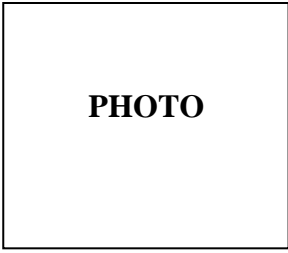




CANTILAN BANK
YOUR FRIENDLY COMMUNITY BANK

CUSTOMER AND ACCOUNT INFORMATION SHEET



PHOTO

FORM OP-026 (rev 09/19)

Please complete all fields; Write "N/A" if not applicable and "NONE" if no data available.

TO BE ACCOMPLISHED BY CBI STAFF				
New ()	Updating ()	Branch	Date (mm/dd/yyyy)	CID Number

FOR INDIVIDUAL CLIENT				
CLIENT NAME				
Title Before Name	Last Name	First Name	Middle Name	Title After Name

PERSONAL AND CONTACT INFORMATION				
Date of Birth (mm/dd/yyyy)	Place of Birth	Contact Number/s	E-mail Address:	
Present Address (House No., Street, Purok, Barangay, City/Municipality, Province)		Permanent Address: Same as present address? <input type="checkbox"/> Yes <input type="checkbox"/> No (pls. specify) (House No., Street, Purok, Barangay, City/Municipality, Province)		
Citizenship	Country of Citizenship	Source of Wealth: () Inheritance () Donation () Others (pls. specify) _____ Employment Status: () Employed () Self-employed () Unemployed		
Sources of Income:				
() Salary () Farming/Fishing () Pension (pls. specify) _____ <input checked="" type="radio"/> Commission: () Insurance () Real Estate () Stock Brokerage () Business () Local Remittance () Foreign Remittance (Country of Origin) _____ () Others (pls. specify) _____				

BENEFICIARY INFORMATION			
Name	Citizenship	Date of Birth (mm/dd/yyyy)	Place of Birth
Address	Country of Citizenship	Contact Number/s	E-mail Address:

BUSINESS/EMPLOYMENT INFORMATION			
Name of Business	Nature of Business	Business Address	No. of Years
Name of Employer/Company	Nature of Business	Employer's Address	No. of Years

IF MINOR		
Name of Parent/Guardian	Relation to Minor	School
Address of Parent/Guardian	Parent/Guardian's Mobile Phone No.	Parent/Guardian's Telephone No.

CERTIFICATION

By signing below, I hereby certify and attest that the above information are true, correct and voluntarily given. The bank is authorized to give information on the account to appropriate agencies in case questionable transactions in relation to AMLA.

Signature of Client Over Printed Name

Date (mm/dd/yyyy)

FOR JURIDICAL CLIENT

ORGANIZATION/CORPORATE INFORMATION

Name of Company/Organization			Resident () Yes () No
Official Address (Number, Street, Barangay, Town/City, Province)		Principal Address - Head Office (Number, Street, Barangay, Town/City, Province)	
Nature of Business	Date Established/Incorporated (mm/dd/yyyy)	E-mail Address	Telephone Numbers/ Fax Numbers
Kind of Organization () Civic () Private () Religious () NGO () Others(pls. specify) _____		Total Number of Employees	Contact Person :
Directors and Key Officers:			
	Name	Position	Name
	Position	Name	Position
1.	_____	_____	5. _____
2.	_____	_____	6. _____
3.	_____	_____	7. _____
4.	_____	_____	8. _____

CERTIFICATION

By signing below, I/we hereby certify and attest that the above information are true, correct and voluntarily given. The bank is authorized to give information on the account to appropriate agencies in case questionable transactions in relation to AMLA.

Signature of Client Over Printed Name	Signature of Client Over Printed Name	Signature of Client Over Printed Name	Signature of Client Over Printed Name
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

ACCOUNT DETAILS AND SPECIMEN SIGNATURES

Kind of Account	Account Number	Date Opened	Type of Account	Remarks
Regular Savings			() Individual () Joint () Proprietorship () Partnership () Corporation/Organization	
Time Deposit			() Individual () Joint () Proprietorship () Partnership () Corporation/Organization	
Current Account			() Individual () Joint () Proprietorship () Partnership () Corporation/Organization	
ATM			() Individual () Joint () Proprietorship () Partnership () Corporation/Organization	
SSC			() Individual () Joint () Proprietorship () Partnership () Corporation/Organization	
Other Deposit Account			() Individual () Joint () Proprietorship () Partnership () Corporation/Organization	
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Other Deposit Account			() Individual () Joint () Proprietorship () Partnership () Corporation/Organization	

SIGNATURE (3 Specimen)

Please recognize ANY ONE ANY TWO ALL of the following authorized signatures in the payment of funds or in all transactions pertaining to this account.

Name	A.	B.	C.	D.
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

BACKGROUND VERIFICATION

Account Verification	Date Done	Result	Done By
() Personal interview () Technology-aided face-to-face			
() Social and business call () Telephone call			
() Neighborhood check () "Thank You" letter sent			
Client Information Encoded by / Date	Signature Verified by: / Date	Approved by: (BH/BOO/BLH)	Date Approved