



PERSONAL INFORMATION			
Name * <small>Title                      Last Name                      First Name                      Middle Name</small>			Nationality/Country of Origin *
Date of Birth (mmddyyyy) *	Place of Birth (Town City, Province, Country) *	Mother's Full Maiden Name *	Citizenship (indicate all) *
Gender * <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status * <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Name of Spouse	No. of Dependents
TIN *	Reason for No TIN *	SSS/GSIS Number *	
Current Local/Home Address (Unit #, Floor, Building Name, Building House #, Street, Subdivision, Barangay, Town City, Province, ZIP Code) *			Residence Since (mm/yyyy)
Permanent Address (Unit #, Floor, Building Name, Building House #, Street, Subdivision, Barangay, Town City, Province, ZIP Code, Country) *			Residence Since (mm/yyyy)
Residence Status <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged to _____ <input type="checkbox"/> Company-owned <input type="checkbox"/> Family-owned <input type="checkbox"/> Living with Parents <input type="checkbox"/> Others: _____			
Home Phone Number *	Mobile Phone Number *	Office Phone Number *	Email Address *
U.S. Person * <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Permanent Address (mandatory for U.S. person)		U.S. TIN (mandatory for U.S. person)
BENEFICIAL OWNER INFORMATION (if applicable)			
Name		Date of Birth (mmddyyyy)	Place of Birth (Town City, Province, Country)
Current Address		Nationality	Citizenship
Email Address	Home Phone Number	Mobile Phone Number	Office Phone Number
WORK AND FINANCES			
Source of Funds * <input type="checkbox"/> Allowance <input type="checkbox"/> Business Income <input type="checkbox"/> Remittance <input type="checkbox"/> Retirement/Separation <input type="checkbox"/> Salary/Benefits		Gross Monthly Income *	Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status : <input type="checkbox"/> Employer <input type="checkbox"/> Wage & Salary Worker-Private <input type="checkbox"/> Wage & Salary Worker-Overseas Contract Worker <input type="checkbox"/> Unemployed-Retiree <input type="checkbox"/> Unemployed-Others: <input type="checkbox"/> Self-Employed <input type="checkbox"/> Wage & Salary Worker-Government <input type="checkbox"/> Unpaid Family Worker <input type="checkbox"/> Unemployed-Student _____			
Job Title <input type="checkbox"/> Staff-Contractual <input type="checkbox"/> Junior Officer, Rank: _____ <input type="checkbox"/> President <input type="checkbox"/> Owner <input type="checkbox"/> Staff-Regular <input type="checkbox"/> Senior Officer, Rank: _____ <input type="checkbox"/> Director <input type="checkbox"/> Professional: _____			Occupation *
Nature of Employment/Business * <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Administrative &amp; Support Service  <input type="checkbox"/> Agriculture/Forestry/Fishing  <input type="checkbox"/> Airlines  <input type="checkbox"/> Arts, Entertainment &amp; Recreation  <input type="checkbox"/> Automotive Sales  <input type="checkbox"/> Charities/Foundation/NGO/NPO  <input type="checkbox"/> Construction  <input type="checkbox"/> Dealers of Jewelry/Precious Stones/Precious Metals  <input type="checkbox"/> Dealership and Operators - Automotive Sales  <input type="checkbox"/> Dealership and Operators - Luxury Boats  <input type="checkbox"/> Dealership and Operators - Planes  <input type="checkbox"/> Education - Private  <input type="checkbox"/> Education - Public  <input type="checkbox"/> Electricity/Gas/Steam/Aircon  <input type="checkbox"/> Financial Services - MSBs (pawnshop/remittance agency/money changer/bayad center)  <input type="checkbox"/> Financial Services - Banks  <input type="checkbox"/> Financial Services - Others (small-scale financing/fintech)  <input type="checkbox"/> Food Services  <input type="checkbox"/> Gaming/Casino  <input type="checkbox"/> Healthcare Providers  <input type="checkbox"/> Hotels/Accommodation  <input type="checkbox"/> Information &amp; Communication                 </div> <div style="width: 50%;"> <input type="checkbox"/> Malls  <input type="checkbox"/> Manpower &amp; Outsourcing Agencies - BPO  <input type="checkbox"/> Manpower &amp; Outsourcing Agencies - Others  <input type="checkbox"/> Manufacturing - Petroleum/Oil  <input type="checkbox"/> Manufacturing - Food/Beverage/Medicine/Household Items/Toiletries  <input type="checkbox"/> Manufacturing - Others  <input type="checkbox"/> Mining &amp; Quarrying  <input type="checkbox"/> OFW - Land  <input type="checkbox"/> OFW - Seafarers  <input type="checkbox"/> Personal Services  <input type="checkbox"/> Public Administration  <input type="checkbox"/> Real Estate  <input type="checkbox"/> Religious Organization  <input type="checkbox"/> Retired/Unemployed  <input type="checkbox"/> Supermarkets  <input type="checkbox"/> Transportation &amp; Logistics  <input type="checkbox"/> Travel Agencies  <input type="checkbox"/> Telco  <input type="checkbox"/> Water/Sewer/Waste Management/Remediation  <input type="checkbox"/> Wholesale &amp; Retail - Petroleum/Oil  <input type="checkbox"/> Wholesale &amp; Retail - Food/Beverage/Medicine/Household Items/Toiletries  <input type="checkbox"/> Wholesale &amp; Retail - Others                 </div> </div>			
Name of Employer Business *			
Employer/Business Address (Unit #, Floor, Building Name, Building House #, Street, Subdivision, Barangay, Town City, Province, ZIP Code, Country) *			Emp/Business Start Date (mmddyyyy) *
Employer/Business Phone Number *	Employer Fax Number	Employer/Business Email Address	

**RELATIONSHIP TO EWB, EWB SUBSIDIARIES AND AFFILIATES / GOVERNMENT OFFICIAL**

Are you related to a Director, Officer, or Stockholder (DOS) of EastWest or any of its subsidiaries and/or affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify the name/s, relationship, and position/rank/company	<i><b>Example:</b> Juan Dela Cruz – Father – Store Manager/Vice President/EastWest Bank</i>
Are you related to a Government Official?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, specify the name/s, relationship, and position/rank/office	<i><b>Example 1:</b> Juan D. Cruz – Father – Mayor/Makati City</i> <i><b>Example 2:</b> Maria T. Reyes – Daughter – Auditor/Examination Division BIR Main Office</i>

**OTHER INFORMATION**

Came to know EastWest through

<input type="checkbox"/> EW Store	<input type="checkbox"/> EW Website	<input type="checkbox"/> Friend	<input type="checkbox"/> Poster	<input type="checkbox"/> Radio Commercial	<input type="checkbox"/> TV Commercial
<input type="checkbox"/> EW Employee	<input type="checkbox"/> Flyer	<input type="checkbox"/> Internet Ad/Post	<input type="checkbox"/> Print Ad	<input type="checkbox"/> Relative	

**CERTIFICATION/ AUTHORIZATION**

By signing below, I certify that all the information provided herein are true and correct. I authorize East West Banking Corporation (“EWBC”) to update any and all of my records with EWBC using the information and to verify and investigate any or part of the information related to my account from any source, as EWBC may deem appropriate. I hereby acknowledge and agree that, for the purpose of ensuring EWBC’s compliance with its reportorial obligations under the Foreign Account Tax Compliance Act (FATCA), applicable U.S. IRS regulations, and any other relevant foreign laws or regulations that may govern my account now or in the future, EWBC may be required to disclose specific information relating to my account to relevant regulatory authorities, including foreign government agencies or bodies. I further understand and consent that such disclosures shall take precedence over my right to confidentiality under Philippine laws, including but not limited to Republic Act No. 1405 (The Law on Secrecy of Bank Deposits), Republic Act No. 6426 (The Foreign Currency Deposit Act), and Republic Act No. 8791 (The General Banking Law of 2000), as permitted under applicable law and regulations. I agree to be bound by any and all amendments to the policies of EWBC on customer information update, as well as to all laws, rules, regulations and official issuances applicable to EWBC which shall be made available to me. I also agree that in the event of any such amendments, I shall be notified of such changes through notice sent to me through any of the following means, at the discretion of EWBC unless I request otherwise: (i) mailed and/or emailed notices (sent to my mailing or email addresses indicated in EWBC’s records), (ii) notices posted at EWBC’s branches, or (iii) notices in its website. I also give my consent to the sending of promotional advertisements and offers of other EWBC product/s at my address/es and/or contact details, indicated herein at any time, through mail, electronic mail, text, call or through any other means, unless I expressly notify EWBC otherwise by calling EWBC’s Customer Service Hotline at 8888-1700. I acknowledge that I have fully read and understood the complete version of EWBC privacy policy published on EWBC website/ on EWBC webpage: <https://www.eastwestbanker.com/privacystatement>; that I consent to the processing and disclosure of personal data relative to my account, both personal and sensitive information, for use in connection with the Bank’s exercise of its functions, other business purposes, and in relation to my availment of the Bank’s products and services.

YES  NO My signature in this Form coupled by a “YES” reply may also serve as my application for other products of EWBC, such as, but not limited to credit cards, home loan, auto loan, personal loan and other credit facilities, which I may subsequently avail from EWBC upon request or if I am deemed qualified by EWBC. Should I be qualified for such other EWBC product/s based on the information disclosed herein, I further undertake to submit additional documents as may be required by EWBC to complete the processing of my application. I understand that while the availment of additional products of EWBC is my option, the approval of the availment shall be subject to credit evaluation and sole discretion of EWBC.

YES  NO My signature in this Form coupled by a “YES” reply shall certify that I understand and agree that should my credit card application be approved, my card will only be activated upon my request. This is subject to EastWest’s activation policy and guidelines, which may include further credit evaluation and/or document submissions. The Bank reserves the right to decline my Card activation request based on its existing policies and procedures. I shall hold the Bank free and harmless for any claim arising from the non-activation of my Card absent any form of bad faith, fraud or other tortuous conduct on its part. I authorize EastWest or its official courier to deliver the Card/s to me, to any member of my household, to any of my officemates/co-employees or to any other person that I may authorize through an authorization letter, subject to the existing delivery policy of EastWest. I agree to hold EastWest free and harmless from any claim, loss or liability, whatsoever arising from the delivery of the Card/s to my authorized representative.

EWBC can rely on the written authority given herein until I submit a written notice of revocation.

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Signature over Printed Name of Customer / Date

**FOR BANK USE ONLY**

Store/Unit	Unit Code	Date (mmddyyyy)	Mnemonic	Customer Number
IDs/Documents Presented		Customer Contact	Checked <input type="checkbox"/> NFIS <input type="checkbox"/> Watch List	Remarks
Documents Verified by	Signature Taken by	Customer Information Encoded by		Approved by
Signature over Printed Name / Date	Signature over Printed Name / Date	Signature over Printed Name / Date		Signature over Printed Name / Date