

<b>CIF NUMBER</b>		<b>BRANCH</b>			
<b>CUSTOMER INFORMATION</b>					
<input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director, Trustee, Partner <input type="checkbox"/> CEO, President, CFO, Treasurer, Secretary <input type="checkbox"/> Authorized Signer <input type="checkbox"/> Not Applicable					
<b>Name</b>					
<i>Last Name</i>		<i>First Name</i>		<i>Middle Name</i>	
<b>Present Address</b>					
<i>House/Building No. and Street Name</i>		<i>Barangay</i>	<i>City</i>	<i>Province</i>	<i>Post Code</i>
<b>Permanent Address</b>					
<i>House/Building No. and Street Name</i>		<i>Barangay</i>	<i>City</i>	<i>Province</i>	<i>Post Code</i>
<b>Mobile Phone Number</b>		<b>Home Phone Number</b>		<b>Work Phone Number</b>	
<b>Email Address</b>					
<b>Tax Identification Number</b>		<b>SSS Number / GSIS Number</b>		<b>Other ID Type / ID Number</b>	
<b>Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Not Applicable					
<b>Occupation Type of Business</b>			<b>Employer's / Business Name</b>		
<b>Employer's / Business Address</b>					
<i>Building No. and Street Name</i>		<i>Barangay</i>	<i>City</i>	<i>Province</i>	<i>Post Code</i>
<b>Mailing Address</b> (check one only) <input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Employer's Address					
<b>Source of Funds</b>					
<input type="checkbox"/> Business <input type="checkbox"/> Donation/Financial Assistance <input type="checkbox"/> Pension <input type="checkbox"/> Professional Fees <input type="checkbox"/> Remittance <input type="checkbox"/> Investment Income <input type="checkbox"/> Commission <input type="checkbox"/> Winnings (Casino, Lottery, Sweepstakes) <input type="checkbox"/> Allowance <input type="checkbox"/> Employment Salary <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale Proceeds					
<b>CUSTOMER'S CONFIRMATION</b>					
<input type="checkbox"/> There is no change in my personal information		I/We warrant that all information provided in this form are true and correct. I/We agree that any material misrepresentation or falsity can be used by Philippine Bank of Communications (PBCOM) to pursue civil and/or criminal liabilities against me/us. I/We authorize PBCOM to obtain and disclose information about me/us from and to any branch or affiliate of PBCOM, any reference source, any credit reporting agency or any third party, for purpose of, among others, credit reporting, verification, and other risk management or regulatory requirements. I/We confirm and acknowledge that I/We shall hold PBCOM free and harmless from any liability that may arise from obtaining or disclosing such information. I/We hereby confirm that I/We have read, understood and agreed to all the stipulations herein stated.			
Signature Over Printed Name / Date		Signature Over Printed Name / Date		Signature Over Printed Name / Date	
<b>FOR BANK USE ONLY</b>					
<b>Date and time of callout:</b>	<b>Number called:</b>	<b>Customer information updated by:</b>	<b>Customer information update approved by:</b>	<b>Documents scanned by:</b>	<b>Documents uploaded by:</b>

Please present this form to any PBCOM branch.