



CUSTOMER INFORMATION SHEET FOR INDIVIDUAL CUSTOMER

Annex A

PHOTO

Customer ID No. (RM01) Type Code: (RM01) Personal Sub-type Code : (RM01) 10 - Individual 20- Sole-Proprietorship

First Name _____ Middle Name _____ Last Name _____

Present Address (RM01)						Postal Code	Country	Length of Stay
No.	Street	Subdivision	Barangay/District	Municipality/City	Province			

Permanent Address (RMCA)						Postal Code	Country	Length of Stay
No.	Street	Subdivision	Barangay/District	Municipality/City	Province			

Business Address (for Sole Proprietorship) (RMCA)						Postal Code	Country
No.	Street	Subdivision	Barangay/District	Municipality/City	Province		

Tax Identification No. (TIN) (RM01) <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>				Residential Phone (Area Code+ Tel. No.) RM01		Residential Phone (Area Code+ Tel. No.) RM01	
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Mobile Number (RMC1)	Fax Number (Area Code+ Tel. No.) RMC1	E-mail Address (RCMA)
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Profession (RCM2)	Source of Funds (RMC2)					
	<input type="checkbox"/> 10 - Salary/Honoraria	<input type="checkbox"/> 30 - Business	<input type="checkbox"/> 50 - OFW Remittance	<input type="checkbox"/> Others Pls Specify		
	<input type="checkbox"/> 20 - Interest/Commission	<input type="checkbox"/> 40 - Pension	<input type="checkbox"/> 60 - Other Remittance			

Date of Birth (mm/dd/yyyy) (RMC3) <input type="text"/>	Place of Birth Municipality/City _____ Province _____	Nationality (RMC3)	Gender (RMC3) <input type="checkbox"/> Male <input type="checkbox"/> Female
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Civil Status (RCM3) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Mother's Maiden Name (First Name, Middle Name, Last Name) (RMC3)
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Valid ID's Presented (ID Type & No.) (RMC3) 1. _____ 2. _____	Name of Spouse (First Name, Middle Name, Last Name) (RMC3)
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Employer Name (RMC3)	Job Title (RMC4)
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Employer Address (RMC4)						Country
No.	Street	Subdivision	Barangay/District	Municipality/City	Province	

Occupation (RMC4)			Monthly Gross Income		
<input type="checkbox"/> 1 - Employed	<input type="checkbox"/> 3 - OFW	<input type="checkbox"/> 5 - N/A	<input type="checkbox"/> Under Php 10,000	<input type="checkbox"/> Php 20,001 - 30,000	<input type="checkbox"/> Php 40,001 - 50,000
<input type="checkbox"/> 2 - Self-employed	<input type="checkbox"/> 4 - Retired		<input type="checkbox"/> Php 10,001 - 20,000	<input type="checkbox"/> Php 30,001 - 40,000	<input type="checkbox"/> Above Php 50,000

Existing Account with LBP			Existing Accounts with other Banks		
<input type="checkbox"/> SA / ATM	<input type="checkbox"/> Trust	<input type="checkbox"/> Trade	Bank / Branch Name		Type of Account
<input type="checkbox"/> CA / ATM	<input type="checkbox"/> Loan	<input type="checkbox"/> Credit Card	_____		_____
<input type="checkbox"/> TD	<input type="checkbox"/> Treasury		_____		_____

FOR SOLE PROPRIETORSHIP ONLY

Business Name (RMC5/RMCN) _____

Data Established (mm/dd/yyyy) (RMC5)	Years in Business	Total Employees (RMC5)	No. of Permanent Employees	No. of Contractual Employees
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Labor Union (Optional) (RMC5)	No of Member Employees
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Nature of Work/Business/Economic Activity (SIS Code : RMC5)								
<input type="checkbox"/> 0100 - Agriculture, hunting and forestry	<input type="checkbox"/> 0700 - Wholesale & retail trade	<input type="checkbox"/> 1300 - Public administration & defense						
<input type="checkbox"/> 0200 - Fishing	<input type="checkbox"/> 0800 - Hotels and restaurants	<input type="checkbox"/> 1400 - Education						
<input type="checkbox"/> 0300 - Mining and quarrying	<input type="checkbox"/> 0900 - Transportation	<input type="checkbox"/> 1500 - Health and Social worl						
<input type="checkbox"/> 0400 - Manufacturing	<input type="checkbox"/> 1000 - Financial Intermediaries	<input type="checkbox"/> 1600 - other Community, social & personal activities						
<input type="checkbox"/> 0500 - Electricity, gas and water supply	<input type="checkbox"/> 1100 - Real Estate	<input type="checkbox"/> 1700 - Private household with employed persons						
<input type="checkbox"/> 0600 - Construction	<input type="checkbox"/> 1200 - Renting business activities	<input type="checkbox"/> 1800 - Extra-Territorial Organizations & bodies						

I attest that the above information are true, correct and voluntary given. The Bank is authorized to give information on the account to appropriate agencies in case of questionable transactions in relation to AMLA.

Left Thumbmark

Right Thumbmark

Signature of Client

Date (mm/dd/yyyy)

Account Officer (RMC1) _____ Borrower since : _____

Served by :	Validated by :	Encoded by :
_____	_____	_____
Name / Designation	Signature	Signature
Date	Date	Date

Birthday of Spouse : _____

Number of Children : _____