## **CUSTOMER INFORMATION SHEET (INDIVIDUAL)**

Account No.:
Customer ID:



PERSONAL INFORMATION								
Last Name	First Name				Middle Name		Suffix	
Date of Birth (mm-dd-yyyy)	Place of Birth (City, Country)			Citizenship	Gende			
Marital Status  ☐ Single ☐ Married ☐ Others:	Mother's Maiden Name				ID Presented (ID type, number)			
CONTACT INFORMATION								
Mobile (+Country Code-Area Code-Tel.no.)  Landline (+Country Code-Area Code				el.no.)	Email Address			
Address (House/Lot/Block/Unit no., Floor & Building , Street, Subdivision/Barangay/Village)								
District/Town	City/Municipality/Province			Country		Zip Code		
FINANCIAL INFORMATION								
Employer / Business Name Nature of W			ork (Job Title)	Nature employ			ome/Wealth	
FATCA DECLARATION								
☐ I am not a U.S. Person ☐ I am not a U.S. Person but with U.S. Indicators ☐ I am a U.S. Person								
☐ U.S. Place of Birth (1 & 2) Documents (Submitted) ☐ U.S. Citizen								
☐ U.S. Telephone Number (1) ☐ 1. W8 BEN ☐ U.S. Resident (Green Card) ☐ U.S. Address (1) ☐ 2. Any of the following: U.S. TIN:								
U.S. Address (1)								
power of attorney or signatory authority granted to a person with a U.S. address (1)  Written explanation of not having Such certificate despite the								
☐ Standing instructions to transfer renunciation								
to an account maintained in the U.S. (1)								
ווריטונסיטו טו ווטוט ווומוו ט.ט. מטטופסס (ד) טומבטרוטוויף ווטני טאנמוויטט מג טוומי								
I authorize the Bank to rely upon the same and, if I am a US Person or have US indicators that render my account reportable under FATCA, I consent to the reporting and disclosure of the required information by the Bank to the Internal Revenue Services (IRS) and/or Bureau of Internal Revenue (BIR) in compliance with FATCA. In consideration of the foregoing, I agree to hold the Bank, its directors, officers, employees, representatives and agents free and harmless from any liability, action and suits, costs, and expenses, arising from or in connection with the Bank's compliance with FATCA regulations and/or as a result of disclosure made to the US IRS and/or BIR.								
CERTIFICATION AND AUTHORIZATION								
By signing this form, I hereby certify that the information I provided herein is true, accurate and complete, and I agree to notify/update the Bank of any change in any of the information supplied in this form.								
I acknowledge to have read and understood, and I agree to be bound by, the terms and conditions of the deposits, products, services, facilities and/or channels which I open/avail of, as the same may be amended from time to time. Such terms and conditions are provided and/or are made available to me via https://www.banko.com.ph/website-terms-and-conditions/ and/or other channels.								
I likewise acknowledge to have read and understood the Bank's Data Privacy Policy, posted on www.banko.com.ph and in branch premises, and I agree that the Bank and/or its agents may, as described in said Data Privacy Policy, process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose to the Bank and its parent company, Bank of the Philippine Islands, and their respective subsidiaries and affiliates (the "BPI Group of Companies") and third parties, information relating to me and/or my account(s) of whatever nature.								
The consent given herein is deemed to be the consent required under bank deposit confidentiality laws of the Philippines or other jurisdictions including but not limited to RA 1405 (An Act Prohibiting Disclosure of or Inquiry into, Deposits with any Banking Institution and Providing Penalty Therefor), RA 6426 (The Foreign Currency Deposit Act) and RA 8791 (The General Banking Law) and under data privacy laws of the Philippines or other jurisdictions, including but not limited to RA 10173 (The Data Privacy Act).								
If I am, become, or apply to become a client of any of the Bank and its parent company, Bank of the Philippine Islands, and their respective subsidiaries and affiliates (the "BPI Group of Companies"), I agree that the latter has the option but not the obligation to rely on the above information for any and all of the concerned subsidiary's or affiliate's account opening, maintenance and transaction requirements.								
NOTE: Should you wish to change your elected mailing address for any of your accounts, please visit any of our branches to submit an Amendment Form.								
Customer's Signature:  Date: (mm-dd-yyyy)								
FOR BANK USE ONLY Remarks:								
Processed and signature verified by:  Approved by:								