

PERSONAL INFORMATION						
TITLE:	LAST NAME:	FIRST NAME:	MIDDLE NAME:			
CONTACT INFORMATION						
CURRENT ADDRESS: HOUSE / FLAT NO.		STREET / DISTRICT	POST CODE:			
CITY:	COUNTRY:	EMAIL ADDRESS:				
HOME TELEPHONE & MOBILE NUMBER:		NATIONALITY:				
		<input type="checkbox"/> FILIPINO <input type="checkbox"/> BRITISH <input type="checkbox"/> OTHERS (pls specify)				
ADDRESS IN THE PHILIPPINES:						
RESIDENCY STATUS:						
<input type="checkbox"/> CITIZEN <input type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> WORK PERMIT <input type="checkbox"/> STUDENT <input type="checkbox"/> EU CITIZEN _____						
MARITAL STATUS:		DATE OF BIRTH:	PLACE OF BIRTH:			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHERS (pls specify) _____		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MM</td> <td style="width: 33%;">DD</td> <td style="width: 33%;">YYYY</td> </tr> </table>	MM	DD	YYYY	
MM	DD	YYYY				
EMPLOYMENT INFORMATION						
Occupation: <input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> UNEMPLOYED Employer's Name and Address:						
POSITION _____						
Worker Type:		Annual Income: (£)	Or Monthly (£)			
<input type="checkbox"/> LAND BASED <input type="checkbox"/> SEA BASED						
REMITTER'S TRANSACTION DETAILS		TERMS & CONDITIONS				
Source of Funds:		<p>I hereby declare that the above statement and particulars are true and accurate. Further, I agree that you may keep the personal details that I give you, which will be included in PNB's database. Any companies in your group with whom I have relationship may use and update my information in order to comply with anti-money laundering regulations. If I ask, you will tell me what information you hold about me and provide a copy in line with the Data Protection Act. (A fee may be applicable) I should let you know if I think any information you hold about me is inaccurate, so you can correct it. The information you hold about me is confidential and should only be disclosed outside PNB (Europe) at my request or with my consent, to investigate or prevent fraud, or if the laws permits it or it is in the public's interest. I have read and understood the accompanying General Terms and Conditions or as published in your website at www.pnb.com.ph/europe</p>				
<input type="checkbox"/> SALARY <input type="checkbox"/> SAVINGS <input type="checkbox"/> ALLOWANCE <input type="checkbox"/> INCOME FROM BUSINESS <input type="checkbox"/> PENSION <input type="checkbox"/> OTHERS (pls specify) _____						
Purpose of remittance:						
<input type="checkbox"/> FAMILY SUPPORT <input type="checkbox"/> SAVINGS <input type="checkbox"/> MEDICAL / EDUCATIONAL <input type="checkbox"/> PURCHASE OF _____ <input type="checkbox"/> OTHERS (pls specify) _____						
Expected remittance per month in (£)						
Type of Card : <input type="checkbox"/> VISA <input type="checkbox"/> VISA DEBIT <input type="checkbox"/> MAESTRO		POLITICALLY EXPOSED PERSON (PEP) DECLARATION				
Name on Card:	Issuing Bank:	Do you /or any close member of your family currently hold/have held a senior position in any political or military office , ministry office , ministry , high court, diplomatic representations or state enterprise				
Card Number:		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Issue Date:	Expiry Date:	DATE:				
BENEFICARY'S DETAILS		SIGNATURE:				
Name:	Bank and Account No:	<div style="border: 2px solid red; padding: 5px;"> IRSW Customer Number / Teller's signature (Office use only) </div>				
Address:	Contact No:					
Relationship with Beneficiary						
<input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT <input type="checkbox"/> CHILD <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHERS (pls specify) _____						
Bank/Branch Name:	If Beneficiary has no Acct:					
	<input type="checkbox"/> ADVISE & PAY <input type="checkbox"/> DOOR TO DOOR					