


Primary Branch		CIF Number (To be Filled-Out by the Bank)	
<b>Personal Information</b>			
<b>Title</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		<b>Customer Name (First Name, Middle Name, Last Name)</b>	
<b>Date of Birth (mm/dd/yyyy)</b>		<b>Place of Birth (Town/City, Province, Country)</b>	
<b>TIN</b>		<b>GSIS/SSS Number</b>	
<b>Nationality</b> <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____		<b>U.S. Resident</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>U.S. Citizen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Country/ies of Residence</b>		<b>U.S. TIN (mandatory for US Citizen/Resident)</b>	
<b>Present Residence Address</b>  <i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality State / Province Country Postal Code</i>			
<b>Permanent Residence Address</b> Same as Present Residence Address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please fill-out permanent residence address</i>			
<i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality State / Province Country Postal Code</i>			
<b>Employer/Business Name</b>			
<b>Office/Business Address</b>  <i>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</i>			
<i>City / Municipality State / Province Country Postal Code</i>			
<b>Mobile Number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>Office Contact Number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<small>4-digit prefix 7-digit no.</small>		<small>Country Code Area Code Number Local</small>	
<b>Email Address</b>			
<b>Nature of Work/Industry</b>		<b>Source of Funds</b>	
<b>Occupation/Rank</b> <input type="checkbox"/> R/F to Middle Managers <input type="checkbox"/> Senior Management (VP and above) <input type="checkbox"/> Shareholder <input type="checkbox"/> Religious <input type="checkbox"/> Politician			

<b>Acknowledgement</b>	
By signing this form, I certify that all information provided herein is true and accurate to the best of my knowledge. I hereto agree to notify RCBC in writing of any change in the information supplied in this form. I further agree:	
i To grant RCBC full permission to have my information shared with its service providers, third party auditors and reported to the US Internal Revenue Service (IRS), the Philippine Bureau of Internal Revenue (BIR), the AMLC or any other local or foreign regulators, authorities or bodies, and to comply with the Foreign Account Tax Compliance Act (FATCA) or any Anti-Money Laundering Act (AMLA) regulation or requirement, or in accordance with any applicable local and foreign laws or regulations or as may be required by or pursuant to agreements with local or foreign regulators, authorities or bodies.	
ii That the information collected, to be processed and retained, including updates, shall be for the following purposes:	
a. Account opening for the corporation and client identification; b. Client risk profile assessment; and c. Compliance with BSP rules, anti-money laundering and FATCA and such other purpose that may be required or allowed by law.	
iii That the information in this form shall be retained for a period of time provided as required or allowed under applicable laws, rules and regulations.	
I acknowledge that I have the right to: (i) access and correct the information given; and (ii) withdraw consent at any time by giving written instruction to RCBC.	
 _____ Signature over Printed Name / Date	
<b>FOR BANK USE ONLY</b>	
<b>FATCA Status</b> <input type="checkbox"/> U.S. Person <input type="checkbox"/> Pending Documents <input type="checkbox"/> Others _____ <input type="checkbox"/> Non-U.S. Person <input type="checkbox"/> Recalcitrant	
<b>Is authorized signatory an RCBC employee or related to an RCBC employee?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Name of RCBC Employee Employee ID Relationship with RCBC Employee</i>	
<b>Bank Relationship</b> <input type="checkbox"/> NON-DOSRI <input type="checkbox"/> DOSRI If DOSRI, what position/s: _____	
<b>Identification Documents (IDs) Submitted</b>	
<b>Validation Procedure/s Conducted</b>	
<b>I/We hereby certify that the account opening and other related/required information and documents are complete and compliant with the Bank's MLPP requirements including Face-to-Face verification.</b>	
_____ SIGNATURE OVER PRINTED NAME / DATE	
_____ SIGNATURE OVER PRINTED NAME / DATE	
<b>CIF Created / Updated by</b>  SIGNATURE OVER PRINTED NAME / DATE	<b>CIF Approved by</b>  SIGNATURE OVER PRINTED NAME / DATE
<b>Relationship Manager:</b>  SIGNATURE OVER PRINTED NAME / DATE	