

**CLIENT INFORMATION FILE FOR JURIDICAL ENTITY**

New  For Updating

Customer ID No.

**A. BUSINESS INFORMATION**

1. Business Name

2. Business Address

House/Unit/Floor No. & Building

Blk/Lot/Street

Village/Subdivision

Barangay/Municipality

City/Province

Country

Zip Code

3. Contact Details

3.1. Mobile No.

3.2. Telephone No.

3.3. Fax No.

3.4. Email Address

4. Business Type

Sole Proprietorship  
 Partnership

Corporation  
 Cooperative

Association  
 Others \_\_\_\_\_

5. Nature of Business

Agriculture/Fishing/Forestry  
 Banking  
 Construction  
 Education

Food Industry  
 Government Services  
 Manufacturing  
 Medical Services

Real Estate  
 Utilities  
 Wholesale/Retail  
 Others \_\_\_\_\_

6. DTI or SEC Certificate Registration No.

7. DTI or SEC Registration Date

8. DTI or SEC Registration Expiry

9. DTI or SEC Place of Registration

10. Date Opened

11.  Domestic  Foreign

12. Business TIN

13. Business SSS or GIS No.

14. Mobile No.

15. Telephone or Fax No.

16. Email Address

17. Source of Funds

18. Source of Income

**B. AUTHORIZED REPRESENTATIVE/S**

Name

Position

Address

Contact No.

**C. BENEFICIAL OWNERS**

Name

Percentage of Ownership

Position/Status

**D. BANK ACCOUNTS**

Name of Bank

Type of Account

Branch/Address

Account No.

**E. DATA PRIVACY CONSENT**

In compliance with the provisions of the Republic Act No. 10173 also known as Data Privacy Act (DPA) of 2012, its implementing Rules and Regulations (IRR) and other relevant policies including issuances of the National Privacy Commission (NPC), I acknowledged that I have fully read and understood the Policy on Data Privacy of BOF, Inc. (A Rural Bank) published on its website, www.bof.com.ph, and I hereby consent BOF to collect, process, disclose, share, store, and retain personal information and sensitive information, for use in connection with the BOF's exercise of its functions, other business purposes, and in relation to my availment of the BOF's products and services.

\_\_\_\_\_  
Signature over Printed Full Name  
of Authorized Representative

\_\_\_\_\_  
Date

**F. PORTION TO BE FILLED OUT BY BANK PERSONNEL**

PEP  
 Yes  No

Verification  
 OFAC  NFIS  UNSC

Risk Type  
 Low  Medium  High

Standard of Due Diligence  
 Reduced  Average  Enhanced

Signature taken and authenticated by

Date

Approved by

Date