

Cooperative Bank of Cagayan CLIENT INFORMATION SHEET(Non-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

Industry Name*

Date of Registration*

/ /
mm/dd/yyyy

Place of Registration*

Barangay	Town/City	Province	Zip Code	

Business Address*

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

Registration No.*

Industry Type*

Multi-purpose Consumer Service Provider

Contact Details*

Mobile No. : _____

Tax Identification No.*

Marketing Producer Manufacturing

Telephone : _____

Others (specify) _____

Email Address : _____

List of Directors*

Name	Address	Position

Name of Authorized Representative (atleast 2) *

Name	Position	Signature

FINANCIAL INFORMATION

Source/s of Income/Funds:

- | | |
|--|--|
| <input type="checkbox"/> Financial Service | <input type="checkbox"/> Agricultural Supplies Retail |
| <input type="checkbox"/> Catering Services | <input type="checkbox"/> Agricultural Supplies Wholesale |
| <input type="checkbox"/> Sari-sari/Grocery | <input type="checkbox"/> Agricultural, Forestry, Fishing |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Others: _____ |
| <input type="checkbox"/> Office & Supplies Wholesale | _____ |
| <input type="checkbox"/> Office & Supplies Retail | _____ |

Estimated Gross Annual Income*

- Below P100,000.00
- P100,000.01-P250,000.00
- P250,000.01-P500,000.00
- P500,000.01-P750,000.00
- P750,000.01-P1,000,000.00
- Above 1 Million

Purpose of Account Opening*

- Savings Others (specify) _____
- Business _____
- Remittance _____
- Investment _____
- Payroll _____
- Loan _____

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
of Authorized Representative

Signature over Printed Name
of Authorized Representative

Signature over Printed Name
of Authorized Representative

FOR BANK USE ONLY

IDENTIFICATION/DOCUMENTS PRESENTED*

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

Referred by:	Created by:	Verified by:	Approved by:	Date: