



CUSTOMER INFORMATION FORM

QCRB Revised Form: 2018 Individual Account

*Mandatory Field

PURPOSE OF ACCOUNT OPENING/TRANSACTION:

Personal Information*

Present Address* Last Name First Name Middle Name

No. Street Subdivision/ District/ Town City/ Province Country ZIP Code Permanent Address (If different from present address)

No. Street Subdivision/ District/ Town City/ Province Country ZIP Code Date of Birth (mm/dd/yyyy)* Place of Birth* Civil Status Single Married Others Mother's Full Maiden Name

Gender Male Female Nationality* TIN SSS/ GSIS No. No. of Dependents

Contact Information*

Telephone No. Mobile No. E-mail Address

Financial Information*

Source of Funds Salary/Employment Commission Honorarium Forex/Stock trading Business Interest Dividends Check rediscounting Pension Donations Allotment/Support/Remittance Others:

Employment Status Employed Retired Housewife Self - Employed Student Others

Name of Employer (if employed) Name of Business (if Self-employed or with Business)

Address Registered Address of Business

Job Title / Position Years in the Business Industry Contact No. / Telephone No.

Years in Service Contact No/s. Type of Business Sole Proprietorship Partnership Corporation

Estimated Monthly Income (if source of income came from Salary, Remittance, Pension, Interest, Commission, Allotment/Support and other except for business) Nature of Business Estimated Monthly Sales (if source of income came from business) Under 10,000 10,001-50,000 50,001-100,000 100,001-300,000 300,001-500,000 500,001-1,000,000 Above 1,000,000 Trading(goods or services) Banking Institution Insurance Publicly listed company Remittance Agent Lending Company Cooperative NGO Gaming(casino, lottery, etc.) Forex Dealer/Money Changer Pawnshop Foundation Contractor Holding Company Others, specify

Spouse (if applicable)

Last Name First Name Middle Name

Date of Birth (mm/dd/yyyy) Place of Birth No. of Dependents

Employment Status Employed Retired Self - Employed Others Job Title/ Position Contact No. Name of Business (if Self-Employed or with Business)

Beneficial Owner (if opened by a trustee, nominee, agent or intermediary)*

Last Name	First Name	Middle Name	Present Address	Nationality	Date of Birth	Place of Birth	Nature of Work	Source of Funds

Corporate Owner/s*

List of authorized representatives who will transact with the bank on your behalf:*

By signing, I hereby certify that the information given in this application is true and correct to the best of my knowledge and I confirm that I have read the Terms and Conditions of the General and Special Provisions on Deposits and have fully understood and agreed to be governed by the provisions thereof, as well as the rules and regulations of the Bank, Bangko Sentral ng Pilipinas, Anti-Money Laundering Council, Bankers Association of the Philippines and the Bureau of Internal Revenue with respect to taxes imposed on interest on deposits and bank commission/charges relative to the establishment of operations of the account/s opened.

Signature over Printed Name

Date

For Bank's Use Only

List of Valid IDs			
<ul style="list-style-type: none"> > Passport including those issued by foreign governments > Driver's license > PRC ID > NBI clearance > Police clearance > Postal ID > Voter's ID > TIN 	<ul style="list-style-type: none"> > Barangay certification > GSIS e-Card > SSS card > Senior Citizen card > Overseas Workers Welfare Administration ID > OFW ID > Seaman's book 	<ul style="list-style-type: none"> > Alien Certificate of Registration/ Immigrant Certificate of Registration > Government office and GOCC ID > ID issued by the National Council on Disability Affairs > DSWD certification > IBP ID > Private Company IDs > PhilHealth Health Insurance Card > Photobearing School ID (for Minor Clients) 	
ID Presented:		Remarks	
Introduced by/Date	Interviewed by/Date	Signature Verified by/Date	Reviewed by/Date