

CLIENT INFORMATION SHEET

Instructions: ① Please PRINT all entries legibly and check appropriate boxes ② Notify PNB-SAMG of change in address and other information herein mentioned.

INDIVIDUAL

CLIENT		<input type="checkbox"/> SPOUSE / <input type="checkbox"/> CO-BUYER	
Name (Last Name, First Name, Middle Name)			
Present Address			
Permanent Address (If different from present address)			
Preferred Mailing Address: <input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address		<input type="checkbox"/> Present Address	<input type="checkbox"/> Permanent Address
Date / Place of Birth (mm/dd/yy) /		/	
Tax Identification No. (TIN)			
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others:		<input type="checkbox"/> Filipino	<input type="checkbox"/> Others:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others:		<input type="checkbox"/> Single	<input type="checkbox"/> Married <input type="checkbox"/> Others:
Contact Details	LandLine: _____ Cellphone: _____ Email address: _____	LandLine: _____ Cellphone: _____	Email address: _____
Identification Card Nos. (at least two)	<input type="checkbox"/> SSS <input type="checkbox"/> GSIS: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> Others:	<input type="checkbox"/> SSS <input type="checkbox"/> GSIS: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> Others:	
Educational Attainment	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others:	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others:	
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> OFW <input type="checkbox"/> Unemployed <input type="checkbox"/> Others:	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> OFW <input type="checkbox"/> Unemployed <input type="checkbox"/> Others:	
Engaged in Business	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, nature of business: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, nature of business: _____	
Office/Business Address			
Contact Numbers			
SEC/DTI Registration No.			
Position:			
GROSS MONTHLY INCOME	Buyer	Spouse/Co-Buyer	Total
<input type="checkbox"/> Salaries & Allowances	_____	_____	_____
<input type="checkbox"/> Business	_____	_____	_____
<input type="checkbox"/> Others (ps. Specify) _____	_____	_____	_____
TOTAL INCOME	_____	_____	_____

AUTHORIZED REPRESENTATIVE

Name (Last Name, First Name, Middle Name)	Date / Place of Birth (mm/dd/yy) /
Present Address	TIN: _____ Nationality: _____
Permanent Address (If different from present address)	Gender: _____ Civil Status: _____
Contact Details	Employment Status
LandLine: _____ Cellphone: _____ Email address: _____	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> OFW <input type="checkbox"/> Unemployed <input type="checkbox"/> Others:
Identification Card Nos. (at least two)	Educational Attainment
<input type="checkbox"/> SSS <input type="checkbox"/> GSIS: _____ <input type="checkbox"/> Passport: _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> Others:	<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others:

CORPORATE/JURIDICAL

Name of Entity	SEC Reg. No. _____ Date _____
Nature of Business	TIN _____
Official Address	Contact details: Landline: _____ Cellphone: _____ Email: _____
Authorized Signatory(ies):	Position _____
1. _____	Position: _____
2. _____	Position: _____
3. _____	Position: _____

OTHER DISCLOSURES

Do you have a relative working at PNB? Yes None If Yes, Name of Relative: _____ Branch/Dept: _____
Degree of Consanguinity/Affinity: _____ Relationship: _____

Do you belong to the LT Group of Companies? Yes No If Yes, please specify: _____

FOR U.S. PERSONS UNDER FOREIGN ACCOUNT TAX COMPLIANCE ACT

Are you a U.S. Person? Yes* No *If YES, complete US Permanent Address _____
*Document Presented? W-8 BEN Form W-9 Form *U.S. Social Security Number _____

CERTIFICATION

I/WE HEREBY CERTIFY that the above information are true, correct, accurate and complete. I/We also authorize PNB to use the above information within the bounds of R.A. 10173 otherwise known as the Data Privacy Act of 2012.

_____ Signature Over Printed Name _____ Date _____ Signature Over Printed Name _____ Date _____

FOR PNB USE ONLY

DOSRI CWS VERIFICATION: No Record Record Found* ROPA Client ID _____
 RPT *Advised thru email the Compliance Officer Designate on _____
Emp. No. _____ Name & Signature/Initial _____ Date _____