




Primary Branch		CIF Number (To be Filled-Out by the Bank)	
Corporate Information			
Corporate Name		Trade Name	
Type of Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Publicly Listed Corporation <input type="checkbox"/> Association/Clubs/Other Organization <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Listed Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Treasurer-in-Trust			
PEZA Registered <input type="checkbox"/> Yes <input type="checkbox"/> No		Firm Size <input type="checkbox"/> Micro <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	
Date of Registration		TIN	
GSIS/SSS No.		USTIN	
Place of Registration (Town/City, Province, Country)		Country of Incorporation	
Primary Place of Operation (Town/City, Province, Country)		Nature of Business/Industry	
Business Phone Number <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> Country Code Area Code Number </div>		Business Email Address	
Registered Business Address			
<i>Unit/Floor No., Premises/Building Name, House/ Building No., Street Name, District Town/Barangay</i>			
<i>City/Municipality</i>		<i>State/Province</i>	
<i>Country</i>		<i>Postal Code</i>	
Mailing Address same as Registered Business Address? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if no, please fill-out mailing address</i>			
<i>Unit/Floor No., Premises/Building Name, House/ Building No., Street Name, District Town/Barangay</i>			
<i>City/Municipality</i>		<i>State/Province</i>	
<i>Country</i>		<i>Postal Code</i>	
Primary Contact Person			
Name (First Name, Middle Name, Last Name)		Email Address	
Mailing Address			
<i>Unit/Floor No., Premises/Building Name, House/ Building No., Street Name, District Town/Barangay</i>			
<i>City/Municipality</i>		<i>State/Province</i>	
<i>Country</i>		<i>Postal Code</i>	
Office Contact Number		Mobile Number	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> Country Code Area Code Number </div>		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 4-digit prefix 7-digit no. </div>	

Other Information	
Purpose of the Account <input type="checkbox"/> Disbursement <input type="checkbox"/> Payroll <input type="checkbox"/> Investment/Trust <input type="checkbox"/> Remittance	
Source of Funds Monthly Expected Credit (Max Amount)	
<input type="checkbox"/> Business _____	
<input type="checkbox"/> Donation _____	
Total Monthly Expected Credit (Max Amount) <div style="border: 1px solid black; width: 150px; height: 20px;"></div>	
Beneficial Owner of the Account	
Name Date of Birth Place of Birth	
Nature of Work/Industry Source of Funds Nationality	
Relationship to the Client Present Address	
Client's Acknowledgement	
By signing this form, the Corporation certifies that all information provided herein is true and accurate to the best of its knowledge. The Corporation hereto agree to notify RCBC in writing of any change in the information supplied in this form. The Corporation further agrees:	
i. That the Corporation has read and clearly understood and agrees to have its present and future accounts with RCBC governed by the terms and conditions set forth by the RCBC which were provided to it 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 during account opening and provided the same to the Corporation, which agrees to be bound by the appropriate terms and conditions (as may be amended) governing the operation of each of its aforementioned present and future accounts.	
ii. To grant RCBC full permission to have the Corporation's financial account/s or information shared with RCBC's service providers, third party auditors and reported to the US Internal Revenue Service (IRS), the Philippines 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: 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.	
iv. 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.	
The Coporation acknowledges that it has the right to: (i) access and correct the information given; and (ii) withdraw consent at any time by giving written instruction to RCBC.	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  _____ Signature over Printed Name / Date </div> <div style="text-align: center;">  _____ Signature over Printed Name / Date </div> </div>	
<div style="display: flex; justify-content: center; align-items: center;">  _____ Signature over Printed Name / Date </div>	
PR-CRF-02 (OCT 2019) CRIS	

FOR BANK USE ONLY

FATCA Status _____

Bank Relationship ☐ NON-DOSRI ☐ DOSRI if DOSRI, what position/s: _____

Identification/Documents Presented

Validation Procedure/s Conducted

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.

SIGNATURE OVER PRINTED NAME / DATE

SIGNATURE OVER PRINTED NAME / DATE

CIF Created/Updated by:

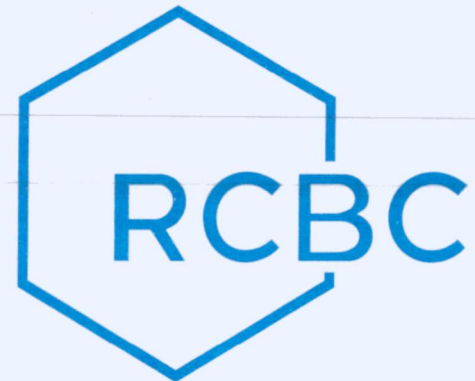
SIGNATURE OVER PRINTED NAME / DATE

CIF Approved by:

SIGNATURE OVER PRINTED NAME / DATE

Relationship Manager:

SIGNATURE OVER PRINTED NAME / DATE



**Customer Relationship Form
Corporate Account**