

Philippine National Bank **CUSTOMER INFORMATION FORM (Individual)**

FOR BANK USE ONLY

CUSTOMER NAME:

CUSTOMER ID NUMBER:

- PLEASE PRINT ALL INFORMATION AND PROVIDE SPACE IF NEEDED.
- IF NOT APPLICABLE PLEASE INDICATE N/A.
- PLEASE INFORM THE BANK FOR ANY CHANGES IMMEDIATELY.

DATE

Full Name

Last Name, First Name, Middle Name

Date of Birth

Place of Birth

Gender

Male
 Female

Civil Status

Single Divorced Widowed
 Married Separated

Present Address

Number/Street, Barangay/Subdivision, City/Municipality, Province/State

Country Zip Code Years of Residence

Permanent Address Same as above

Number/Street, Barangay/Subdivision, City/Municipality, Province/State

Country Zip Code Years of Residence

ID's Presented

TIN SSS / SSS UMID GSIS Driver's License Passport Others (pls. specify)

ID Number ID Expiry Date

Contact Information

Telephone Number

Mobile Number

E-Mail Other Social Media Account (e.g. Facebook, Twitter etc.)

Nationality

Filipino Others (pls. specify)

Citizenship

Filipino Others (pls. specify)

Employment Information

Employed Self-Employed Retired Student Others (pls. specify)

Employer Name / Business Name Nature of Work / Profession or Nature of Business / Position (if applicable)

Number/Street, Barangay/Subdivision, City/Municipality, Province/State

Country Zip Code

Telephone Number

E-Mail

Source of Funds

Allotment Business Commission Donation Financial Products Gaming
 Pension Property Salary Others (pls. specify)

Average Monthly Amount

US FATCA

Are you a U.S. person? N.A. NO But with US indicator (please fill out the W8-BEN Form) YES (Please fill out the Consent & Authorization for US Persons under US FATCA and W9 Forms)

Are you interested to avail of the products/services below?

Credit Card SME Loan Internet Banking Mobile Banking

Customer Agreement

By signing this Form, I hereby:

- certify and affirm that the information given above and in related documents is true, accurate and complete. For this purpose, 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;
- 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 as well as other terms and conditions governing deposit products, services and/or facilities that I availed or will avail in the future; and
- acknowledge that the terms and conditions referred to above may be amended from time to time.

Signature Over Printed Name of Depositor / Date

NA001.1 Sept'18

For Bank's Use Only

Customer Contact: Walk-in Solicited Account Solicited By: Signature Over Printed Name / Date
 Referred Name of Referral / Relationship:

Other IDs Presented:

PSIC:	CRR Code:	Account Officer:	Processed by:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Verified Against CWS, OFAC / INF & Documents Verified Against Original by:	Signature Authenticated by:	Approved by:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature Over Printed Name / Date	Signature Over Printed Name / Date	Signature Over Printed Name / Date	Signature Over Printed Name / Date



PNB

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SIGNATURE CARD / ACCOUNT INFORMATION FORM

Account Number _____

 New Account UpdatingDate _____
MM DD YYYY

Account Name: _____							
Client Name: (Last Name, First Name, Middle Name)	Product Name: _____						
Please sign three times using black ink.	Product Type: <input type="checkbox"/> SA <input type="checkbox"/> CA <input type="checkbox"/> TD <input type="checkbox"/> Others _____						
✓	Type of Currency: <input type="checkbox"/> PHP <input type="checkbox"/> USD <input type="checkbox"/> Others _____						
✓	<table border="1"> <tr> <th>Account Type</th> <th>Type of Signatory</th> </tr> <tr> <td><input type="checkbox"/> Individual * <input type="checkbox"/> Business</td> <td><input type="checkbox"/> Any One <input type="checkbox"/> All</td> </tr> <tr> <td>Joint : <input type="checkbox"/> OR <input type="checkbox"/> AND</td> <td><input type="checkbox"/> Any Two</td> </tr> </table>	Account Type	Type of Signatory	<input type="checkbox"/> Individual * <input type="checkbox"/> Business	<input type="checkbox"/> Any One <input type="checkbox"/> All	Joint : <input type="checkbox"/> OR <input type="checkbox"/> AND	<input type="checkbox"/> Any Two
Account Type	Type of Signatory						
<input type="checkbox"/> Individual * <input type="checkbox"/> Business	<input type="checkbox"/> Any One <input type="checkbox"/> All						
Joint : <input type="checkbox"/> OR <input type="checkbox"/> AND	<input type="checkbox"/> Any Two						
✓	<p>* For Individual Accounts you are eligible to enroll your account in Internet Banking and Mobile Banking.</p> <p align="center">Customer Agreement</p> <p><i>I hereby agree to the use of this Signature Card in accordance with the terms and conditions governing the deposit product I availed and will avail in the future. I acknowledge that such terms and conditions may be amended from time to time.</i></p>						
	G001.1 Sept'18						

FRONT

Statement Disposition	
<input type="checkbox"/> Electronic Mail/Softcopy to preferred Email address _____	<input type="checkbox"/> Mail to: [] Home [] Office
<input type="checkbox"/> Pick-up at the Branch	<input type="checkbox"/> No correspondence
Customer Instruction Upon Maturity of Time Deposit	
<input type="checkbox"/> Automatic Renewal of Principal + Interest	<input type="checkbox"/> Full Redemption on Maturity Date
<input type="checkbox"/> Automatic Renewal of Principal. Interest will be credited to Affiliate Account	<input type="checkbox"/> Others _____
Affiliate Account where proceeds will be credited: _____	
For Bank Use Only	
ID/s presented: <input type="checkbox"/> SSS / SSS UMID <input type="checkbox"/> GSIS <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Senior Citizen / PWD <input type="checkbox"/> Others _____	
ID Number: _____	ID Expiry Date: _____ MM DD YYYY
Signature Taken by: _____ Signature Over Printed Name / Date	Signature Authenticated by: _____ Signature Over Printed Name / Date
Processed by: _____ Signature Over Printed Name / Date	
Verified Against CWS, OFAC / INF by: _____ Signature Over Printed Name / Date	Documents Verified Against Original by: _____ Signature Over Printed Name / Date
Approved by: _____ Signature Over Printed Name / Date	
Signature Over Printed Name / Date	

BACK