CLIENT INFORMATION FORM INDIVIDUAL

Fields marked with asterisk() are required information

	Tiolas Marked Will assertion () are required in	nomanon			
TELL US ABOUT YOURSELF	NAME*				
. GORGIL	Last Name				
	Given Name (s)				
	Middle Name				
	DATE OF BIRTH* (MM/DD/YYYY)				
	GENDER MALE FEMALE CITIZENSHIP*				
	MARITAL STATUS SINGLE MARRIED SEPARATED WIDOWED SPOUSE NAME				
HOW CAN WE	HOME ADDRESS*				
ONTACT YOU?	HOME ADDRESS*				
	HOUSE/BUILDING NO. & STREET NAME BARANGAY CITY PROVINCE POSTAL CO	DDE			
	OFFICE ADDRESS*				
	HOUSE/BUILDING NO. & STREET NAME BARANGAY CITY PROVINCE POSTAL CO	DDE			
	MOBILE PHONE NO.* HOME PHONE NO.				
	OFFICE PHONE NO. EMAIL ADDRESS				
SOURCE	CALARY REMITTANCE RONATION / FINANCIAL ACCISTANCE OTHERS				
OF FUNDS	SALARY REMITTANCE DONATION / FINANCIAL ASSISTANCE OTHERS				
	OCCUPATION* EMPLOYER*				
FOREIGN ACCOUNT TAX COMPLIANCE	I AM A RESIDENT OF THE PHILIPPINES* A resident is an: A. Individual citizen of the Philippines residing therein B. Individual, who is not a citizen of the Philippines, but has resided in the Philippines for a continuous period of at least one (1) year				
	I AM A U.S. CITIZEN / PERMANENT RESIDENT OF THE UNITED STATES OF AMERICA				
	OTHERS				
CLIENT ONFIRMATION	I authorize and give my consent to PBCOM to collect, store, transmit, use, distribute, disclose, retain, dispose, destroy, and process my Person Information and / or Sensitive Personal Information contained in my client record form or any other form or document that I have or will subm PBCOM, whether manually or electronically, pursuant to my banking relationship with it, for any of the following purposes prescribed by the D Act of 2012 and its implementing Rules and Regulations: Processing of application and other bank related requests; Administration of all my related documentations; Servicing of my banking needs.	nit to Oata Privacy			
	I also authorize PBCOM to share my Personal and / or Sensitive Information to: Government regulatory agencies, other banks, creditors, and tinstitutions, for consumer reporting or for other lawful purposes. Its related companies, loyalty program partners, merchant partners, and servi providers for conduct of internal marketing studies, surveys, marketing activities, or promotional offers. I understand that any information provided is protected. PBCOM will only collect my Personal Information and Sensitive Personal Information through secure means, i.e. in personal branches, via recorded line through Customer Care Hotline and In-House Collection, e-channels – PBCOM Online Platform and website.	er reporting or for other lawful purposes. Its related companies, loyalty program partners, merchant partners, and service of internal marketing studies, surveys, marketing activities, or promotional offers. I understand that any information provided to BCOM will only collect my Personal Information and Sensitive Personal Information through secure means, i.e. in person at PBCOM			
	I understand that this authorization / consent shall continue to be in effect throughout the duration of my deposit / loan and / or until expiration of the records retention limit set by the relevant banking laws and regulations for account closure, and the period set until destruction and / or disposal of my records, unless earlier withdrawn in writing.				
	I have read and understood and agree to be bound by the terms and conditions stated in PBCOM's website (www.pbcom.com.ph) as of and succeeding revisions thereto; and by the agreements applicable and governing my account/s and / or investment/s as well as separate documents relative to said account/s or investment/s. Said terms, conditions and agreements shall likewise apply to all my future account/s and / or investment/s with PBCOM. I agree to notify PBCOM in writing of any change in the information supplied in this form.				
	I declare that the information given herein are true and correct.				
PLEASE SIGN HERE.	SIGNATURE OVER PRINTED NAME & DATE				
PLEASE SIGN	YOUR SAMPLE SIGNATURES				
IREE (3) TIMES.					
	PBCOM AGRICUS				





FOR BANK USE ONLY.

CIF NO.				
ACCOUNT NAME				
NFIS AML ELECTRONIC MONITORING SYSTEM				
ACCOUNT OFFICER CODE 1	ACC	OUNT OFFICER CODE 2		
ACCOUNT OFFICER CODE 2	REFE	RRING CLIENT/EMPLOYEE NO.		
ID DETAILS				
DOCUMENT VERIFIED AGAINST ORIGINALS BY:	SIGNATURE VERIFIED BY:	CIF CREATED BY:		
CIF CREATION REVIEWED & APPROVED BY:	DOCUMENTS SCANNED BY:	DOCUMENTS UPLOADED BY:		