


Primary Branch		CIF Number (To be Filled-Out by the Bank)	
Personal Information			
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		Customer Name (First Name, Middle Name, Last Name)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy)	
		Place of Birth (Town/City, Province, Country)	
TIN		GSIS/SSS Number	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed		Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____	
U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No		Country/ies of Residence	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		U.S. TIN (mandatory for US Citizen/Resident)	
Present Residence Address <small>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</small>			
<small>City / Municipality State / Province Country Postal Code</small>			
Permanent Residence Address Same as Present Residence Address <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, please fill-out Permanent Residence Address</i>			
<small>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</small>			
<small>City / Municipality State / Province Country Postal Code</small>			
Employer/Business Name		Nature of Work/Industry	
Office/Business Address <small>Unit / Floor No., Premises / Building Name, House / Building No., Street Name, District / Town / Barangay</small>			
<small>City / Municipality State / Province Country Postal Code</small>			
Residence Contact Number		Mobile Number	
<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>Country Code Area Code Number</small>		<small>4-digit prefix 7-digit no.</small>	
Office Contact Number		Email Address	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
<small>Country Code Area Code Number Local</small>			
Preferred Mailing Address <input type="checkbox"/> Present Residence Address <input type="checkbox"/> Office/Business Address <input type="checkbox"/> Permanent Residence Address			

Occupation/Rank <input type="checkbox"/> Rank and File to Middle Managers <input type="checkbox"/> Politician <input type="checkbox"/> Senior Management (VP and above) <input type="checkbox"/> Technical/Skilled Worker <input type="checkbox"/> Professionals <input type="checkbox"/> Religious <input type="checkbox"/> Self Employed/Owner/Independent <input type="checkbox"/> Unemployed/Retired <input type="checkbox"/> Shareholder <input type="checkbox"/> Student <input type="checkbox"/> OFW	
Other Information	
Purpose of the Account <input type="checkbox"/> Savings <input type="checkbox"/> Remittance <input type="checkbox"/> Payroll <input type="checkbox"/> Business <input type="checkbox"/> Investment/Trust <input type="checkbox"/> Settlement/Bills Payment	
Source of Funds	
<input type="checkbox"/> Salary/Compensation/Professional Fee <input type="checkbox"/> Commission <input type="checkbox"/> Business <input type="checkbox"/> Dividends/Interest Earnings <input type="checkbox"/> Proceeds from Sale of Property/Inheritance/Donation <input type="checkbox"/> Pension/Allowance	
Monthly Expected Credit (Max Amount) _____ _____ _____ _____ Total Monthly Expected Credit (Max Amount) <input type="text"/>	
Account with Beneficial Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Date of Birth _____ Place of Birth _____ Source of Funds _____ Nature of Work/Industry _____ Nationality _____ Relationship to the Client _____ Present Address _____	
Bank Products/Services and Other Financial Products you are Interested in:	
Bank Products/Services <input type="checkbox"/> Deposit Account (Current, Savings or Time Deposit) <input type="checkbox"/> Foreign Currency <input type="checkbox"/> Business Loan <input type="checkbox"/> Remittance <input type="checkbox"/> Investment (Trust, Treasury, Others) <input type="checkbox"/> Wealth Management <input type="checkbox"/> RCBC Bankard Credit Card with <input type="checkbox"/> Credit Protect Plus Other Financial Services <input type="checkbox"/> Debit Card with <input type="checkbox"/> Card Protect <input type="checkbox"/> Home/Auto/Salary Loans <input type="checkbox"/> Pre-Paid Card with <input type="checkbox"/> Card Protect <input type="checkbox"/> Life/Auto/Home Insurance	
I <input type="checkbox"/> Agree <input type="checkbox"/> Disagree that if interested in any of the products/services listed above, an authorized sales representative will get in touch with me. I <input type="checkbox"/> Agree <input type="checkbox"/> Disagree to have my information shared with the Yuchengco Group of Companies (YGC) and RCBC's subsidiaries and affiliates for processing, referral, offer and cross-selling of products and services that I may be eligible subject to their respective Terms & Conditions and limitations set forth by the law. I <input type="checkbox"/> Agree <input type="checkbox"/> Disagree to have my accounts/customer information used in my application for other products and services offered by RCBC and YGC or as my application for RCBC Bankard.	

RCBC Online Banking Enrollment	
Would you like to be enrolled in RCBC Online Banking? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Enrollment activation details will be sent to your indicated email address.</i>	
<i>Enrollment to RCBC's Electronic Banking shall be subject to your acceptance of the Electronic Banking Terms and Conditions as stated in the RCBC's Terms and Conditions Applicable For All Deposit Accounts-Retail.</i>	
Client's Acknowledgement	
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 That I acknowledge having read and clearly understood and agree to have my present and future accounts with RCBC governed by the terms and conditions set forth by RCBC which were provided to me during account opening and is available via www.rcbc.com, as may be amended from time to time, as well as the rules and regulations of the Bangko Sentral ng Pilipinas (BSP), Bankers Association of the Philippines (BAP) and the Anti-Money Laundering Council (AMLC) relative to the opening and operation of deposit accounts and other bank/trust products and services availed of. I likewise acknowledge receipt of a copy of the terms and conditions during account opening and having read the same, agree to be bound by the appropriate terms and conditions (as may be amended) governing the operation of each of my aforementioned present and future accounts.	
ii To grant RCBC full permission to have my financial account/s or 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.	
iii That the information collected, to be processed and retained, including updates, shall be for the following purposes: <ol style="list-style-type: none"> Account opening and client identification; Client risk profile assessment; Offer and referral of other products and services, and cross-selling subject to client's consent herein; and Compliance with BSP rules, AMLA, FATCA and such other purpose that may be required or allowed by law. 	
iv That the information in this form shall be retained for a period of time as provided, 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	
PF-CRF-01 (OCT. 2017)	