



# CLIENT INFORMATION SHEET

Individual/ Sole Proprietor

Kindly accomplish with accurate and latest information, using block letters. Do not leave any field blank. Indicate N/A if not applicable.		<input type="checkbox"/> New <input type="checkbox"/> Update	Date	CIF No. (To be filled up by Bank)	
<b>I. PERSONAL INFORMATION</b>					
Last Name	First Name	Complete Middle Name <input type="checkbox"/> No Middle Name	Title After Name <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V		
Legal Aliases (Please provide Court Documents)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm-dd-yyyy)		
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____	Place of Birth <input type="checkbox"/> Philippines (Municipality/ City/ Province) _____ <input type="checkbox"/> Other Country _____				
Citizenship <input type="checkbox"/> Filipino ○ Resident ○ Non-Resident ○ Dual Citizen _____					
<input type="checkbox"/> Others _____ ○ Resident Alien - Alien Certificate Registration (ACR) No. _____ ○ Non-Resident Alien (ACR is also required for NRAs staying more than 59 days) ACR No. _____					
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower/ Widow <input type="checkbox"/> Divorced/ Annulled <input type="checkbox"/> Legally Separated					
Highest Educational Attainment <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Masters/ Ph.D. <input type="checkbox"/> No Formal Schooling					
Tax Identification Number <input type="checkbox"/> Without TIN		Reason for no TIN <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Non-Filer			
<input type="checkbox"/> SSS <input type="checkbox"/> GSIS <input type="checkbox"/> AFPMBAI/AFP-RSBS <input type="checkbox"/> Without SSS/GSIS/AFPMBAI/AFP-RSBS		Reason for no SSS/ GSIS/ AFPMBAI <input type="checkbox"/> Student <input type="checkbox"/> Non-member			
<b>PARENT INFORMATION</b>					
PARENT		LAST NAME	FIRST NAME	MIDDLE NAME	
Mother's Maiden Name					
Father's Name					
<b>II. CONTACT INFORMATION</b>					
<b>PRESENT ADDRESS</b> <input type="checkbox"/> Use for Mailing					
Room/ Unit & Floor	Building Name	Lot/ Block/ House/ Building Number	Street	Subdivision/ Village	Barangay
District		Town/ Municipality		City	
Province			Country <input type="checkbox"/> Philippines <input type="checkbox"/> Others _____	Zip Code	
Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Owned by Parents <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Living with Relatives				Move-in Date (mm-dd-yyyy)	
<b>PERMANENT ADDRESS</b> <input type="checkbox"/> Same as Present Address <input type="checkbox"/> Use for Mailing					
Room/ Unit & Floor	Building Name	Lot/ Block/ House/ Building Number	Street	Subdivision/ Village	Barangay
District		Town/ Municipality		City	
Province			Country <input type="checkbox"/> Philippines <input type="checkbox"/> Others _____	Zip Code	
Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Owned by Parents <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Living with Relatives				Move-in Date (mm-dd-yyyy)	
<b>CONTACT NUMBERS AND EMAIL ADDRESSES</b>					
TYPE OF COMMUNICATION		FOR COMMUNICATIONS		FOR ELECTRONIC BANKING	
Mobile Phone Number				(Philippine Mobile Number Only)	
Landline Telephone Numbers					
Email Address					
<b>III. OTHER INFORMATION</b>					
<b>RELATIVES WORKING IN THE GOVERNMENT</b>					
Relatives currently working in the Government (Choose all that apply) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Offspring <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchildren <input type="checkbox"/> Sibling					
Position (Choose all that apply) <input type="checkbox"/> Government Employee/ Official <input type="checkbox"/> Appointee <input type="checkbox"/> Elected Official					
<b>RELATIVES WORKING IN UCPB</b>					
Relatives currently working in UCPB (Choose all that apply) <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Offspring <input type="checkbox"/> Sibling					
Names of UCPB Employee					

**IV. EMPLOYMENT INFORMATION**

Sources of Funds (Choose all that apply)

**Individual**

- Salary
- Investments
- Inheritance
- Remittances
- Others \_\_\_\_\_

- Personal Savings
- Commissions/ Incentives
- Donations
- Prize

- Pension/ Retirement
- Sale of Property
- Campaign Funds
- Support from Relatives

**Sole Proprietor**

- Income from Business

**Employment Status**

- Employed
- Homemaker
- Pensioner/ Retired
- Student
- Business Owner
- OFW
- Freelancer
- Unemployed

If currently a Student, Name of School \_\_\_\_\_

**EMPLOYED IN PRIVATE SECTOR/ NON-GOVERNMENT ORGANIZATION**

Name of Company/ Organization _____	Nature of Business (Refer to table of codes on 3 <sup>rd</sup> page) [ ] [ ] [ ]
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**Job Title**

Contractual       Staff       Professional       Middle Management (Manager/ Assistant Manager)       Senior Management (CEO/ VP/ AVP/ Director)

Supervisory       Sales

**EMPLOYED IN GOVERNMENT SECTOR**

<input type="checkbox"/> Bangko Sentral ng Pilipinas ○ Executive (VP and up) ○ Managerial ○ Rank and File	<input type="checkbox"/> Government Agency Name _____ ○ Appointee ○ Employee Job Title _____	<input type="checkbox"/> Elected ○ Senator/ Congressman ○ Governor/ Vice Governor ○ Mayor/ Vice Mayor ○ Others _____	<input type="checkbox"/> GOCC Name _____ ○ Executive (VP and up) ○ Managerial ○ Rank and File
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**EMPLOYER ADDRESS AND INFORMATION**

Use for Mailing

Room/ Unit & Floor	Building Name	Lot/ Block/ House/ Building Number	Street	Subdivision/ Village	Barangay
District		Town/ Municipality		City	
Province			Country <input type="checkbox"/> Philippines <input type="checkbox"/> Others _____		Zip Code
Employed with Present Employer Since (mm-dd-yyyy)			Company/ Business Telephone Number Country Code (    ) Area Code (    ) - Number _____		

**V. BUSINESS INFORMATION**

Name of Business _____	Trade Name/ Brand/ Store/ Shop _____	Nature of Business (Refer to table of codes on 3 <sup>rd</sup> page) [ ] [ ] [ ]
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**TYPE OF BUSINESS**

<input type="checkbox"/> DTI Registered DTI Registration No. _____ Expiry Date (mm-dd-yyyy) _____	<input type="checkbox"/> Freelance Engaged in Business since (mm-dd-yyyy) _____
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**BUSINESS ADDRESS AND CONTACT INFORMATION**     Same as Present Address     Same as Permanent Address     Use for Mailing

Room/ Unit & Floor	Building Name	Lot/ Block/ House/ Building Number	Street	Subdivision/ Village	Barangay
District		Town/ Municipality		City	
Province		Country <input type="checkbox"/> Philippines <input type="checkbox"/> Others _____		Zip Code	Landline Telephone Number

**OTHER BUSINESS ADDRESS AND CONTACT INFORMATION**     Same as Present Address     Same as Permanent Address     Use for Mailing

Room/ Unit & Floor	Building Name	Lot/ Block/ House/ Building Number	Street	Subdivision/ Village	Barangay
District		Town/ Municipality		City	
Province		Country <input type="checkbox"/> Philippines <input type="checkbox"/> Others _____		Zip Code	Landline Telephone Number

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

Name of Company _____	Position Held <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Authorized Signatory
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**VII. MONTHLY GROSS INCOME**

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

**VIII. BENEFICIARY INFORMATION**

RELATIONSHIP (SPOUSE, CHILD)	LAST NAME	FIRST NAME	MIDDLE NAME	GENDER	DATE OF BIRTH (mm-dd-yyyy)	CONTACT NOS.

**IX. SPOUSE INFORMATION**

**Sources of Funds (Choose all that apply)**

<b>Individual</b>	<input type="checkbox"/> Salary	<input type="checkbox"/> Personal Savings	<input type="checkbox"/> Pension/ Retirement	<b>Sole Proprietor</b>
<input type="checkbox"/> Investments	<input type="checkbox"/> Commissions/ Incentives	<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Income from Business	
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Donations	<input type="checkbox"/> Campaign Funds		
<input type="checkbox"/> Remittances	<input type="checkbox"/> Prize	<input type="checkbox"/> Support from Relatives		
<input type="checkbox"/> Others _____				

**Employment Status**

<input type="checkbox"/> Employed	<input type="checkbox"/> Pensioner/ Retired	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Freelancer
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Student	<input type="checkbox"/> OFW	<input type="checkbox"/> Unemployed

**Name of Company/ Organization/ Business** \_\_\_\_\_ **Nature of Business**  
(Refer to table of codes below)

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**Job Title**

<input type="checkbox"/> Contractual	<input type="checkbox"/> Staff	<input type="checkbox"/> Professional	<input type="checkbox"/> Middle Management (Manager/ Assistant Manager)	<input type="checkbox"/> Senior Management (CEO/ VP/ AVP/ Director)
<input type="checkbox"/> Supervisory	<input type="checkbox"/> Sales			

**X. NATURE OF BUSINESS CODES (For reference for items above)**

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

**XI. DOCUMENTARY REQUIREMENTS**

**MANDATORY REQUIREMENTS**

<input type="checkbox"/> 1X1 or 2X2 ID Picture	<input type="checkbox"/> Utility Billing	<input type="radio"/> Power	<input type="radio"/> Credit Card	<input type="radio"/> Telecommunication	<input type="radio"/> Water
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**IDENTIFICATION CARDS PRESENTED AND ISSUE DETAILS**

(Submit any one of the following IDs)

TYPE OF ID	ID NO.	TYPE OF ID	ID NO.
<input type="checkbox"/> Driver's License		<input type="checkbox"/> NBI or Police Clearance	
<input type="checkbox"/> Passport		<input type="checkbox"/> TIN ID	
<input type="checkbox"/> PRC ID		<input type="checkbox"/> GSIS e-Card/ SSS Card	
<input type="checkbox"/> Postal or Voter's ID		<input type="checkbox"/> OWWA ID	
<input type="checkbox"/> Barangay Certification with picture		<input type="checkbox"/> Seaman's Book	
<input type="checkbox"/> Senior Citizen ID		<input type="checkbox"/> GOCC ID (AFP ID, HDMF ID, etc.)	
<input type="checkbox"/> OFW ID		<input type="checkbox"/> National Council for the Welfare of Disabled Persons Certification	
<input type="checkbox"/> DSWD Certification		<input type="checkbox"/> Integrated Bar of the Philippines ID	
<input type="checkbox"/> Company ID		<input type="checkbox"/> PhilHealth ID	
<input type="checkbox"/> UMID			
<input type="checkbox"/> Student ID			
<b>For Resident Alien</b>		<b>For Sole Proprietor</b>	
<input type="checkbox"/> ACR <input type="checkbox"/> SRRV <input type="checkbox"/> SRIV <input type="checkbox"/> SBMA/CDC ID		<input type="checkbox"/> DTI Certificate of Registraton of Business Name	

**XII. 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**

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

**FATCA STATUS**

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

US INDICIA	DATE OF IRS FORM (mm-dd-yyyy)	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.

**XIII. 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**

<b>Type of Client</b> <input type="checkbox"/> Walk-in <input type="checkbox"/> Referred by _____ <input type="checkbox"/> Solicited by _____			
<b>Signature Verified by</b>  _____ Signature over Printed Name/ Date	<b>CIF Encoded by</b>  _____ Signature over Printed Name/ Date	<b>CIF Creation Approved by</b>  _____ Signature over Printed Name/ Date	<b>Account Opening/ Updating Approved by</b>  _____ Signature over Printed Name/ Date