



**“Know Your Customer”
Customer Information Form**

PERSONAL CUSTOMER		Date of Birth (DD/MM/YYYY)	
Title (Mr., Mrs., Dr., Prof., etc.)		Place of Birth: _____	Nationality _____
_____		____/____/____	
Surname	Maiden Name (if applicable)	First Name	Middle Name

Home Phone	Work Phone	Mobile Phone	E-Mail Address
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Widowed		
Dependents (Name & Date of Birth)			
_____		_____	
Name in full	DOB (DD/MM/YYYY)	Name in full	DOB (DDMM/YYYY)
____/____/____		____/____/____	
Name in full	DOB (DD/MM/YYYY)	Name in full	DOB (DD/MM/YYYY)
____/____/____		____/____/____	
Employment Status:			
<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
			<input type="checkbox"/> Retired
Occupation	Employer	Employer's Address	

Employed Since (DD/MM/YYYY) ____/____/____			
Identification: _____			
	Drivers License #	Passport #	I.D Card.#
	_____	_____	_____

ADDRESS			
1. Home/Business			
Street Number	Street Name	Town/District	Post Office Box

City			Country
2. Mailing Address (if different from above)			
Street Number	Street Name	Town/District	Post Office Box

City			Country



JOINT A/C HOLDER # 1 Date of Birth (DD/MM/YYYY)

Mr. Mrs. Miss I.D.# _____ ____/____/____

Surname First Name Middle Name

Address Email Address Trn #

Home Phone Number Work Phone Number Mobile/Cellular Phone Number

JOINT A/C HOLDER # 2 Date of Birth (DD/MM/YYYY)

Mr. Mrs. Miss I.D.# _____ ____/____/____

Surname First Name Middle Name

Address Email Address Trn #

Home Phone Number Work Phone Number Mobile/Cellular Phone Number

Does anyone have a power of attorney: Yes No

Name: _____ I.D. # _____

Address: _____ Phone # _____

INSTRUCTIONS:

Interest instructions: Mailing instructions:

Issue Payment Re-invest Hold Mail

Special Instructions:

<p><u>(List your products here)</u></p> <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>									<p>Account Type:</p> <table border="1" style="width: 100%; height: 100px;"> <tr><td> </td></tr> <tr><td>Individual</td></tr> <tr><td>Joint</td></tr> <tr><td> </td></tr> </table>		Individual	Joint	
Individual													
Joint													

<p>Client Signature:</p> <p>Date:</p>
<p>Joint Holder #1 Signature:</p> <p>Date:</p>
<p>Joint Holder #2 Signature:</p> <p>Date:</p>

FOR USE BY ANSA MERCHANT BANK ONLY	FOR BANK PERSONNEL ONLY														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td>CIF Form completed & signed. (Joint holders included)</td> </tr> <tr> <td></td> <td>ID of signatories</td> </tr> <tr> <td></td> <td>Job Letter / Most Recent Pay Slip</td> </tr> <tr> <td></td> <td>Self-employed-reference</td> </tr> <tr> <td></td> <td>Address confirmation</td> </tr> <tr> <td></td> <td>BIR #</td> </tr> <tr> <td></td> <td>Declaration of Source of Funds</td> </tr> </table>		CIF Form completed & signed. (Joint holders included)		ID of signatories		Job Letter / Most Recent Pay Slip		Self-employed-reference		Address confirmation		BIR #		Declaration of Source of Funds	<p>_____</p> <p>MANAGER'S SIGNATURE</p> <p>_____</p> <p>PRINT NAME</p> <p>COMMENTS:</p>
	CIF Form completed & signed. (Joint holders included)														
	ID of signatories														
	Job Letter / Most Recent Pay Slip														
	Self-employed-reference														
	Address confirmation														
	BIR #														
	Declaration of Source of Funds														
<p>OFFICER'S SIGNATURE:</p>															