

Preferred Branch/Store of Account * _____ Type of Deposit* _____ Customer Number: _____

[Click here for a list of EastWest stores](#)

PERSONAL INFORMATION				
Name *			Gender *	
Title	Last Name	First Name	Middle Name	
Date of Birth (mmddyyyy) *	Place of Birth (Town City, Province, Country) *		Nationality/Country of Origin *	
TIN *		Reason for No TIN	SSS/GSIS Number *	Mother's Maiden Name *
Marital Status *		Name of Spouse		Residence Status *
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
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)
<input type="checkbox"/> Same as Current Local/Home Address				
Home Phone Number *		Mobile Phone Number *		Email Address *
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 Wealth/Funds *			Gross Monthly Income *	Tax Exempt
<input type="checkbox"/> Business Income <input type="checkbox"/> Interest on Savings/Investments/Trust Funds <input type="checkbox"/> Remittance from _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Salary/Benefits <input type="checkbox"/> Retirement Pay <input type="checkbox"/> Inheritance from _____				
<input type="checkbox"/> Pension <input type="checkbox"/> Separation Pay <input type="checkbox"/> Gifts/Donation from _____				
<input type="checkbox"/> Dividends <input type="checkbox"/> Allowance from _____ <input type="checkbox"/> Lottery Winnings from _____				
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 (mmddyyyy) *
Employer/Business Phone Number *				
Employer Fax Number		Employer/Business Email Address		
BENEFICIAL OWNER/S INFORMATION (if any; attach separate sheet if necessary)				
Name		Date of Birth (mmddyyyy)	Place of Birth (Town City, Province, Country)	
Current Address		Nature of Employment/Business	Source of Funds	
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 (+632) 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.</p> <div><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.</div> <div><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.</div> <p>EWBC can rely on the written authority given herein until I submit a written notice of revocation.</p> <div><To be signed at EW store></div> <div>Signature over Printed Name of Customer / Date</div>				
FOR BANK USE ONLY				
Store/Unit	Unit Code	Date (mmddyyyy)	Mnemonic	Came to know EastWest Bank through
IDs/Documents Presented	Customer Contact		Checked	Remarks
	<input type="checkbox"/> Walk-in		<input type="checkbox"/> NFIS	
	<input type="checkbox"/> Introduced (Solicited/Referred) by: _____		<input type="checkbox"/> Watch List	
Documents Verified by	Signature Taken by		Customer Information Encoded by	Approved by
Signature over Printed Name / Date (To be signed at the store)	Signature over Printed Name / Date (To be signed at the store)		Signature over Printed Name / Date (To be signed at the store)	Signature over Printed Name / Date (To be signed at the store)