

## Purpose of Account Opening:

CLIENT INFORM	MATION						
Company/Corpora							
Trade/Business N	ame	Short Name				Taxpayers Identif	fication Number
Form of Organizat	lian.			Pasidonov	Sector	Posistration / Cra	action Number
Form of Organizat		Government Unit/Entity		Residency Sector  ☐ Resident ☐ Private			eation Number
Partnership	•	Association	[	Non –Resident: Government		Date of Registration	
☐ Corporation ☐ Cooperative		☐ Foundation ☐ Non- Government Organization (I	NGO)				.
			.00,			M M D D	Y Y Y
Type of Registrati			ſ	Nature of Business		Place of Registrat	tion
☐ SEC ☐ DTI	☐ CDA ☐ RA	Others:					
		7					
Principal Business	Address L	Preferred Mailing Address				Telephone Numb	er
Unit/Floor/Bldg.No.	Block No./Lot	No./Phase No./Bldg.Name	Street Name	Subdivision/Vi	llage/Purok/Sitio/Barrio	Area Code	Phone Number
	T /24 ::	lin lein lein in lein	D : /D :		0.1		
Barangay		pality/City/District/State	Province/Region		o Code		
Office / Plant Add	lress	Preferred Mailing Address	☐ Same as Princ	cipal Business Address		Telephone Numb	er
Unit/Floor/Bldg. No.	Block No./Lot	No./Phase No./Bldg. Name	Street Name	Subdivision/Vi	llage/Purok/Sitio/Barrio	Area Code	Phone Number
Barangay	Town/Munici	pality/City/District/State	Province/Region	Country	Zip Code		
P.O. Box Address						Email Address	
P.O. Box Number	Post Office Na	ame Municipality/City/State	Province	Country	Zip Code		
CONTACT PERS	SON/S						
Name	,,,,						
First Name		Middle Name		Last Name		Suffix (e.g. Jr,Sr)	Nickname
Gender		Position/Rank		Departmen	t		
□Male		·		·			
☐ Female							
Telephone Numb	er	Mobile Number				Email Address	
Area Code P	hone Number						
Name							
First Name		Middle Name		Last Name		Suffix(e.g. Jr, Sr)	Nickname
Gender		Position/Rank		Departme	nt		
☐ Male ☐ Female							
Telephone Number	er	Mobile Number				Email Address	
	<b>-</b> .						
Area Code P	hone Number						
		the foregoing information	n/statomonts	I have provided	above are true and	correct and that a	ny and all material
•	-	the foregoing informations		•			
misrepresentation shall be constructed as an act to defraud Rural Bank of Solano (N.V.), Inc. for which civil and/ or criminal liability can be pursued against me. Any changes in the forgoing information shall promptly be communicated to the Bank. I hereby authorize the Rural Bank of Solano (N.V.),							
		any and all information giv				dulionze the Rural B	parik di Solalio (N.V.),
inc. to verify and	investigate	any and an information give	en by me win	chi the bank may de	сті арргорітате.		
l likewise o	certify that	I have read and understood	and agree to	be bound by the to	erms and Conditions	overning my accour	nts including any and
		to from time to time.	and agree to			, , , , , , , , , , , , , , , , , , , ,	
		e over Printed Name/Date			Signature over	Printed Name/Date	
FOR BANK USE							
CIS Number		RPT	DOSRI		Application: 🗌 new 🔲 U	Ipdating *Date:	
		Customer is a PEP Yes	□No	_	Customer is included in th	ne Bank's watch list:	No Yes PEP
		Risk rating Low	☐ Normal	High			
Customer Contact:	Walk-in	Referred Name & ID #:		I	Relation		
Checked/Authenti	icated by:	Date		Approved by:		D	ate

DIRECTIONAL MAP						
Complete Business Address:						