




<div><div><div><div>PNB</div><div>Acquired Assets Management Group</div></div></div></div> <div><div>CLIENT INFORMATION SHEET</div><div>Instructions:  Please PRINT all entries legibly and check appropriate boxes  Notify PNB-AAMG of change in address and other information herein mentioned.</div></div>			
INDIVIDUAL			
CLIENT		<input type="checkbox"/> SPOUSE / <input type="checkbox"/> CO-BUYER	
Name (Last Name, First Name, Middle Name)			
Present Address			
Permanent Address (If different from present address)			
Preferred Mailing Address: <input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address		<input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address	
Date / Place of Birth (mm/dd/yy) /		/	
Tax Identification No. (TIN)			
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others:		<input type="checkbox"/> Filipino <input type="checkbox"/> Others:	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others:		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others:	
Contact Details Landline: Cell phone:		Landline: Cell phone:	
Email address:		Email address:	
Identification Card Nos. (at least two) <input type="checkbox"/> SSS <input type="checkbox"/> GSIS: <input type="checkbox"/> Passport: <input type="checkbox"/> Driver's License <input type="checkbox"/> Others:		<input type="checkbox"/> SSS <input type="checkbox"/> GSIS: <input type="checkbox"/> Passport: <input type="checkbox"/> Driver's License <input type="checkbox"/> Others:	
Educational Attainment <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others:		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others:	
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> OFW <input type="checkbox"/> Unemployed <input type="checkbox"/> Others:		<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> OFW <input type="checkbox"/> Unemployed <input type="checkbox"/> Others:	
Engaged in Business <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, nature of business:		<input type="checkbox"/> No <input type="checkbox"/> Yes If YES, nature of business:	
Employer/Business Name			
Office/Business Address			
Contact Numbers			
Position:			
GROSS MONTHLY INCOME		Buyer	Spouse/Co-Buyer
<input type="checkbox"/> Salaries & Allowances			
<input type="checkbox"/> Business			
<input type="checkbox"/> Others (ps. Specify)			
TOTAL INCOME			
AUTHORIZED REPRESENTATIVE			
Name (Last Name, First Name, Middle Name)		Date / Place of Birth (mm/dd/yy) /	
Present Address		TIN: Nationality:	
Permanent Address (If different from present address)		Gender: Civil Status:	
Contact Details Landline: Cell phone:		Employment Status	
Email address:		<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired	
Identification Card Nos. (at least two) <input type="checkbox"/> SSS <input type="checkbox"/> GSIS: <input type="checkbox"/> Passport: <input type="checkbox"/> Driver's License <input type="checkbox"/> Others:		<input type="checkbox"/> OFW <input type="checkbox"/> Unemployed <input type="checkbox"/> Others:	
		Educational Attainment	
		<input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College	
		<input type="checkbox"/> Post Graduate <input type="checkbox"/> Others:	
CORPORATE/JURIDICAL			
Name of Entity		SEC Reg. No.	Date
Nature of Business		TIN	
Official Address		Contact details: Landline: Cell phone: Email:	
Authorized Signatory(ies): 1. 2. 3.		Position Position: Position:	
OTHER DISCLOSURES			
Do you have a relative working at PNB? <input type="checkbox"/> Yes <input type="checkbox"/> None If Yes, Name of Relative: Branch/Dept: Degree of Consanguinity/Affinity: Relationship:			
Do you belong to the LT Group of Companies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify:			
FOR U.S. PERSONS UNDER FOREIGN ACCOUNT TAX COMPLIANCE ACT			
Are you a U.S. Person? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If YES, complete US Permanent Address			
*Document Presented? <input type="checkbox"/> W-8 BEN Form <input type="checkbox"/> W-9 Form *U.S. Social Security Number			
CERTIFICATION			
I/WE HEREBY CERTIFY that the above information are true, correct, accurate and complete. I/We also authorize PNB to use the above information within the bounds of R.A. 10173 otherwise known as the Data Privacy Act of 2012.			
Signature Over Printed Name		Date	Signature Over Printed Name Date
FOR PNB USE ONLY			
<input type="checkbox"/> DOSRI <input type="checkbox"/> RPT	CWS VERIFICATION: <input type="checkbox"/> No Record <input type="checkbox"/> Record Found* *Advised thru email the Compliance Officer Designation		ROPA Client ID
Emp. No.		Name Signature/Initial	Date

Acquired Assets Management Group
Direct Line: 8891-6040 to 70 Local 4115 /4713/ 4893