



CLIENT INFORMATION UPDATE SHEET

Individual/ Sole Proprietor

This form is an update to the Customer Information Sheet (CIS) which you filled out during account opening. If there are other changes not covered in this form, you will be required to fill out the complete CIS. Please submit this form together with a 1 valid photo-bearing IDs issued by an official authority with signature, identification number or date of birth, to your UCPB Branch. Please be advised that your request can only be processed upon receipt of a clear photocopy or scanned copy of your valid ID and supporting documents. A list of valid IDs is available at the back of this form.

Date (mm-dd-yyyy) _____ CIF No. (To be filled out by Bank) _____

I. PERSONAL INFORMATION

Last Name _____ First Name _____ Complete Middle Name _____ No Middle Name Title After Name _____
 Jr. Sr. Others _____

Date of Birth (mm-dd-yyyy) _____ Reason for no Middle Name _____

Citizenship
 Filipino Others _____
 Resident Resident Alien - Alien Certificate Registration (ACR) No. _____
 Non-Resident Non-Resident Alien (ACR is also required for NRAs staying more than 59 days)
 Dual Citizen _____ ACR No. _____

Civil Status (Change of status will need supporting documents)
 Single Married Widower/ Widow Divorced/ Annulled Legally Separated

Highest Educational Attainment
 Elementary High School College Masters/ PhD No Formal Schooling

Tax Identification Number _____ Without TIN Reason for no TIN _____
 Homemaker Student Non-Filer

SSS GSIS UMID AFPMBAI/AFP-RSBS Without SSS/GSIS/UMID/AFPMBAI/ AFPMBAI/AFP-RSBS Reason for no SSS/ GSIS/ UMID/ AFP No. _____
 Student Non-member

Name of Spouse _____ Spouse's Date of Birth _____ Name of Beneficiary _____ Beneficiary's Date of Birth _____

II. CONTACT INFORMATION

PRESENT ADDRESS Use for Mailing

Room/ Unit & Floor _____ Building Name _____ Lot/ Block/ House/ Building Number _____ Street _____ Subdivision/ Village _____ Barangay _____

District _____ Town/ Municipality _____ City _____

Province _____ Country _____ Zip Code _____ Move-in Date (mm-dd-yyyy) _____
 Philippines Others _____

PERMANENT ADDRESS Same as Present Address Use for Mailing

Room/Unit & Floor/Bldg, No., Street, Subd/Village, Brgy/ District, Town/Municipality/City, Province _____ Zip Code _____

CONTACT NUMBERS AND EMAIL ADDRESSES

TYPE OF COMMUNICATION	FOR COMMUNICATIONS	FOR ELECTRONIC BANKING
Mobile Phone Number/s		(Philippine Mobile Number Only) <input type="checkbox"/> Same
Landline Telephone Nos.		
Email Address/es		<input type="checkbox"/> Same

III. EMPLOYMENT/ BUSINESS INFORMATION

Sources of Funds (Choose all that apply)

Individual
 Salary Personal Savings Pension/ Retirement Commissions/ Incentives/ Consultancies Sole Proprietor Income from Business
 Investments Seafarer Allotment Sale of Property Others _____
 Inheritance Donations Campaign Funds Support from Relatives
 Remittances Prize

Employment Status
 Employed Pensioner/ Retired Business Owner Freelancer
 Homemaker Student OFW Unemployed

Job Title
 Contractual Staff Professional Middle Management (Manager/ Assistant Manager) Senior Management (CEO/ VP/ AVP/ Director)
 Supervisory Sales

Name of Company/ Business _____ Date of Employment/ Incorporation _____

NATURE OF BUSINESS (Check one)

BUSINESS	CODE	BUSINESS	CODE	BUSINESS
<input type="checkbox"/> ACT Accounting/ Bookkeeping/ Tax Practices and Services	<input type="checkbox"/> FIN	Financial Services	<input type="checkbox"/> PRO	Professional and Non-Professional Services (Legal, Architecture, Engineering, Photography, Security)
<input type="checkbox"/> ADS Advertising/ Marketing/ Sales	<input type="checkbox"/> FOR	Foreign Exchange/ Money Changer		
<input type="checkbox"/> AGF Agriculture/ Forestry/ Farming/ Fishing	<input type="checkbox"/> GAM	Gaming/ Casino/ Lottery	<input type="checkbox"/> PUB	Publishing/ Printing (Books, Periodicals)
<input type="checkbox"/> BEA Beauty and Health (Spa, Gyms, Parlors)	<input type="checkbox"/> GOV	Government	<input type="checkbox"/> REA	Real Estate (Development, Sales, Rentals)
<input type="checkbox"/> BKG Banking	<input type="checkbox"/> HDS	Household and Domestic Services	<input type="checkbox"/> REM	Remittance agent/ Pawnshop (supervised by BSP)
<input type="checkbox"/> BPO Business Process Outsourcing	<input type="checkbox"/> HOL	Holding Company	<input type="checkbox"/> TEC	Information Technology
<input type="checkbox"/> CON Construction	<input type="checkbox"/> IAC	Communications (Telephone, Couriers)	<input type="checkbox"/> TOU	Tourism (Hotels, Resorts, Restaurants, Agencies)
<input type="checkbox"/> EDU Education (Schools, Tutorials, Special Ed)	<input type="checkbox"/> INS	Insurance/ Pre-Need	<input type="checkbox"/> TRS	Transportation (Air, Water, Land) and Storage
<input type="checkbox"/> EML Employment and Manning Agencies (Local)	<input type="checkbox"/> LEN	Lending Company (not supervised by BSP)	<input type="checkbox"/> UTI	Utilities (Electricity, Gas, Water and Sewerage, Waste Management)
<input type="checkbox"/> ENT Entertainment/ Media/ Sports	<input type="checkbox"/> MAQ	Mining and Quarrying	<input type="checkbox"/> WAR	Wholesale and Retail Trade
<input type="checkbox"/> FBM Food and Beverage Manufacturing/ Processing/ Packaging/ Preparation	<input type="checkbox"/> MED	Medical Services (Hospitals, Dentistry, Caregiving)		
	<input type="checkbox"/> NFM	Non-Food Manufacturing		
	<input type="checkbox"/> NGO	Non-Government Organization/ Cooperative/ Foundation		
	<input type="checkbox"/> ORG	Membership Organization/ Trade Unions		

EMPLOYMENT/ BUSINESS ADDRESS AND INFORMATION Use for Mailing

Room/Unit & Floor/Bldg, No., Street, Subd/Village, Brgy/ District, Town/Municipality/City, Province _____ Zip Code _____

DTI Registered
DTI Registration No. _____ Expiry Date _____ Company/ Business Telephone Number _____
Country Code () Area Code () - No. _____

IV. DIRECTORS, OFFICERS, STOCKHOLDERS OR AUTHORIZED SIGNATORIES OF COMPANIES (if applicable)

Name of Company _____ Position Held _____
 Director Officer Authorized Signatory

V. MONTHLY GROSS INCOME

SOURCES	CURRENCY			AMOUNT (In Original Currency)
Monthly Gross Income from Employment	<input type="checkbox"/> PHP	<input type="checkbox"/> USD	<input type="checkbox"/> Others _____	
Monthly Gross Income from Business	<input type="checkbox"/> PHP	<input type="checkbox"/> USD	<input type="checkbox"/> Others _____	
Other Funds _____	<input type="checkbox"/> PHP	<input type="checkbox"/> USD	<input type="checkbox"/> Others _____	
Total				

VI. FATCA INFORMATION - INDIVIDUAL ACCOUNT

These information are required as part of UCPB's procedures to fully comply with the requirements of the US Foreign Tax Account Compliance Act (FATCA).

CLIENT INFORMATION

Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of any other country? <input type="checkbox"/> Yes (Specify) _____ <input type="checkbox"/> No	US TIN
US Address (House Number, Street, Apartment No., City, State, Country)		

FATCA STATUS

Confirm your FATCA status and indicate the date the IRS Form is signed.

US INDICIA	DATE OF IRS FORM	YES	NO	IF YES, PROVIDE THE FOLLOWING:
1. US Citizenship				1. IRS Form W-9 and
2. US Resident - Green Card				2. US Passport or other Identification 3. Signed Confirmation, Consent and Waiver
3. US Resident - Residing in the US for 183 days or more				1. IRS Form W-9 and 2. US or Non-US Passport or other Identification 3. Signed Confirmation, Consent and Waiver
If any of your answers to numbers 1 to 3 is YES, do not answer numbers 4 to 8.				
4. US Place of Birth (State)				Any of the following: 1. IRS Form W-9 and 2. Copy of Individual's Certificate of Loss of Nationality of the US (passport, driver's license, etc.) and 3. Identification Documents 3.1 US Identification Documents (passport, driver's license, etc.) or 3.2 Non-US Identification Documents (passport, driver's license, etc.) and written explanation of your renunciation of US citizenship or the reason you did not obtain US citizenship at birth
5. US Resident/ Mailing Address (Residence, correspondence or P.O. Box)				1. IRS Form W-8BEN and 2. Non-US Identification Document (Tax Certificate or ID issued by the government or an Identification Document based on KYC as approved by the IRS in the Q1 system) 3. Signed Confirmation, Consent and Waiver
6. US Telephone Number				
7. Standing instruction to transfer funds to an account maintained in the US				
8. Power of Attorney or signatory authority granted to a person with a US address, or "in care of" or "hold mail" address				Any of the following: 1. IRS Form W-8BEN or 2. Non-US Identification Document (Tax Certificate or ID issued by the government or an Identification Document based on KYC as approved by the IRS in the Q1 system)

- IRS Form W-9 is the Request for Taxpayer Identification and Certification. This is used by the US Person.
- IRS Form W-8BEN is the Certificate of Foreign Status and Beneficial Owner for US Tax Withholding and Reporting. This is used by Non-US Person.

VII. DOCUMENTARY REQUIREMENTS

IDENTIFICATION CARDS PRESENTED AND ISSUE DETAILS

Submit any one of the following valid photo-bearing IDs with signature issued by an official authority

TYPE OF ID	ID NO.	TYPE OF ID	ID NO.	TYPE OF ID	ID NO.
<input type="checkbox"/> Company ID		<input type="checkbox"/> Driver's License		<input type="checkbox"/> Passport	
<input type="checkbox"/> UMID		<input type="checkbox"/> GSIS e-Card/ SSS Card		<input type="checkbox"/> TIN ID	
<input type="checkbox"/> PhilHealth ID/ PHIC ID		<input type="checkbox"/> Senior Citizen ID		<input type="checkbox"/> Student ID	
<input type="checkbox"/> Postal or Voter's ID		<input type="checkbox"/> GOCC ID (AFP ID, HDMF ID, etc.)		<input type="checkbox"/> PRC/ IBP ID	
<input type="checkbox"/> Barangay Certification		<input type="checkbox"/> NBI or Police Clearance		<input type="checkbox"/> PWD/ NCWDP	
<input type="checkbox"/> DSWD Certification		<input type="checkbox"/> OFW/OWWA ID/Seaman's Book		<input type="checkbox"/> IBP ID	
For Resident Alien <input type="checkbox"/> ACR <input type="checkbox"/> SRRV <input type="checkbox"/> SRIV <input type="checkbox"/> SBMA/CDC		For Sole Proprietor <input type="checkbox"/> DTI Certificate of Registraton			

ACCEPTABLE SUPPORTING DOCUMENTS

Submit any one of the following supporting documents

TYPE OF REQUEST	SUPPORTING DOCUMENTS	TYPE OF REQUEST	SUPPORTING DOCUMENTS
Name Change/ Name Correction	<ul style="list-style-type: none"> • Birth Certificate • Marriage Certificate (If Single to Married) • Passport or any valid government-issued ID • Certificate/Court order for the annulment/ divorce 	Nature of Work/ Name of Employer	<ul style="list-style-type: none"> • Company ID • Certificate of Employment issued in the last 60 days • Endorsement from Human Resources • Business Registration (If self-employed)
Change of Present/ Permanent Address	<ul style="list-style-type: none"> • Proof of Billing • Government-issued ID with address 	Source of Funds	<ul style="list-style-type: none"> • Certificate of Employment • Latest payslip • Employment Contract • Latest ITR and/or AFS, W2 • DTI Registration/ Business Registration
Citizenship	<ul style="list-style-type: none"> • Passport • Any valid government ID reflecting Client's citizenship 		

VIII. CERTIFICATION

By signing below, I hereby certify and attest to the fact that all information represented and given by me are true and correct. I shall promptly communicate to the Bank any changes in the foregoing information. I hereby authorize the Bank to verify and investigate any and all information given by me, as the Bank may deem appropriate.

I further certify that I have read and understood the Terms and Conditions on Deposit Product and Services and hereby accept them. I further acknowledge receipt of a copy of said Terms and Conditions.

Signature of Client over Printed Name

Date

FOR BANK USE ONLY

HRP/ EDD <input type="checkbox"/> Yes <input type="checkbox"/> No	PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Clearing Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	BSP Employee <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature Verified by	CIF Encoded by	CIF Reviewed and Approved by	Account Updating Approved by
Signature over Printed Name/ Date	Signature over Printed Name/ Date	Signature over Printed Name/ Date	Signature over Printed Name/ Date