

CUSTOMER INFORMATION SHEET

TELL US ABOUT YOURSELF

| | | | | |
|--|---|----------------------|-------------|-------------------------|
| Name | First | Middle | Last | Taxpayer's ID No. (TIN) |
| Birthdate | mm__ dd__ yyyy _____ | Birthplace | Nationality | Sex Male Female |
| Civil Status | Single | Married | Widowed | Separated |
| Related to Former Owner | Yes No | | | |
| | If Yes, Relationship : _____ | | | |
| Home Address | (No. , Street, Town, City, Province, Zip Code) | | | |
| Postal Address | (No. , Street, Town, City, Province, Zip Code) | | | |
| Contact No/s: | Home Phone No. | Mobile Phone No. | E-mail | |
| Home Ownership | Owned, mortgaged | Owned, not mortgaged | Rented | With Relatives/Parents |
| For OFWs, how long do you intend to stay here in the Philippines? ____ days ____ months Estimated date of Departure _____ | | | | |

YOUR SPOUSE

| | | | |
|-------------------------------|------------|--------------------------|--|
| Name | First | Middle | Last |
| Employer/Business Name | | | |
| Position | | | No. of years with Present Employer/Business _____ |
| | | | Year of Contract _____ |
| Nature of Business | | | |
| Business Phone No. | Local Ext. | Other Business Phone No. | Local Ext. |

YOUR WORK AND FINANCES

| | |
|--|--|
| Employment | No of years with Present Employer/Business |
| Self-Employed Government Private OFW Retired (Overseas Filipino Worker) | |
| If Contractual, Inclusive date of contract _____ | |
| Position | |
| Types of ID presented | |
| Nature of Business | No. of years in Work/Business |
| Occupation | |
| Employer/Business Name | |
| Complete Business Address (No. , Street, Town, City, Province, Zip Code) | |
| Business Phone No. | Local Extension Other Bus. Phone No. Local Extension |
| (required if no Home Phone, must be landline) | |
| Applicant's Income | Gross Monthly Income (P _____) Net Monthly Income (P _____) |
| Other Income , if any (P _____) Source _____ | |

YOUR ATTORNEY-IN-FACT/REPRESENTATIVE

| | | | | |
|---|----------------|------------------|--------|---------------------------|
| Name | First | Middle | Last | Relationship to the Buyer |
| Home Address (No. , Street, Town, City, Province, Zip Code) | | | | |
| Contact No/s: | Home Phone No. | Mobile Phone No. | E-mail | |

UNDERTAKING

I confirm that the information given by me is true and correct. I authorize RCBC to verify and investigate this information from whatever sources it may consider appropriate.

Buyer's Signature