

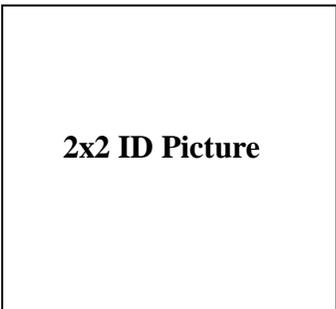


ILOCOS CONSOLIDATED COOPERATIVE BANK

HEAD OFFICE

BAGANI CAMPO, CANDON CITY, ILOCOS SUR

'Deposit are insured by PDIC up to P1,000,000.00 per depositor'



Product/s:

- Savings Deposit
 Time Deposit

CUSTOMER INFORMATION SHEET

Individual

- NEW UPDATING

I. CUSTOMER INFORMATION			
Customer Name <small>Last Name First Name Middle Name</small>		Mother's Maiden Name (For married women only)	
Present Address (No./Street, Subd., Brgy. /District/Municipality/City, Province)			Postal Code
Permanent Address (No./Street, Subd., Brgy. /District/Municipality/City, Province) – if the address is the same as the present address. Write "SAME"			Postal Code
Date of Birth (mm-dd-yyyy)	Place of Birth	Citizenship <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Origin	
Tax Identification No.	GSIS/SSS No.	Profession / Occupation	
Home Phone No.	Mobile Phone No.	E-Mail Address	
Valid IDs Presented:			
<input type="checkbox"/> GSIS/SSS No. _____ <input type="checkbox"/> Company ID No. _____ <input type="checkbox"/> Voters ID No. _____ <input type="checkbox"/> Passport No. _____ <input type="checkbox"/> Philhealth Card No. _____ <input type="checkbox"/> Others: _____			
II. SPOUSE'S INFORMATION			
Name <small>(Last Name, First Name, Middle Name)</small>		Date of Birth	Profession
III. BENEFICIAL OWNER'S INFORMATION (As Applicable)			
Name <small>(Last Name, First Name, Middle Name)</small> N/A		Date of Birth N/A	Place of Birth N/A
Present Address N/A		Citizenship N/A	Nature of Work N/A
			Contact No. N/A
			Source of Funds N/A
IV. RELATIONSHIP TO GOVERNMENT OFFICIALS (2 ND degree of consanguinity or affinity)			
Name	Relationship	Position Occupied	Period Covered
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
V. EMPLOYMENT/FINANCIAL INFORMATION OF CUSTOMER			
Employer's Name	Employer's Address	Contact No.	Position
Occupation <input type="checkbox"/> Employed <input type="checkbox"/> OFW <input type="checkbox"/> Others _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired		Monthly Average Income <input type="checkbox"/> Under P10,000.00 <input type="checkbox"/> P10,000 – P20,000 <input type="checkbox"/> P20,001 – P50,000 <input type="checkbox"/> P50,001 – P100,000 <input type="checkbox"/> P100,001 – P200,000 <input type="checkbox"/> above P200,000	

--	--

Sources of Funds (Choose all that apply)**Individual**

- Salary
- Investments
- Inheritance
- Remittances

- Personal Savings
- Agricultural/Farming
- Donations
- Prize/Winnings

- Pension/Retirement
- Sale of Property
- Organization Funds
- Support from Relatives

- Commissions/
Incentives/Consultancies
- Others

Sole Proprietor

- Income from Business

Business Name (Applicable only if engaged in business)	Business Address	Nature of Business
---	-------------------------	---------------------------

ACKNOWLEDGMENT

I confirm receipt of the copy of the Terms and Conditions governing the deposit accounts rendered or to be rendered by Ilocos Consolidated Cooperative Bank, and its branches in connection therewith, In my own capacity have read, fully understood, agree and abide with the Terms and Conditions governing deposits and further agree that my continued use of the Bank's products and services will constitute acceptance of any subsequent amendment/s of the foregoing Terms and Conditions.

I agree that the information and data that I provided may be used and analyzed by the Bank for marketing, regulatory purposes, and for any other means which the Bank may deem necessary. I am aware that the Bank will process and safeguard my personal account and other information in accordance with the declared, specific and legitimate purpose for which they were obtained pursuant to applicable Philippine laws such as Deposit Secrecy Laws (RA 1405) and Data Privacy Act of 2012 (RA 10173) and their implementing rules and regulations.

I also warrant that I am aware of the provisions of Republic Act 9160 (Anti-Money Laundering Act of 2001) as amended, its related rules and regulations, and I represent that my transactions herein are not among those classified as suspicious under the said laws, rules, and regulations and that all the funds to be deposited in the account/s come from my legitimate undertakings. I authorize Ilocos Consolidated Cooperative Bank, on my behalf to make any such verification or reports in compliance with RA 9160, as amended, its rules and regulations including any subsequent amendments therein, as it may deem appropriate, for which acts I, in my own capacity, hold Ilocos Consolidated Cooperative Bank free and harmless from any liabilities and other claims and/or damages.

By signing this acknowledgment, I, in my own capacity undertake to guarantee and hold the Bank, its directors, stockholders, officers, employees, representatives, or relevant units of the Bank, free and harmless from and against all liabilities, claims, demands, actions, proceedings, losses, expenses and all other liabilities of whatever nature or description that maybe suffered or incurred by the Bank, its directors, stockholders, officers, employees, representatives, or relevant units of the Bank arising from or in connection to the implementation of this acknowledgement.

I hereby confirm that I have read and understood this Acknowledgement, or have had the same read and explained to me in a language known to me and have understood its importance. I attest that all information voluntarily provided in connection with this form is true and correct.

_____ Signature of Customer over Printed Name	_____ Date	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> Right Thumb Mark (if unable to read and write)
--	---------------	--

FOR BANK USE ONLY

Opened/Service By:	Authenticated/Verified By:	Approved By:
---------------------------	-----------------------------------	---------------------