

CLIENT INFORMATION FILE FOR INDIVIDUAL													
□ New □ For Updating Customer ID No.													
A. PERSONAL INFORMATION													
1.	Client's Name												
	1.1. Last Name	Name	e 1.3. Middle Name					1.4. Suffix (e.g. Jr., Sr., etc.)					
2.	Present Address	Vi	llage/Subdiv	vision									
	Barangay/Municipality City/Province Country Zip Code Permanent Address House/Unit/Floor No. & Building Blk/Lot/Street Village/Subdivision											Code	
3.	Permanent Address	Bl	lk/Lot/Street Village/Subdivision										
	Barangay/Municipality	rangay/Municipality City/Province								Zip Code			
4.	Date of Birth (MM/DD/YYYY)	n (MM/DD/YYYY) 5. Pla				ace of Birth				7. Citizenship			
8.	Contact Details 8.1. Mobile No.	8.2.	Residenc	e Phone No.		8.3.	Business Phone No.		8.4. Email	8.4. Email Address			
9.	ID Presented	9.1.	ID No.			9.2.	Expiry Date:		10. Gender				
				2. Home Ownership				☐ Male ☐ Female 13. Mailing Address					
☐ Single ☐ Married ☐ Others			Owned			 Living with Parents Living with Relatives 		☐ Mort ☐ Othe		Inding Address Permanent Address Business Address			
14. Mother's Maiden Name (Last Name, First Name, Middle Name) 15. Father's Name (Last Name, First Name, Middle Name)													
			-				L INFORMA						
16.	TIN		1	7. SSS No. or C	GIS No.			18	Reason fo	or No TIN/S	SSS/GIS No		
19.	ource of Funds or Income (Check all that apply)] Allowance Business] Salary Regular Remittance								Pension Others				
	. Funds or Gross Monthly Income												
	21. Do you maintain a bank account with other banks? If yes, Type of Account No Name of Bank & Branch												
C. EMPLOYMENT OR BUSINESS INFORMATION													
22.	Employment Status Employed (Private) Employed (Government)	Employed (Private)							Unemployed				
23.	Business Type Sole Proprietorship Partnership	Retired											
	24. Are you a Director, Officer, or Shareholder of a company? Yes, % of shares: (if applicable) No 25. Name of Employer or Business Name												
26. Employer's Address or Business Address													
27.	Employer's or Business Contact Det	ails											
	27.1. Mobile No.		27.2. Telep	ohone o	or Fax	(No.	27.3.E	27.3. Email Address					
28. Nature of Work or Business 29. Position													
30.	Business TIN	Registration 32. DTI			or SEC Registration Date & Expiry								
				D.			INT ACCOU	NT	1				
33.	Co-Depositor's Name				1	- nease	,						
	33.1. Last Name	st Name	me 33.3. Middle Name				33.4. Suffix (e.g. Jr., Sr., etc.)						
34.	Date of Birth (MM/DD/YYYY) 35.	TİN		36. SS	SS or G	SIS No	Э.	37. Emp	loyment Statu	S	38. Positic	n	
39. Name of Employer or Business Name 40. Nature of Employment or Business 41. Funds or Gross Monthly Income													
				E. D	ΑΤΑ	PR	VACY CONS	SENT					
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 ove	r Printed	I Full Name						[Date		_	
			F. PO	ORTION TO E	BE FI	LLE	D OUT BY B	ANK PE	RSONNEL				
PEF	> Verification Yes □No □OFAC			Risk Type SC □ Low] Med	lium 🗌 Hi		Standard of Du		e verage	Enhanced	
	nature taken and authenticated by			Date			Approved by	y.,			weraye	Date	