

CLIENT INFORMATION SHEET FOR JURIDICAL ENTITY

☐ Partnership

☐ Corporation

☐ New ☐ Updating

☐ Others _____

BUSINESS INFORMATION			
Business Name			
Business Address		House/Unit/Floor No.	Blk/Lot/Street
Village/Subdivision			
Barangay	Municipality	Province	Country
Zip Code			
Mobile No.	Land Line No.	Email Address	
Business Type			
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Corporation	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Association	
		<input type="checkbox"/> Cooperative	
		<input type="checkbox"/> Others _____	
Nature of Business			
<input type="checkbox"/> Agriculture/Fishing/Forestry		<input type="checkbox"/> Food Industry	
<input type="checkbox"/> Banking		<input type="checkbox"/> Government Services	
<input type="checkbox"/> Construction		<input type="checkbox"/> Manufacturing	
<input type="checkbox"/> Education		<input type="checkbox"/> Medical Services	
		<input type="checkbox"/> Real Estate	
		<input type="checkbox"/> Utilities	
		<input type="checkbox"/> Wholesale/Retail	
		<input type="checkbox"/> Others	
DTI or SEC Certificate Registration No.		DTI or SEC Registration Date	
		DTI or SEC Registration Expiry	
DTI or SEC Place of Registration		Date Opened	
		<input type="checkbox"/> Domestic <input type="checkbox"/> Foreign	
Business TIN		Business SSS or GIS No.	
Mobile No.		Land Line No.	Email Address
Source of Funds		Source of Income	
AUTHORIZED REPRESENTATIVE/S			
Name	Position	Address	Contact No.
BENEFICIAL OWNERS			
Name	Percentage of Ownership	Position / Status	
BANK ACCOUNTS			
Name of Bank	Type of Acc	Branch/Address	Account No.
DATA PRIVACY CONSENT			
<p>I authorize First Integrity Bank, Inc., (Rural Bank of Bailen), its agents, representatives, and outsourced service providers ("Bank"), to collect, process, use, update or disclose my personal information in accordance with its Data Privacy Statement, the Data Privacy Act, and bank secrecy laws, to provide the products and/or services or implement the transactions which I have requested, to establish, confirm, review or update my record, to manage my account, to market its products and services, to conduct customer risk, capacity and suitability assessment, audit, market research, and other legitimate business purposes, and to comply with its reporting obligations under applicable laws, rules and regulations.</p> <p>Further, I authorize the Bank to collect, process, disclose, or verify, my personal information from any person or entity that the Bank may deem necessary including, but not limited to, credit bureaus, financial institutions, and government authorities.</p> <p>I agree to hold the Bank and the persons or entities from whom it may obtain, or with whom it may disclose or verify my personal information free and harmless from any liability arising from the use of any such information. The consent provided herein shall remain valid for the duration (from loan application to the settlement of my account), and even after the termination, of the products and services availed by me, as may be required for legal, regulatory or legitimate business purpose. I confirm that I am aware that under the Data Privacy Act, I have (a) the right to withdraw the consent hereby given or to object to the processing of my personal information provided there is no other legal ground or overriding legitimate interest for the processing thereof; (b) right to reasonable access, (c) right to rectification , and (d) right to erasure or blocking of my personal information subject, however, to the conditions for the legitimate exercise of the said rights under the Data Privacy Act and its Implementing Rules and Regulations, and subject further to the right of the Bank to terminate the product or service availed by me should I withdraw my consent or request the removal of my personal information.</p>			
Signature Over Printed Full Name of Authorized Representative/s		Date	
FOR BANK USE ONLY			
PEP	Verification	Risk Type	Standard of Due Diligence
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OFAC <input type="checkbox"/> NFIS <input type="checkbox"/> UNSC	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<input type="checkbox"/> Reduced <input type="checkbox"/> Average <input type="checkbox"/> Enhanced
Signature taken and authenticated by / Date		Approved by / Date	