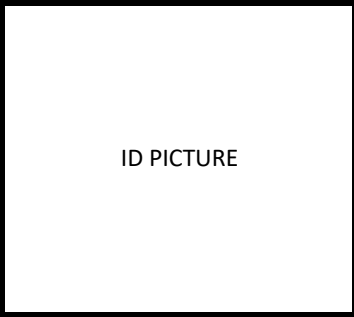


## Cooperative Bank of Cagayan CLIENT INFORMATION FORM(Individual)



**Client ID No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please fill in all blank spaces with proper information, put checkmark ( ✓ ) on the box provided and indicate " N/A " if information is not applicable. Items with asterisk ( \* ) are required to be filled in. For any inquiries, please approach any of our bank personnel.

### PERSONAL INFORMATION

**Title\***  Ms.  Mrs.  Atty.  Mr.  Dr.  Others: \_\_\_\_\_

**Complete Name\***

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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**Birthdate\***  **Place of Birth\*** \_\_\_\_\_ **Citizenship\*** \_\_\_\_\_ **Nick Name\*** \_\_\_\_\_

mm/dd/yyyy City/Municipality Province

**Present Address\***

(Unit/Floor No., Premise/Bldg. Name, House/Block No., Street Name) \_\_\_\_\_ District/Barangay \_\_\_\_\_ City/Town/Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal No. \_\_\_\_\_

**Permanent Address** (please fill-up if different from **Present** address) \*

(Unit/Floor No., Premise/Bldg. Name, House/Block No., Street Name) \_\_\_\_\_ District/Barangay \_\_\_\_\_ City/Town/Municipality \_\_\_\_\_ Province \_\_\_\_\_ Postal No. \_\_\_\_\_

**Preferred Mailing Address Civil Status\***

Present Address  Single  Separated  
 Permanent Address  Married  Live-in  
 Both  Widow/er  Annulled

**Tax Identification No.\***

**SSS/GSIS No.\***

**Contact Details\***  
 Mobile Phone : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Email Address : \_\_\_\_\_

**Father's Name\***

Last Name	First Name	Middle Name	Suffix
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**Birthdate\***  mm/dd/yyyy

**Mother's Maiden Name\***

Last Name	First Name	Middle Name	Suffix
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**Birthdate\***  mm/dd/yyyy

### FINANCIAL INFORMATION

**Employment Status\***  Employed  Unemployed  Retired  Self-employed  Student

**Source/s of Funds (Nature of Income)\***

<input type="checkbox"/> Allowance	<input type="checkbox"/> Pension	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Honorarium
<input type="checkbox"/> Business	<input type="checkbox"/> Salary	<input type="checkbox"/> Lottery/Winnings	<input type="checkbox"/> Others
<input type="checkbox"/> Remittance	<input type="checkbox"/> Donation	<input type="checkbox"/> Income from Sale of Property	specify: _____

**Occupation\***  Government Employee  Professional Practitioner  Business Owner  Others (specify) \_\_\_\_\_

Farmer/Fisherman  Private Employee  Politician

**Purpose of Account Opening\***  Savings  Business  Remittance  Investment  Payroll  Loan  Others (please specify) \_\_\_\_\_

**Estimated Gross Annual Income\***

Below P100,000.00  P100,000.01-P500,000.00  P500,000.01-P1,000,000.00  Above P1,000,000.00

**For Employed:** Employer's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Position: \_\_\_\_\_ Employed since: \_\_\_\_\_

**For Self-employed:** Business Name(if any): \_\_\_\_\_ Business Address: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

**For Politician:**  National Position: \_\_\_\_\_  Local Office Address: \_\_\_\_\_  Barangay \_\_\_\_\_ Monthly Gross Salary : \_\_\_\_\_ Term: \_\_\_\_\_ Date Elected: \_\_\_\_\_ # of year(s) as Politician: \_\_\_\_\_

**For Farmer:** Total No. of Hectares Owned: \_\_\_\_\_ Type/s of Crop Cultivated:  Palay  Corn  Fruits  Vegetable  Others (specify) : \_\_\_\_\_

### SPOUSE INFORMATION

**For Married, please fill-up this portion**

**Spouse Complete Name\***

Last Name	First Name	Middle Name	Suffix
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**Nick Name\***

**Birthdate\***  mm/dd/yyyy

**Highest Educational Attainment\***  Primary (Elementary)  Secondary (High School)  Technical/Vocational  College Degree  Post-Graduate (Masteral/Doctorate)  No Formal Schooling

**Employment Status\***  Employed  Retired  Student  Unemployed  Self-employed

**Tax Identification No.\***

**SSS/GSIS No.\***

**Contact Details\***  
 Mobile Phone : \_\_\_\_\_  
 Telephone : \_\_\_\_\_  
 Email Address : \_\_\_\_\_

**Spouse Financial Information**

**Occupation\***

- Government Employee
- Professional Practitioner
- Business Owner
- Farmer/Fisherman
- Private Employee
- Politician
- Others \_\_\_\_\_

**If Employed:**

**Employer's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Position:** \_\_\_\_\_ **Employed since:** \_\_\_\_\_

**If Self-employed:**

**Business Name(if any)** \_\_\_\_\_  
**Business Address** \_\_\_\_\_  
**Nature of Business** \_\_\_\_\_

**If Politician:**

**Position:** \_\_\_\_\_  
**Date Elected:** \_\_\_\_\_  
**Term:** \_\_\_\_\_ **# of yrs. as Politician:** \_\_\_\_\_  
 Barangay  Local  National  
**Office Address:** \_\_\_\_\_  
**Gross Salary (Monthly)** \_\_\_\_\_

**OTHER INFORMATION**

**Beneficiary\***

**Name:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
**Place of Birth:** \_\_\_\_\_ **Source of Fund:** \_\_\_\_\_

**Dependent's Personal Data\***

Name	Residential Address	Date of Birth	Employment Status	Relationship

**Bank Accounts Owned (indicate your three (3) most active accounts)**

Bank Name	Branch/Address	Type of Account	Account No.	Date Opened

**Credit Cards Owned (indicate your three (3) most active accounts)**

Card Company	Bank Issuer	Credit Limit	Card Number	Expiry Date

**MISCELLANEOUS**

*Kindly answer the following with YES or NO. If your answer is YES, please elaborate on the details as required\**

**Are there past or pending cases against you?**  YES  NO  
 If yes, please indicate the nature, plaintiff, amount involved and the status \_\_\_\_\_

**Was your bank account ever closed because of mishandling or issuance of bouncing checks?**  YES  NO  
 If yes, please indicate the Banks Name, nature and amount \_\_\_\_\_

**Are you related to an Cooperative Bank of Cagayan (CBC) employee?**  YES  NO  
 If yes, **Name of Employee** \_\_\_\_\_  
**Relationship to Employee** \_\_\_\_\_

*I/We hereby certify that all information/statement(s) contained herein are true, correct and complete to the best of my/our knowledge. I/We further certify that I/We fully understood the applicable rules and regulations and the terms & conditions set forth by the Cooperative Bank of Cagayan pertaining this application. I/We hereto agree to notify immediately Cooperative Bank of Cagayan in writing of any change(s) in the information supplied in this form.*

\_\_\_\_\_  
 Signature Over Printed Name / Date

**FOR BANK USE ONLY**

**IDENTIFICATION/DOCUMENTS PRESENTED\***

Document Type	Reference/ID no.	Date of Issue	Place of Issue	Expiry Date

Referred by: Name:	CREATED by: IRISH A. AJIDO Signature over Printed Name	Verified by: JUDY ANN B. DOCA Signature over Printed Name	Approved by: MELODY FAITH C. MACABABBAD Signature over Printed Name	Date:
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