

PERSONAL INFORMATION				
Name *			Preferred Name *	
Title	Last Name	First Name	Middle Name	
Date of Birth (mmdyyy) *	Place of Birth (Town/City, Province, Country) *		Nationality/Country of Origin *	Citizenship (indicate all) *
Mother's Full Maiden Name *		Mother's Citizenship *	Father's Full Name *	Father's Citizenship *
Gender *	Marital Status *		Name of Spouse	No. of Dependents
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			
TIN *	SSS/GSIS Number *		Religion *	
Current Local/Home Address (Unit #, Floor, Building Name, Building/House #, Street, Subdivision, Barangay, Town/City, Province, ZIP Code) *				Residence Since (mmm-yy)
Permanent Address (Unit #, Floor, Building Name, Building/House #, Street, Subdivision, Barangay, Town/City, Province, Country, ZIP Code) *				Residence Since (mmm-yy)
U.S./ Foreign Address (Unit #, Floor, Building Name, Building/House #, Street, Subdivision, Town/City, Province/State, Country, ZIP Code) *				Residence Since (mmm-yy)
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 *	
Social Media Accounts and Account IDs				
Beneficial Owner/s, if any (Use separate sheet if necessary)				
Name		Date of Birth (mmdyyy)	Place of Birth (Town/City, Province, Country)	
Current Address		Nature of Employment/Business	Source of Funds	
U.S. Person *		U.S. Permanent Address (mandatory for U.S. person)		U.S. TIN (mandatory for U.S. person)
<input type="checkbox"/> Yes: <input type="radio"/> Citizen <input type="radio"/> Resident				
<input type="checkbox"/> No				
WORK AND FINANCES				
Source of Funds *			Gross Monthly Income *	Tax Exempt
<input type="checkbox"/> Allowance <input type="checkbox"/> Business Income <input type="checkbox"/> Remittance <input type="checkbox"/> Retirement/Separation <input type="checkbox"/> Salary/Benefits				<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				Occupation *
<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: _____				
Nature of Employment/Business *				
<input type="checkbox"/> Agriculture/Forestry/Fishing <input type="checkbox"/> Wholesale and Retail Trade/ <input type="checkbox"/> Real Estate <input type="checkbox"/> Education <input type="checkbox"/> Mining/Quarrying <input type="checkbox"/> Repair of Motor Vehicles <input type="checkbox"/> Professional/Scientific/ <input type="checkbox"/> Human Health/Social Work <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation and Storage <input type="checkbox"/> Technical Services <input type="checkbox"/> Arts/Entertainment/Recreation <input type="checkbox"/> Electricity/Gas/Steam/Air Conditioning Supply <input type="checkbox"/> Accommodation and Food Service <input type="checkbox"/> Administrative/Support Service <input type="checkbox"/> Other Service Activities <input type="checkbox"/> Water/Sewerage/Waste Management/Remediation <input type="checkbox"/> Information and Communication <input type="checkbox"/> Public Administrative and Defense/ <input type="checkbox"/> Private Household <input type="checkbox"/> Construction <input type="checkbox"/> Financial and Insurance <input type="checkbox"/> Compulsory Social Security <input type="checkbox"/> Extra-Territorial Organization/Bodies				
Name of Employer/Business *				
Employer/Business Address (Unit #, Floor, Building Name, Building/House #, Street, Subdivision, Barangay, Town/City, Province, Country, ZIP Code) *				Emp/Business Start Date (mmdyyy) *
Employer/Business Phone Number *	Employer Fax Number	Employer/Business Email Address		
OTHER INFORMATION				
Came to know EastWest Bank 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				
<p>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 waive my right to confidentiality under the Philippine Bank Secrecy Laws, including but not limited to Republic Act No. 1405 (the Law on Secrecy of Bank Deposits), or Republic Act No. 6426 (the Foreign Currency Deposit Act) and Republic Act No. 8791 (General Banking Law of 2000), as amended in each case, for the purpose of EWBC's compliance with the reportorial requirements of the FATCA/US IRS Regulations, and such other foreign acts and regulations that may hereafter be enacted and of which my account may be a subject. I consent to EWBC's disclosure of any information related to my account for any internal purpose to EWBC's subsidiaries and affiliates or for any lawful purpose to third parties such as governmental or regulatory bodies including that of foreign governments where EWBC is required to make such disclosure pursuant to law, contract, or regulation. 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 888-1700.</p>				
<input type="checkbox"/> YES <input type="checkbox"/> 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.				
<input type="checkbox"/> YES <input type="checkbox"/> NO In case of approved credit card application or if I am deemed qualified by EWBC for credit card issuance, my signature in this Form coupled by a "YES" reply shall serve as my consent that my credit card may be delivered activated subject to EWBC's activation policy and guidelines, and for this purpose, I hereby authorize EWBC or EWBC's official courier to deliver the credit card to me or to any member of my household or to any of my officemate/co-employee or to any person that I may authorize through an authorization letter, subject to the existing delivery policy of EWBC. I agree to hold EWBC free and harmless from any claim, loss or liability, whatsoever arising from the delivery of the credit card to my authorized representative.				
EWBC can rely on the written authority given herein until I submit a written notice of revocation.				
_____ Signature over Printed Name of Customer / Date				
FOR BANK USE ONLY				
Store/Unit	Unit Code	Date (mmdyyy)	Mnemonic	Customer Number
IDs/Documents Presented		Customer Contact	Checked	Remarks
		<input type="checkbox"/> Walk-in <input type="checkbox"/> Introduced (Solicited/Referred) by: _____	<input type="checkbox"/> NFIS <input type="checkbox"/> Watch List	
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	