**ACCOUNT OPENING FORM (INDIVIDUAL CLIENT)**

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| PHOTO | | | **PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Full Name *(First Name, Middle Name, Last Name)* | | | | | | | | | | | | | | | | | | | *PhilSys ID Number (if available)* | | |
| Date of Birth *(mm/dd/yyyy)* | | | | | | | | | | | | | | Nationality | | | | Citizenship | | | |
| Sex | | | | | | Place of Birth | | | | | | | | | | | | Civil Status | | | |
| Mother’s Maiden Name *(First Name, Middle Name, Last Name)* | | | | | | | | | | | | | | | | | | | | | No. of Children |
| Present Address (*No./Street, Subd., Brgy./Dist./Municipality/City, Province)* | | | | | | | | | | | | | | | | | | | | | ZIP Code |
| Permanent Address (*No./Street, Subd., Brgy./Dist./Municipality/City, Province)* | | | | | | | | | | | | | | | | | ZIP Code | | | E-mail Address | | | | |
| Residential Phone Number *(Area code + Tel. no) (optional)* | | | | | | | Primary Mobile Number | | | | | | | | | | Secondary Mobile Number *(optional)* | | | | | | Tertiary Mobile Number *(optional)* | |
| **SPOUSE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Spouse *(First Name, Middle Name, Last Name)* | | | | | | | | | | | | Date of Birth *(mm/dd/yyyy)* | | | | | | | | | | Profession | | |
| **FINANCIAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation  Employed OFW/Overseas Filipino Farmer/Fisher Unemployed Lawyers/Notary/Independent Legal Professional/Accountant  Self-employed Retired Student/Minor Housewife Government Official | | | | | | | | | | | | | | | | | | | | | | | | |
| Tax Identification Number *(TIN)* |  |  |  | - |  |  | |  | | - |  |  |  | - | 0 | 0 | | 0 |  | | | | | |
| Source of Wealth *(1-Primary, 2-Secondary, 3-Other Source)*  Salary/Honoraria Other Remittance Grant/Scholarship/Awards/Prizes/Benefits Fees and Charges  Interest/Commission Donations/Inheritance Royalties/Commission Taxes and Licenses  Business Allowance Sale of Assets Others - with documents  Pension Professional Fees - Others Loans Others - without documents Regular Remittance Professional Fees - Lawyers/Notary/Independent Government Appropriations | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Gross Income/Pension/Allowance  Php 30,000.00 and below Php 30,000.01-50,000.00 Php 50,000.01-100,000.00 Php 100,000.01-500,000.00 Over Php 500,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Annual Gross Income/Pension/Allowance  Php 360,000.00 and below Php 360,000.01-600,000.00 Php 600,000.01-1,200,000.00 Php 1,200,000.01-6,000,000.00 Over Php 6,000,000.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer’s Name | | | | | | | | | Employer’s Address (*No./Street, Subd., Brgy./Dist./Municipality/City, Province)* | | | | | | | | | | | | | | | |
| Job Title | | | | | | | | | Employment Date *(mm/dd/yyyy)* | | | | | | | | | | | | Phone/Fax Number | | | |
| Nature of Business/Economic Activity  Private Household with Employed Persons Wholesale and Retail Trade, Repair of Motor Activities of Private Households as Employers and Undifferentiated Extra-territorial Organizations and Bodies Vehicles and Motorcycles Goods and Services and Producing Activities of Households for own Jewelry and Precious Stones Dealer Transportation and Storage use (e.g., Activities of Households as Employers of Domestic Personnel Foreign Exchange Dealer/Money Changer/ Accommodation and Food Service Activities such as Maids, Cooks, Waiters, Valets, etc.)  Remittance Agent Information and Communication Activities of Extraterritorial Organizations, and Bodies (e.g., Activities of Agriculture, Forestry, and Fishing Financial and Insurance Activities International Organizations, such as, United Nations, ASEAN, etc.) Mining and Quarrying Real Estate Activities Others  Manufacturing Professional, Scientific, and Technical Activities Others - Student/Minor/Retiree/Pensioner Electricity, Gas, Steam, and Administrative and Support Service Activities Others - Unemployed/Housewife  Air-conditioning Supply Public Administrative and Defense; Compulsory Gambling and Betting Activities Water Supply, Sewerage, Waste Social Security OGOs and OGO Service Providers  Management and Remediation Activities Education Casinos  (e.g., Cleaning Up of Oil Spills) Human Health and Social Work Activities  Construction (e.g., Construction of Arts, Entertainment, and Recreation  Buildings, Railroad Infrastructures) Other Service Activities (Activities of Membership  Organizations) | | | | | | | | | | | | | | | | | | | | | | | | |

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| **ADDITIONAL INFORMATION** | | | | | | | | | | | | |
| Name of Beneficiaries and/or Beneficial Owners, if any | | | | | | | | | | | | |
| Full Name | | Relationship | | | | | | Birthday | | | Contact Number/Email Address | |
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| Relationship to Official of Government/International Organization, if any | | | | | | | | | | | | |
| Full Name | | Relationship | | | | | | Position | | | Government/Organization Name | |
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| For US person under Foreign Account Tax Compliance If yes, please provide the following: | | | Act | (FATCA) Are you a U.S. | | Person? YES | | | NO | | |  |
| U.S. Address: | | | | | | | | | | | | ZIP Code |
| U.S. Phone No.: *(Area Code + Telephone number)* | | | | | Length of Stay in the U.S. | | | | U.S. TIN | | | |
| **IDENTIFICATION DOCUMENTS PRESENTED** | | | | | | | | | | | | |
| ID Type ID Number  ID Type ID Number  ID Type ID Number | | | | | | | Document Name  Document Name  Document Name | | | Document Name  Document Name  Document Name | | |
| I certify that the above information is true and correct. I hereby authorize and give consent to LIBI to collect, use, disclose, transfer, store, obtain, record, share, update, verify, and/or process the foregoing information to the extent necessary and adequate to establish, confirm, update and review my records, administer my account or the facilities or services I availed, and for any other legitimate business interest or purpose that LIBI may deem necessary to facilitate my transactions.  A close up of a sign  Description automatically generated  Signature over Printed Name | | | | | | | | | | | | |
| **FOR LIBI USE ONLY** | | | | | | | | | | | | |
| Validated by: | Signature over Printed Name | | Date *(mm/dd/yyyy)* | | | | Approved by: | | Signature over Printed Name | | | Date *(mm/dd/yyyy)* |