

B A N G K O



M A B U H A Y

CUSTOMER INFORMATION FORM – FOR BUSINESS

New Account Update Account Branch _____

ACCOUNT NAME		CUSTOMER ID NUMBER	Date Opened/Updated
BUSINESS NAME		YEARS IN EXISTENCE	
SEC / CDA / DTI REG. NO.	DATE OF REGISTRATION	PLACE OF REGISTRATION	TIN NO.
BUSINESS PHONE NO/S.	MOBILE NO.	COMPANY WEBSITE	EMAIL ADDRESS

RESIDENCY **SIZE OF FIRM**

Domestic SMALL (Total Assets of < P 15MM) LARGE (Total Assets of >P100MM)

Foreign (please specify) _____ MEDIUM (Total Assets of P 100 MM)

PRESENT ADDRESS

(Floor/ Number, Street, Barangay/Subdivision/ Municipality, City / Province, Postal Code)

PERMANENT ADDRESS

(Floor/ Number, Street, Barangay/Subdivision/ Municipality, City / Province, Postal Code)

SOURCE OF FUNDS (Check appropriate box)			NATURE OF BUSINESS (Check appropriate box)		
<input type="checkbox"/> Business	<input type="checkbox"/> Franchising	<input type="checkbox"/> Sales	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Financial Intermediary	<input type="checkbox"/> Medical Services
<input type="checkbox"/> Bank Borrowing	<input type="checkbox"/> Investments	<input type="checkbox"/> Services	<input type="checkbox"/> Insurance	<input type="checkbox"/> Retail/Wholesale Trade	<input type="checkbox"/> Marine
<input type="checkbox"/> Donations	<input type="checkbox"/> Professional Fees		<input type="checkbox"/> Construction	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional Practice
<input type="checkbox"/> Others _____			<input type="checkbox"/> Education	<input type="checkbox"/> Others _____	

AUTHORIZED REPRESENTATIVE/SIGNATORY INFORMATION (please use additional sheet if necessary)

Name of Authorized Representative/Signatory	Position	Contact No.	Email Address

Services Availed of with Bangko Mabuhay: (Check appropriate box)			EXISTING ACCOUNT WITH OTHER BANK	
<input type="checkbox"/> Regular Savings	<input type="checkbox"/> ATM	<input type="checkbox"/> Salary Loan	<u>Bank/Branch Name</u>	<u>Type of Account</u>
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Time Deposit	<input type="checkbox"/> Microfinance	1. _____	_____
<input type="checkbox"/> Special Savings	<input type="checkbox"/> Real Estate Loan	<input type="checkbox"/> Remittance	2. _____	_____
			3. _____	_____

Depositor's Agreement

By signing this form, I hereby certify that the information I provided is true and accurate to the best of my knowledge and that the documents submitted are authentic. I shall notify Bangko Mabuhay in writing of any change in the information supplied in this form. I have read and understood and agreed to be bound by the terms and conditions governing all products or services rendered/ to be rendered by Bangko Mabuhay (A Rural Bank), Inc. including Bank's applicable service and maintenance fees. I hereby give my consent for Bangko Mabuhay to process and access any information relating to my account/s in compliance with due diligence rule and other applicable laws, rules and regulations as may be passed from time to time.

SIGNATURE OVER PRINTED NAME /DATE SIGNATURE OVER PRINTED NAME/DATE SIGNATURE OVER PRINTED NAME/DATE SIGNATURE OVER PRINTED NAME/DATE

FOR BANK USE ONLY

DOCUMENTS VERIFIED AGAINST ORIGINALS & SIGNATURE VERIFIED BY:	CIF ENCODED BY:	CHECKED AND APPROVED BY:
Signature over printed name / Date	Signature over printed name / Date	Signature over printed name / Date