
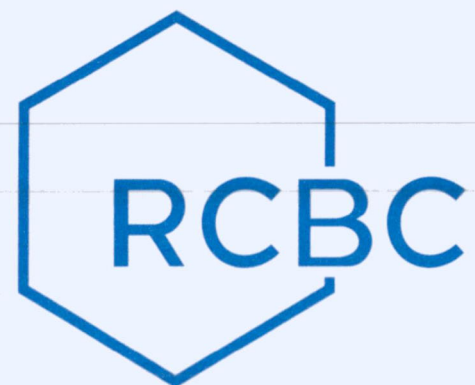


Primary Branch		CIF Number (To be Filled-Out by the Bank)			
Personal Information					
Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> _____		Customer Name (First Name, Middle Name, Last Name)			
Date of Birth (mm/dd/yyyy)		Place of Birth (Town/City, Province, Country)			
TIN		GSIS/SSS Number			
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 50%; padding: 5px;"> U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>		U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No				
Country/ies of Residence		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 <small>If no, please fill-out permanent residence address</small>					
<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					
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>					
Mobile Number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <small>4-digit prefix 7-digit no.</small>		Office Contact Number <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> <small>Country Code Area Code Number Local</small>			
Email Address					
Nature of Work/Industry		Source of Funds			
Occupation/Rank <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					

Acknowledgement	
<p>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.</p> <p>I further agree:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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. <p>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.</p> <div style="text-align: right; margin-top: 20px;">  </div> <div style="text-align: center; margin-top: 10px;"> _____ Signature over Printed Name / Date </div>	
FOR BANK USE ONLY	
FATCA Status <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	
Is authorized signatory an RCBC employee or related to an RCBC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Name of RCBC Employee Employee ID Relationship with RCBC Employee</small>	
Bank Relationship <input type="checkbox"/> NON-DOSRI <input type="checkbox"/> DOSRI if DOSRI, what position/s: _____	
Identification Documents (IDs) Submitted	
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 requirement including Face-to-Face verification.	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> _____ SIGNATURE OVER PRINTED NAME / DATE </div> <div style="width: 45%;"> _____ SIGNATURE OVER PRINTED NAME / DATE </div> </div>	
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

Authorized Signatory for the Corporate Account