

BRANCH: \_\_\_\_\_

CIF NO.: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_

DATE:		<input type="checkbox"/> New Client <input type="checkbox"/> Existing Client		TYPE OF ACCOUNT:				
				<input type="checkbox"/> Individual	<input type="checkbox"/> Joint And*	<input type="checkbox"/> Joint Or*	<input type="checkbox"/> In Trust For	<input type="checkbox"/> Cyber Account
CLIENT NAME (Given Name, Middle Name, Last Name, Extension Name)							TITLE/SALUTATION	
PRESENT ADDRESS (No. / Street/ District / Barangay / City / Town / Province)							ZIP CODE	
PERMANENT ADDRESS (No. / Street/ District / Barangay / City / Town / Province)							ZIP CODE	
DATE OF BIRTH (mm/dd/yy)		PLACE OF BIRTH		NATIONALITY		GENDER		MOTHER'S MAIDEN NAME
CIVIL STATUS							TAX IDENTIFICATION NO.(TIN)	
<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married: Spouse's Name _____								
SSS NO.		GSIS NO.		MOBILE NO.		HOME PHONE NO.		
NAME OF EMPLOYER / BUSINESS (IF SELF-EMPLOYED)				NATURE OF WORK / BUSINESS		POSITION/DESIGNATION		
BUSINESS ADDRESS							ZIP CODE	
BUSINESS PHONE NO.		FAX		E-MAIL ADDRESS(ES)			SOURCE OF FUNDS	
<b>FOR NON-RESIDENTS (FOREIGN INDIVIDUALS)</b>		PASSPORT NO.		EXPIRY DATE		PLACE OF ISSUE		OTHER IDS (ID NO. & ID TYPE)

FMDA-0623-08

\* All highlighted fields must be filled up for compliance with Anti-Money Laundering Act (AMLA). For Joint Accounts, clients must accomplish one set of CIR per client.

<b>FOR STAFF ACCOUNTS ONLY</b>		<b>CLIENT'S SPECIMEN SIGNATURE</b>	
<input type="checkbox"/> UnionBank Director <input type="checkbox"/> Shareholder <input type="checkbox"/> UnionBank Employee Employee Number: _____ <input type="checkbox"/> Relative of UnionBank Employee Relation: _____ <input type="checkbox"/> Relative of Shareholder Relation: _____ Name of Employee/Shareholder Relative: _____		CLIENT NAME _____ 1. _____ 2. _____ 3. _____	
<b>FOR JOINT ACCOUNTS ONLY</b>		By my signature herein, I acknowledge that I have read, understood and fully agree with the Terms and Conditions with which I was duly provided, receipt of which I confirm by my signature below.  _____ Client's Signature / Date	
Signature Combination <input type="checkbox"/> ALL <input type="checkbox"/> ANY ONE <input type="checkbox"/> ANY TWO <input type="checkbox"/> OTHERS _____	Name of Other Account Holders 1. _____ 2. _____ 3. _____ 4. _____ 5. _____		
Joint Account Name: _____			
<b>FOR BANK'S USE ONLY</b>			
CUSTOMER TYPE <input type="checkbox"/> Regular <input type="checkbox"/> Business Class <input type="checkbox"/> Retail Business <input type="checkbox"/> Joint Business Class <input type="checkbox"/> Payroll Employer ID: _____		REMARKS	
RM CODE:	Identified and Signature Verified By / Date	Processed By / Date	Approved By / Date