

Personal Details

CIF No.

Name

Last Name

First Name

Middle Name

Present Address

No. Street

Subdivision / District / Town

City / Province

Country

Zip Code

Permanent Address (if applicable)

No. Street

Subdivision / District / Town

City / Province

Country

Zip Code

Date of Birth (mm/dd/yyyy)

Place of Birth

Civil Status

Single

Married

Others _____

Gender

Male

Female

Citizenship

TIN

SSS / GSIS No.

Spouse (if applicable)

Last Name

First Name

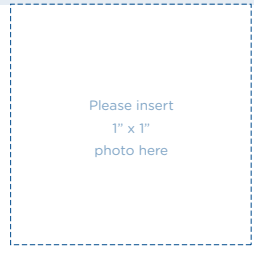
Middle Name

Date of Birth (mm/dd/yyyy)

Place of Birth

Occupation

No. of Dependents



Contact Details

Telephone No.

Mobile No.

E-mail Address

Financial Details

Source of Funds

Employment

Pension

Occupation

Business

Others _____

Employment Status

Employed

Retired

Self-employed

Student

Others _____

Name of Employer (if Employed)

Years with Employer

Address

Position / Rank

Telephone No.

Name of Business (if Self-Employed)

Years in Business

Address

Telephone No.

Existing BDO Account(s)

Savings

Time Account

Home Loan

Credit Card

Current

Personal Loan

Auto Loan

Others _____

Other banks account(s)

Savings

Time Account

Home Loan

Credit Card

Current

Personal Loan

Auto Loan

Others _____

Indicate name of bank(s)

*If U.S. person, accomplish FATCA Information Sheet.

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 the Terms and Conditions of the General and Special Provisions on Deposits and have fully understood and agreed to be governed by the provisions thereof, as well as the rules and regulations of the Bank, Bangko Sentral ng Pilipinas, Anti-Money Laundering Council, Bankers Association of the Philippines 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.

Signature over Printed Name / Date Signed

Additional Information

Mother's Full Maiden Name

_____ Last Name First Name Middle Name

Father's Name

_____ Last Name First Name Middle Name

Dependents

Name Relationship Birthday

Name Relationship Birthday

Name Relationship Birthday

Referral(s) if possible, kindly indicate name of relative you can refer to us

Name Relationship Contact No. E-mail Address

Name Relationship Contact No. E-mail Address

Name Relationship Contact No. E-mail Address

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 over Printed Name / Date Signed

For Bank's Use Only

ID Type ID Number Date Issued Place Issued Expiry Date

Resident Code Resident Non-Resident RC N H _____ NLDS Verified

Referred by BDO Employee _____ Client _____ Walk-in

Signature verified by _____ Date _____

Approved by _____ Date _____

Courtesy Call / Business Visit

Conducted by

Name Signature

Position Date

Results
