

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/CITIZENSHIP				
		<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: (£/€) whichever is applicable		Or Monthly (£/€) whichever is applicable			
<input type="checkbox"/> LAND BASED <input type="checkbox"/> SEA BASED						
REMITTER'S TRANSACTION DETAILS		DECLARATION				
Source of Funds:		<i>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 General Data Protection Regulation. 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) and PNB group at my request or with my consent, to investigate or prevent fraud, or if the laws permit 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 <a href="http://www.pnb.com.ph/europe">www.pnb.com.ph/europe</a></i>				
<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"/> MASTERCARD		<b>POLITICALLY EXPOSED PERSON (PEP) DECLARATION</b>				
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 , high court, diplomatic representations or state enterprise  <input type="checkbox"/> YES <input type="checkbox"/> NO			
Card Number:						
Issue Date:	Expiry Date:					
BENEFICIARY'S DETAILS		DATE:   SIGNATURE:				
Name:	Bank and Account No:					
Address:	Contact No:					
Relationship to 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:		IRSW Customer Number / Teller's signature (Office use only)			
	<input type="checkbox"/> ADVISE & PAY <input type="checkbox"/> DOOR TO DOOR					