



CLIENT INFORMATION SHEET

TO BE ACCOMPLISHED BY UCPB ASSOCIATE

<input type="checkbox"/> New <input type="checkbox"/> Updating	Branch/ Unit	Date (mm-dd-yyyy)	CIF Number
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FOR INDIVIDUAL CLIENT

CLIENT NAME				
Title Before Name	Last Name	First Name	Middle Name	Title After Name
PERSONAL INFORMATION				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm-dd-yyyy)	Place of Birth	Mother's Maiden Name (first name not required)	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced			If Married, Date of Marriage (mm-dd-yyyy)	
Citizenship	Country of Citizenship	If Filipino Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident	If Foreigner <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	
TIN	<input type="checkbox"/> SSS/ <input type="checkbox"/> GSIS/ <input type="checkbox"/> AFPSLAI Number		Religion	
CONTACT INFORMATION				
Present Address (House Number, Street, Barangay, Town/ City, Province)			ZIP Code	Length of Stay ____ Years ____ Months
Permanent address (House Number, Street, Barangay, Town/ City, Province)			ZIP Code	Length of Stay ____ Years ____ Months
Preferred Mailing Address <input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Office Address <input type="checkbox"/> Business Address		Mailing Instruction <input type="checkbox"/> Pick-up at the Branch <input type="checkbox"/> Via mail <input type="checkbox"/> No printing		
Home Telephone Number/s		Mobile Phone Number/s	Office Phone Number/s	E-mail Address/es
EMPLOYMENT/ OCCUPATION				
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		Occupation	Job Title Rank/ Level <input type="checkbox"/> Contractual <input type="checkbox"/> Staff <input type="checkbox"/> Supervisory <input type="checkbox"/> Middle Management <input type="checkbox"/> Top Management <input type="checkbox"/> Others _____	
Name of Employer/ Company		Nature of Business		Tenure with Present Employer ____ Years ____ Months
Employer/ Office Address (Number, Street, Barangay, Town/ City, Province)		ZIP Code	Telephone Number	Fax Number
BUSINESS DATA				
Name of Business		Nature of Business		Number of Years In Business
Business Address (Number, Street, Barangay, Town/ City, Province)		ZIP Code	Telephone Number	Fax Number
CURRENT GOVERNMENT POSITION				
Position Occupied		Names of Relatives Working as Government Official/ Position/ Relationship		
GROSS ANNUAL SALARY/ INCOME				
In pesos or peso equivalent <input type="checkbox"/> 250,000 and below <input type="checkbox"/> more than 250,000 to 500,000 <input type="checkbox"/> more than 500,000 to 1,000,000 <input type="checkbox"/> more than 1,000,000				
SPECIAL INFORMATION				
Educational Background/ Attainment <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Vocational			Number of Children	Number of Dependents
Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Owned by Parents <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Others _____		Reason for Banking with UCPB <input type="checkbox"/> Location/ Proximity <input type="checkbox"/> Service Efficiency <input type="checkbox"/> Reasonable Requirements <input type="checkbox"/> ATM Network <input type="checkbox"/> Promotion/ Advertisement <input type="checkbox"/> Interest Rates <input type="checkbox"/> Branch Network <input type="checkbox"/> Bank's Image <input type="checkbox"/> Referral <input type="checkbox"/> Flexibility in Meeting Client's Needs		

FOR JURIDICAL AND FIDUCIARY CLIENT

CLIENT NAME			
Company Name (No acronym or abbreviation)			
CORPORATE INFORMATION			
Nature of Business			
Date of Incorporation (mm-dd-yyyy)	Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Company SSS Number	Company TIN
CONTACT INFORMATION			
Official Address (Number, Street, Barangay, Town/ City, Province)		ZIP Code	Length of Stay ____ Years ____ Months
Principal Address - Head Office (Number, Street, Barangay, Town/ City, Province)		ZIP Code	Length of Stay ____ Years ____ Months
Website	Company Telephone Numbers		Company Fax Numbers
Preferred Mailing Address		Mailing Instruction <input type="checkbox"/> Pick-up at the Branch <input type="checkbox"/> Via mail <input type="checkbox"/> No printing	
SPECIAL INFORMATION			
Reason for Banking with UCPB <input type="checkbox"/> Location/Proximity <input type="checkbox"/> Service Efficiency <input type="checkbox"/> Reasonable Requirements <input type="checkbox"/> ATM Network <input type="checkbox"/> Promotion/Advertisement <input type="checkbox"/> Interest Rates <input type="checkbox"/> Branch Network <input type="checkbox"/> Bank's Image <input type="checkbox"/> Referral <input type="checkbox"/> Flexibility in Meeting Client's Needs			
Miscellaneous Relationship Contact Person (Name/Rank and Position/Business Telephone Numbers/Business E-mail Address/Current Government Position Occupied)			
Directors and Key Officers (Name/Position/Current Government Position Occupied)			

