

**CUSTOMER INFORMATION FORM**

1. PLEASE **PRINT** ALL INFORMATION  
 2. IF NOT APPLICABLE PLEASE INDICATE N/A.

Application Date:		Preferred Domestic Branch:		Facilitated by:	
<b>Full Name</b>					
Last Name		First Name, Suffix		Middle Name	
<b>ID Presented</b>					
ID Type		ID Number		Expiry Date	Date of Birth (mm/dd/yyyy)
<b>Present Address</b>					
(Number/Street, Barangay/Subdivision, City/Municipality, Province/State, Country and Zip Code)				<b>Contact Information</b>	
				Mobile Number	
				Landline Number	
<b>Permanent Address</b> <input type="checkbox"/> Same as above Present Address					
(Number/Street, Barangay/Subdivision, City/Municipality, Province/State, Country and Zip Code)				Office Number	
				Email Address	
<b>Nationality</b>					
				Place of Birth	
<b>Employment Information</b> <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired					
Employer Name / Business Name				Nature of Work/Profession or Nature of Business/Position	
Employer Address (Number/Street, Barangay/Subdivision, City/Municipality, Province/State, Country and Zip Code)					
<b>Source of Funds</b>					
<input type="checkbox"/> Salary		<input type="checkbox"/> Business		<input type="checkbox"/> Pension	
<input type="checkbox"/> Donation		<input type="checkbox"/> Commission		<input type="checkbox"/> Gaming	
<input type="checkbox"/> Allotment		<input type="checkbox"/> Others (please specify _____)			
<input type="checkbox"/> Property		<input type="checkbox"/> Financial Products			
Remitter's Name		Relationship	Currency	Amount of Remittance	Total Average Amount of Main Source of Fund
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
<b>US FATCA</b>					
<input type="checkbox"/> Yes, I am a U.S. Person (please fill-out the Consent & Authorization for US Persons under US FATCA and W9 Forms)					
<input type="checkbox"/> I am not a U.S. Person					
<input type="checkbox"/> I am not a U.S. Person but with U.S. Indicators (please fill out the W8-BEN Form)					
<b>Civil Status</b>					
<input type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Others _____	
<b>Sex</b>			<b>Citizenship</b>		
<input type="checkbox"/> Male <input type="checkbox"/> Female			_____		
<b>Mother's Maiden Name</b>					
Last Name		First Name, Suffix		Middle Name	
_____		_____		_____	
<b>Spouse's Information</b>					
Full Name				Date of Birth (mm/dd/yyyy)	Occupation
_____				_____	_____
Address (Number/Street, Barangay/Subdivision, City/Municipality, Province/State, Country and Zip Code) <input type="checkbox"/> Same as above Present Address					

**CUSTOMER CERTIFICATION AND CONFIRMATION**

By signing this form, I hereby:

1. Certify and affirm that the information given above and in related documents is true, accurate and complete. I authorize PNB to verify the truthfulness, accuracy and completeness of said information and agree to promptly inform PNB in case of any change in said information; and
2. Acknowledge to have read, understood, agreed and received the Terms and Conditions Governing the Opening and Maintenance of Accounts, including those on Data Privacy, which was presented to me upon opening of the Account and which can be accessed in PNB's website [www.pnb.com.ph](http://www.pnb.com.ph) as well as other terms and conditions governing deposit products, services and/or facilities that I availed or will avail in the future.

\_\_\_\_\_  
 Signature Over Printed Name of Depositor

**TO BE FILLED OUT BY THE BANK**

Remarks		Customer Contact:		Customer ID Number		Other IDs Presented:	
_____		_____		_____		_____	
Processed by:		Signature Verified/Authenticated by:		PSIC:	AML/Client Info Category:	Client Risk:	
_____		_____		_____	_____	_____	
Approved by:		CIF Details validated Against System:		Verified against CWS, OFAC, & Verified Against Original by:		Residency Flag:	
_____		_____		_____		_____	