)													
TELEPHONE/CELLPHONE NO.		E-MAIL ADDRESS		NATIONALITY <input type="checkbox"/> Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident									
BIRTHDATE (MM/DD/YYYY)	PLACE OF BIRTH (Municipality/City and Province)	CIVIL STATUS: _____ Write below spouse's name if married (First Name, Middle Name, Last Name)		GENDER	TIN No. _____								
NAME OF EMPLOYER		OCCUPATION/POSITION		YEARS IN WORK									
SOURCE OF FUNDS (Check appropriate box) <input type="checkbox"/> Business <input type="checkbox"/> Remittance <input type="checkbox"/> Inheritance <input type="checkbox"/> Salary <input type="checkbox"/> Sale of Property/Investment <input type="checkbox"/> Pension <input type="checkbox"/> Commission <input type="checkbox"/> Interest Income from Investment <input type="checkbox"/> Others _____			NATURE OF WORK OR EMPLOYMENT (Check appropriate box) <input type="checkbox"/> Agriculture <input type="checkbox"/> Financial Intermediary <input type="checkbox"/> Medical Services <input type="checkbox"/> Insurance <input type="checkbox"/> Retail/Wholesale Trade <input type="checkbox"/> Marine <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Professional Practice <input type="checkbox"/> Education <input type="checkbox"/> Others _____										
Services Availed of with Bangko Mabuhay: (Check appropriate box) <input type="checkbox"/> Regular Savings <input type="checkbox"/> ATM <input type="checkbox"/> Salary Loan <input type="checkbox"/> Checking Account <input type="checkbox"/> Time Deposit <input type="checkbox"/> Microfinance <input type="checkbox"/> Special Savings <input type="checkbox"/> Real Estate Loan <input type="checkbox"/> Remittance			EXISTING ACCOUNT WITH OTHER BANK <table border="1"> <thead> <tr> <th>Bank/Branch Name</th> <th>Type of Account</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> </tbody> </table>			Bank/Branch Name	Type of Account	1. _____	_____	2. _____	_____	3. _____	_____
Bank/Branch Name	Type of Account												
1. _____	_____												
2. _____	_____												
3. _____	_____												
Depositor's Agreement													
By signing this form, I hereby certify that the information I provided is true and accurate to the best of my knowledge and that the documents submitted are authentic. I shall notify Bangko Mabuhay in writing of any change in the information supplied in this form. I have read and understood and agreed to be bound by the terms and conditions governing all products or services rendered/ to be rendered by Bangko Mabuhay (A Rural Bank), Inc. including Bank's applicable service and maintenance fees. I hereby give my consent for Bangko Mabuhay to process and access any information relating to my account/s in compliance with due diligence rule and other applicable laws, rules and regulations as may be passed from time to time.													
_____ SIGNATURE OVER PRINTED NAME			_____ DATE										
FOR BANK USE ONLY													
DOCUMENTS VERIFIED AGAINST ORIGINALS & SIGNATURE VERIFIED BY:		CIF ENCODED BY:		CHECKED AND APPROVED BY:									
Signature over printed name / Date		Signature over printed name / Date		Signature over printed name / Date									