# CUSTOMER INFORMATION SHEET

**PERSONAL INFORMATION**
PLEASE FILL OUT ALL INFORMATION BELOW

| | |
|---|---|
| **CIF No.** | **CIS No.** |

**Name**

*Prefix* *First Name* *Middle Name* *Last Name* *Suffix*

**Mail to** ☐ **Present Home Address**

*No.* *Street* *Subd./District/Town* *City* *Province / Country* *Zip Code*

**Mail to** ☐ **Permanent Home Address** *(Pls. fill up if not the same as Present Home Address)*

*No.* *Street* *Subd./District/Town* *City* *Province / Country* *Zip Code*

| **Date of Birth** *(mm/dd/yyyy)* | **Place of Birth** | **Nationality** | **Gender** ☐ *Male* ☐ *Female* |
|---|---|---|---|

| **Occupation** | **Contact Number/s** | **Civil Status** |
|---|---|---|
| | *Home Phone:* _____ *Office:* _____ | ☐ *Single* ☐ *Separated* |
| | *Mobile No.:* _____ *Fax:* _____ | ☐ *Married* ☐ *Widowed* |

| **ID/s presented (***TIN, SSS, GSIS - any one of the three is required otherwise indicate NA if not applicable***)** | | **Employment Status** | **Source of Income/Funds** |
|---|---|---|---|
| TIN _____ | Others *(pls specify)* | ☐ *Employed (Landbased)* | ☐ *Salary / Wage* |
| SSS _____ | _____ | ☐ *Employed (Seabased)* | ☐ *Bank Deposits* |
| GSIS _____ | _____ | ☐ *Self-Employed* | ☐ *Pension* |
| Passport _____ | | ☐ *Others* _____ | ☐ *Others* _____ |

| **Email Address** | **Mother's Full Maiden Name** |
|---|---|
| | *First Name* *Middle Name* *Last Name* |

| **Employer's Name** | **Nature of Employer's / Your Business** |
|---|---|

| **Employer's Contact No.** | **Employer's Address** |
|---|---|
| | *No.* *Street* *District/Town* *City* *Province / Country* *Zip Code* |

By providing my specimen signature herein, I hereby confirm the truthfulness of all data and information provided in the Customer Information Sheet. I further acknowledge that I am fully aware of the requirement to disclose my real identity, residence address, qualifications, and other personal circumstances herein called for, as these are material and principal considerations for you to agree to enter into this contract with me.

I hereby agree that my non-disclosure or misrepresentation of any matter shall be considered a serious fraudulent act, upon which you may rescind or cancel any transaction undertaken pursuant hereto at any time with or without notice to me whatsoever, without any liability or obligation on your part other than returning any balance which appears to my credit, minus such charges as you may impose.

In case where the fund/s sought to be transferred/remitted is/are to be credited to my deposit account maintained with Banco De Oro Unibank Inc., I hereby agree to be bound by the Rules and Regulations of Banco De Oro Unibank Inc. governing its Deposit Accounts. I also agree to be bound by other regulations as Banco De Oro Unibank Inc. may subsequently impose from time to time covering its Deposit Accounts.

***IMPORTANT: Please sign thrice and ensure that your signature is within the box provided.***

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Photo

| **RC** ☐ N ☐ H | Date Encoded: | Data Encoded by: | Verified by: | Approved by: |
|---|---|---|---|---|