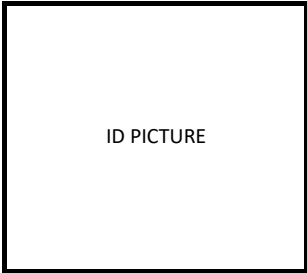




Cooperative Bank of Cagayan
CLIENT INFORMATION FORM (Individual)

Diversion Road, San Gabriel, Tuguegarao City, Cagayan



Client ID No.: _____
Date: _____

Please fill in all blank spaces with proper information, put checkmark (✓) on the box provided and indicate "N/A" if information is not applicable. Items with asterisk (*) are required to be filled in. For any inquiries, please approach any of our bank personnel.

PERSONAL INFORMATION

Title*	Complete Name*
Ms. Mrs. Atty. Mr. Dr. Others: _____	Last Name First Name Middle Name Suffix

Birthdate*	Place of Birth*	Citizenship*	Nick Name*
mm/dd/yyyy	City/Municipality Province		

Present Address*

(Unit/Floor No., Premise/Bldg. Name, House/Block No., Street Name) District/Barangay City/Town/Municipality Province Postal No.

Permanent Address (please fill-up if different from Present address) *

(Unit/Floor No., Premise/Bldg. Name, House/Block No., Street Name) District/Barangay City/Town/Municipality Province Postal No.

Preferred Mailing Address*	Civil Status*	Tax Identification No.*	Contact Details*
Present Address Permanent Address Both	Single Married Widow/er	Separated Live-in Annulled	Mobile Phone : _____ Telephone : _____ Email Address : _____

Father's Name*

Last Name First Name Middle Name Suffix Birthdate* mm/dd/yyyy

Mother's Maiden Name*

Last Name First Name Middle Name Birthdate* mm/dd/yyyy

FINANCIAL INFORMATION

Employment Status*	Source/s of Funds (Nature of Income)*
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Student	<input type="checkbox"/> Allowance <input type="checkbox"/> Pension <input type="checkbox"/> Inheritance <input type="checkbox"/> Honorarium <input type="checkbox"/> Business <input type="checkbox"/> Salary <input type="checkbox"/> Lottery/Winnings <input type="checkbox"/> Others <input type="checkbox"/> Remittance <input type="checkbox"/> Donation <input type="checkbox"/> Income from Sale of Property specify: _____

Occupation*	Purpose of Account Opening*	Estimated Gross Annual Income*
<input type="checkbox"/> Government Employee <input type="checkbox"/> Farmer/Fisherman <input type="checkbox"/> Professional Practitioner <input type="checkbox"/> Private Employee <input type="checkbox"/> Business Owner <input type="checkbox"/> Politician <input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Savings <input type="checkbox"/> Payroll <input type="checkbox"/> Business <input type="checkbox"/> Loan <input type="checkbox"/> Remittance <input type="checkbox"/> Others (please specify) _____ <input type="checkbox"/> Investment	<input type="checkbox"/> Below P100,000.00 <input type="checkbox"/> P100,000.01-P500,000.00 <input type="checkbox"/> P500,000.01-P1,000,000.00 <input type="checkbox"/> Above P1,000,000.00

For Employed: Employer's Name: _____ Address: _____ Position: _____ Employed since: _____

For Self-employed: Business Name(if any): _____ Business Address: _____ Nature of Business: _____

For Politician: National Position: _____ Local Office Address: _____ Barangay _____ Monthly Gross Salary: _____ Term: _____ Date Elected: _____ # of year(s) as Politician: _____

For Farmer: Total No. of Hectares Owned: _____ Type/s of Crop Cultivated: Palay Fruits Corn Others (specify): _____ Vegetable _____

SPOUSE INFORMATION

For Married, please fill-up this portion

Spouse Complete Name* Last Name First Name Middle Name Suffix **Nick Name***

Birthdate*	Highest Educational Attainment*	Employment Status*	Tax Identification No.*	SSS/GSIS No.*
mm/dd/yyyy	<input type="checkbox"/> Primary (Elementary) <input type="checkbox"/> Secondary (High School) <input type="checkbox"/> Technical/Vocational <input type="checkbox"/> College Degree <input type="checkbox"/> Post-Graduate (Masteral/Doctorate) <input type="checkbox"/> No Formal Schooling	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed		

Contact Details*
Mobile Phone : _____
Telephone : _____
Email Address : _____

Spouse Financial Information**Occupation***

- Government Employee
 Professional Practitioner
 Business Owner
 Farmer/Fisherman
 Private Employee
 Politician
 Others _____

If Employed:

Employer's Name: _____
Address: _____
Position: _____ **Employed since:** _____
If Self-employed:
Business Name(if any) _____
Business Address _____
Nature of Business _____

If Politician:

Position: _____
Date Elected: _____
Term: _____ **# of yrs. as Politician:** _____
 Barangay Local National
Office Address: _____
Gross Salary (Monthly) _____

OTHER INFORMATION**Beneficiary***

Name: _____ **Date of Birth:** _____
Address: _____ **Occupation:** _____
Place of Birth: _____ **Source of Fund:** _____

Dependent's Personal Data*

Name	Residential Address	Date of Birth	Employment Status	Relationship

Bank Accounts Owned (indicate your three (3) most active accounts)

Bank Name	Branch/Address	Type of Account	Account No.	Date Opened

Credit Cards Owned (indicate your three (3) most active accounts)

Card Company	Bank Issuer	Credit Limit	Card Number	Expiry Date

MISCELLANEOUS

*Kindly answer the following with YES or NO. If your answer is YES, please elaborate on the details as required**

Are there past or pending cases against you? YES NO
 If yes, please indicate the nature, plaintiff, amount involved and the status _____

Was your bank account ever closed because of mishandling or issuance of bouncing checks? YES NO
 If yes, please indicate the Banks Name, nature and amount _____

Are you related to an Cooperative Bank of Cagayan (CBC) employee? YES NO
 If yes, **Name of Employee** _____
Relationship to Employee _____

I/We hereby certify that all information/statement(s) contained herein are true, correct and complete to the best of my/our knowledge. I/We further certify that I/We fully understood the applicable rules and regulations and the terms & conditions set forth by the Cooperative Bank of Cagayan pertaining this application. I/We hereto agree to notify immediately Cooperative Bank of Cagayan in writing of any change(s) in the information supplied in this form.

 Signature Over Printed Name / Date

FOR BANK USE ONLY**IDENTIFICATION/DOCUMENTS PRESENTED***

Document Type	Reference/ID no.	Date of Issue	Place of Issue	Expiry Date

Referred by: Name:	CREATED by: Signature over Printed Name	Verified by: Date:	Approved by:	Date:
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