

CIF Number  
(for internal use)

- Account Owner
- Business Owner / Officer / Signatory

**I. CUSTOMER INFORMATION**

Full Name (As found in your valid government issued ID)

Last Name	First Name	Middle Name	Suffix	Date of Birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Are you an existing BDO Customer?  Yes  No | BDO Product Type  Deposits  Cards  Loans  Wealth Management  Insurance  
(If 'Yes', select the 'BDO Product Type/s' that you have.) Existing customers only need to fill in fields or inputs with Check Marks (✓) if there is information to update. Otherwise, place NA or select the appropriate input.

**II. CONTACT INFORMATION**

<input checked="" type="checkbox"/> Personal Mobile Number Country Code Mobile Number	<input checked="" type="checkbox"/> Personal Email Address	<input checked="" type="checkbox"/> Home Landline Number Country Code Area Code Landline Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address

Unit No. Building / No. Block. Street Subdivision / Village / Barangay

City / Municipality	Province / State	Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Alternate Address (Do you have another home or address, including abroad? If 'Yes', provide below. If 'No', tick 'Same as Home Address')  Same as Home Address

Unit No. Building / No. Block. Street Subdivision / Village / Barangay

City / Municipality	Province / State	Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input checked="" type="checkbox"/> Work / Business Email Address	<input checked="" type="checkbox"/> Work / Business Landline Number Country Code Area Code Landline Number Local (if applicable)
<input type="text"/>	<input type="text"/>

Work / Business Address

Unit No. Building / No. Block. Street Subdivision / Village / Barangay

City / Municipality	Province / State	Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**III. PERSONAL INFORMATION**

Country of Birth

Gender  Male  Female

Civil Status  Single  Legally Separated  Annulled  Married  Divorced  Widow/er

Citizenship (If 'Others', provide below)

Filipino  Others

TIN Provide your Tax Identification Number

**IV. FINANCIAL INFORMATION** (Refer to 'Instructions' for 'List of Codes' for 'Source of Funds' and 'Nature of Work / Business')

Sources of Funds Provide all applicable 'Codes.' (ex. 001, 002, 003)

If a 'Source of Funds' is 'Remittance' or '004', provide the following additional information:  
What country does the remittance come from?  What do you primarily use the remittance for?

<input checked="" type="checkbox"/> Natures of Work / Business Provide all applicable 'Codes.' (ex. ABC, DEF, GHI)	<input checked="" type="checkbox"/> Name of Primary Employer / Business
<input type="text"/>	<input type="text"/>

<input checked="" type="checkbox"/> Position / Job Title in Primary Employer / Business (Select one if you are 'Employed')	<input checked="" type="checkbox"/> Gross Monthly Income (PHP)
For Private / Self-Employed <input type="radio"/> Owner / Director / Officer <input type="radio"/> Non Officer / Employee <input type="radio"/> Contractual / Part Time	<input type="text"/>
For Government Employed <input type="radio"/> Elected / Appointee <input type="radio"/> Employee <input type="radio"/> Contractual / Part Time	

V. REGULATORY REQUIREMENTS

- Political Relations and Affiliations Questionnaire**  
 Do you have previous and current affiliation/dealings with the Government and/or relations to any official of a government in any country, territory, or of an intergovernmental/international organization? If 'Yes', accomplish 'Form A6'
  Yes  No
- Foreign Account Tax Compliance Act (FATCA) Questionnaire** (Refer to 'Instructions' for details on the 'Substantial Presence Test')  
 Are you obligated to pay taxes to the U.S. IRS because of your citizenship, residency, or other reasons such as meeting the 'Substantial Presence Test'? If 'Yes', accomplish 'Form A7'
  Yes  No
- Designated Non-Financial Business and Professions (DNFBPs) Questionnaire** (Refer to 'Instructions' for details on 'DNFBPs' and 'OGBs')  
 Does your work / business fall under the classification of a DNFBP? If 'Yes', accomplish 'Form A8'  
 Does your work/business provide service, process transactions, have transactions or related interests / relationships with any business or service provider in the online gaming industry? If 'Yes', accomplish 'Form A8'
  Yes  No
- Beneficial Ownership**  
 Are you opening this account on behalf of someone else?
  Yes  No

VI. DATA PRIVACY CONSENT

In compliance with the requirements of the Data Privacy Act, I hereby give my consent to the BDO Group, consisting of BDO Unibank, Inc. and its subsidiaries [the members of the BDO Group may be accessed at [https://www.bdo.com.ph/privacy-statement], to process, collect, store, my personal information or sensitive personal information obtained from me in the course of my transaction/s with the BDO Group. I understand and agree that these information may be disclosed or shared by BDO Group to its members for know-your-client, cross-selling, marketing, or profiling (manual or automatic) purposes to offer and provide new or related products and services of the BDO Group. Further, I hereby give my consent to any member of the BDO Group to process, collect, use, store, share or disclose my personal information or sensitive personal information to third parties for legitimate purposes, or to provide services to me or implement transactions which I may request, allow, or authorize.

I confirm that I understand and agree that my information may continue to be processed, collected, used, stored, or disclosed for ten (10) years from my last transaction date with any member of the BDO Group or until the expiration of the retention limits set by applicable laws, whichever comes later.

I hereby acknowledge and understand that should I wish to withdraw my consent to receive information about new or related products and services of the BDO Group, or to access, update, or correct certain personal data as set out in this form, I may communicate directly with the relevant member of the BDO Group's Data Protection Officer through the email address found at [https://www.bdo.com.ph/privacy-statement]. I further acknowledge and understand that I may access and view the BDO Group's Data Privacy Statement at [https://www.bdo.com.ph/privacy-statement] or obtain a copy thereof from the office or branch of the relevant member of the BDO Group.

Signature

VII. CONSENT FOR THE ISSUANCE OF A BDO CREDIT CARD

By signing, I agree that this shall serve as my application for issuance of a BDO Credit Card and I undertake to submit documents as may be deemed necessary by BDO. I authorize BDO to conduct random verification with government agencies or third parties to establish authenticity of the information declared and/or documents submitted and hereby waive confidentiality of the rules and laws as applicable. I understand that the issuance of a BDO Credit Card shall be subject to credit evaluation and discretion of BDO.

Signature

VIII. CUSTOMER UNDERTAKING

By signing, I hereby certify that the information given in this application is true and correct to the best of my knowledge and I confirm that I have read, understood, and agreed in full to the Terms and Conditions of the General and Special Provisions on Deposits and the BDO Network Bank ATM Debit Card Terms and Conditions (the "BDO Network Bank Terms and Conditions") and have fully understood and agreed to be governed by the provisions thereof, as well as the rules and regulations of BDO Network Bank, Bangko Sentral ng Pilipinas, Anti-Money Laundering Council, Rural Bankers Association of the Philippines, Philippine Deposit Insurance Corporation, and the Bureau of Internal Revenue with respect to taxes imposed on interest on deposits and bank commission/charges relative to the establishment of operations of the account/s opened.

I also hereby affirm that the features, requirements, risks and benefits of the BDO Network Bank product(s) and services I am availing were fully disclosed and explained clearly to me by the BDO Network Bank. I further declare that I have fully understood and agree to be governed by the rules and regulations of the BDO Network Bank product(s) and services I am availing. I also acknowledge that BDO Network Bank Terms and Conditions were made available to me upon account opening, and where copies were given upon request and posted in the BDO Network Bank's website at https://www.bdonetworkbank.com.ph. I agree that BDO Network Bank may make amendments to the BDO Network Bank Terms and Conditions by giving me notice by (i) exhibiting the same at any of BDO Network Bank's branches, (ii) publishing the same at BDO Network Bank's website or any media, or (iii) such other manner BDO Network Bank deems fit.

Signature

Date Signed  
(mm/dd/yyyy)

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BDO Network Bank, Inc. is regulated by the Bangko Sentral ng Pilipinas. https://www.bsp.gov.ph  
 For concerns, contact us thru our hotline (+6382) 233-7777 or email us via customerservice@bdonetworkbank.com.ph.  
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REVISED AS OF AUGUST 2023

Other Official Name / Alias (As found on and as supported by a valid government-issued ID or document)

Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Number	Date Opened (mm/dd/yyyy)	Residency	Biometrics	RC	NLDS
<input type="text"/>	<input type="text"/>	<input type="radio"/> Resident <input type="radio"/> Non-resident	<input type="checkbox"/> Face <input type="checkbox"/> Finger	<input type="radio"/> N <input type="radio"/> H	<input type="radio"/>

ID 1				ID 2			
Type of ID	ID Number	Date Issued	Expiry Date	Type of ID	ID Number	Date Issued	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="radio"/> Walk In <input type="radio"/> Referred By (please indicate below)	Verified By Name and Signature <input type="text"/>	Approved By Name and Signature <input type="text"/>
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Courtesy Call / Remarks

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