

*SPOUSE/BENEFICIARY INFORMATION

Spouse's Name (Leave box blank for space)

*Last Name, First Name, Middle Name

[illegible]

Spouse's Birth Date MM <input type="text"/> <input type="text"/> - DD <input type="text"/> <input type="text"/> - YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Spouse's TIN, SSS or GSIS (as applicable) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Start Date with Employer/Business MM <input type="text"/> <input type="text"/> - DD <input type="text"/> <input type="text"/> - YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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*Employment Status <input type="checkbox"/> Employed (EMP) <input type="checkbox"/> Self-Employed (SEL) <input type="checkbox"/> Overseas Filipino Worker (OFW) <input type="checkbox"/> Others, please specify _____ <input type="checkbox"/> Retired (RET) <input type="checkbox"/> Housewife (HWF) <input type="checkbox"/> Student (STU)	Employer or Business Name (If Self-employed) *Nature/Type of Employment/Business/Profession (Please refer to reference file at the back portion of this form)
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Gross Monthly Income <input type="checkbox"/> Under Php10,000 <input type="checkbox"/> Php10,000 – Php49,999 <input type="checkbox"/> Php50,000 – Php249,999 <input type="checkbox"/> Php250,000 – Php1,000,000 <input type="checkbox"/> Php1,000,000+			(Please refer to reference line at the back portion of this form) <input type="text"/> <input type="text"/> <input type="text"/> Job Title (Refer to table above for job title) <input type="text"/> <input type="text"/> <input type="text"/>
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	Children's Names (Last Name, First Name, Middle Name)	Birth Date (MM/DD/YYYY)	Gender
1			
2			
3			
4			
5			

RELATIONSHIP TO BFSB, BPI AND BPI SUBSIDIARIES AND AFFILIATES, ETC. (in line with BSP Cir.749)

Are you a Director, Officer, or Stockholder (DOS) of BPI Family Savings Bank (BFSB), BPI, or any BPI subsidiary and/or affiliate?	Yes No	If yes, specify your company and position or affiliation.	Company (e.g. BPI)	Affiliation/Position (e.g. Director)
Are you related to a DOS of BFSB, BPI, or any BPI subsidiary and/or affiliate (e.g. BPI Leasing, BPI Capital, BPI/MS, etc) or the Ayala Group of Companies (e.g. Ayala Corp., Ayala Land Inc., etc)?	Yes No	If yes, specify the name/s and relationship, such as, but not limited to: Spouse, Relative by consanguinity or affiliation (e.g. parent, child, brother, sister-in-law, grandparent, niece, uncle, first cousin, etc) or Others (e.g. general partner, co-owner of collateral, etc).	Name - Relationship to DOS - Company & Position (e.g. Juan Dela Cruz - First Cousin - BPI, AVP) _____ _____ _____	

Are you enrolled in Express Online or other 24/7 channels? ☐ Yes ☐ No

I would like to enroll my Account No. _____ in Express Online and other 24/7 Channels

My Chosen Channel ☐ EOL ☐ Mobile ☐ Phone Mobile No. for Mobile Banking: _____

BPI CARDS APPLICATION AND ePAY VIRTUAL WALLET ACTIVATION

- ☐ By signing on the space provided in this section, I hereby apply for BPI/BPI Family Savings Bank (the "Bank") Credit Card and agree to activate BPI ePay virtual wallet for purchases online. In connection with my application and agreement for activation, I agree:

 - To the terms and conditions found on www.bpicards.com and www.bpiepay.com, respectively;
 - That my application is subject to the Bank's Credit Approval Processes and Guidelines;
 - To submit other documents as BPI/BPI Family Savings Bank may deem necessary and hereby authorize the Bank to conduct random verification and validation of the authenticity of the information and documents I submitted through inquiries with government agencies or third party agencies; and
 - To receive notifications, alerts, updates and promotional offers related to BPI ePay and BPI Credit Cards through the mobile number and email address I provided herein or which I may provide in the future.

Customer's Signature over Printed Name
MM - DD - YYYY

CLIENT CERTIFICATION AND AUTHORIZATION

By signing this form, I hereby certify that the information I provided herein is true, accurate and complete, and I agree to notify/update the Bank of any change in any of the information supplied in this form.

I acknowledge to have read, understood and agreed to be bound by the terms and conditions of the deposits, products, services, facilities and/or channels which I opened/availed which were provided and/or are made available to me via www.bpiexpressonline.com, as the same may be amended from time to time.

I hereby expressly agree, consent, and authorize the Bank and/or its agents, whether manually or via electronic channels, to process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose ("Process"), without need of prior notice to me, any and all information relating to my Account(s) in order to (a) facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, facilities and/or channels availed by me, and (b) to comply with legal, regulatory or other obligations of the Bank under applicable local or foreign laws, rules and regulations that impact the Bank; such processing may be conducted for the duration, and even after the termination, of my availment of the Bank's products, services, facilities and/or channels. As used herein, the term "Bank" shall include the Bank's local or foreign branches, its parent company, any member of the BPI Group of Companies, and their respective subsidiaries, affiliates or other related companies, whether organized in the Philippines or in other jurisdictions, and the Bank's agents, representatives and outsourced service providers and their respective outsourced providers. Without limiting the generality of the foregoing express consent and authorization, I hereby grant the Bank full permission to process information pertaining to my Account/s as may be required under such other rules and regulations which may be issued by the government, including but not limited to the Anti-Money Laundering Act, or other regulatory bodies of the Philippines or by other foreign jurisdictions.

I signify my interest in receiving invites to the marketing initiatives, campaigns and programs of Bank of the Philippine Islands (BPI) or any member of the BPI Group of Companies including those of its subsidiaries and affiliates. For this purpose, I hereby authorize Bank of the Philippine Islands to process, disclose and share my personal information to the marketing teams of BPI, members of the BPI Group of Companies and its subsidiaries and affiliates. I likewise agree to inform BPI of any changes relating to my personal information.

This consent and authorization remains valid and subsisting until otherwise revoked or cancelled in writing.

Customer's Signature over Printed Name
 MM - DD - YYYY

Approved by: _____
 Officer's Signature over Printed Name

ACT	- Accounting/Bookkeeping/Tax Practice/Services	LAW	- Lawyer
ADS	- Advertising/Marketing/Sales Activities	LEG	- Legal Practice
AGR	- Agriculture/Hunting/Forestry/Animal Farming/Fishing	LSE	- Leasing/Rental Activities (e.g. land, building, machinery, etc.)
ARC	- Architect	MED	- Medical Service (includes caregiving)
BHS	- Beauty and Health services (e.g., spa, beauty parlors, fitness centers)	MFG	- Manufacturing (Non-Food, e.g., garments, vehicles, jewelry, heavy equipment, etc.)
BNK	- Banking	MIL	- Military-NP
BPO	- Business Process Outsourcing (e.g. Call Centers, Billing/Credit/Collections, etc.)	MIN	- Mining
BRO	- Brokerage	MNF	- Manning or Employment Agencies - Foreign
CHA	- Charities	MNL	- Manning or Employment Agencies - Local
CMT	- Commodities Trader	NGO	- Foundation (NGO)
COM	- Communication (Telecommunications includes postal)	OPS	- Other Professional Services (e.g. Delivery, Photography, Catering, Interior Design, Fashion Design Styling, etc)
CSY	- Consultancy (e.g. computer-related consultancy-hardware/software, technical engineering/architectural, scientific-related consultation, business consultancy)	PUB	- Publishing/Printing/Reproduction of Recorded Media
CTN	- Construction (e.g. building, plumbing, electrical, carpentry)	PWN	- Pawnshops
DOC	- Doctor/Dentist	RCY	- Recycling
EDU	- Education (including private tutorials, special education)	REL	- Real Estate (e.g., development, sales, etc.)
EMB	- Embassies/Foreign Consulates	REM	- Remittance Agent
ENG	- Engineer	REO	- Religious Organization
ENT	- Entertainment (Recreational/Cultural/Sporting Services (e.g., party planning services, event organizing, carnival rides rental, fireworks displays, media network, film production, etc.)	REP	- Repairs Services (e.g., machinery, automobiles, television, cellphone, etc)
FDI	- Food Industry/Food Manufacturing/Food Preparation/Processing/Food Packaging	SAN	- Sanitation/Cleaning/Housekeeping Services (e.g. janitorial services, building maintenance, laundry, etc.)
FIN	- Financial Services	SHP	- Maritime or Shipping
FXD	- FX Dealer/Money Changer	TOU	- Tourism (e.g. Hotels, Inns, Resorts, Tour agencies, Restaurants)
GAC	- Gaming Clubs/Casino	TRA	- Wholesale/Retail Trade
GOV	- Government Service-NP	TRN	- Transport (Air, Water or Land)
INS	- Insurance Activities	UTI	- Utilities (Electricity, Gas & Water Supply)
		WAT	- Collection, Purification & Distribution of Water
		OTH	- OTHERS

ID/s Presented _____

NDV Data Verification Done:

☐ NDB

☐ OFAC/PEP/Other Sanctions/Watch List

☐ Rogue Gallery

Others, please specify: _____

Results: _____

Remarks: _____



FATCA INFORMATION - DECLARATION OF INDIVIDUAL ACCOUNT

Note: The information in this section is being collected as part of BPI Group of Companies’ new account on-boarding procedures to fully comply with the requirements of Foreign Account Tax Compliance Act (FATCA).

1. Are you a citizen or resident of the United States?

☐ Yes☐ No
2. If yes, provide the following information

a. US TINb. US Address
3. Please list all countries for which you hold citizenship:

Please confirm your FATCA status by checking the relevant column and indicate the date the IRS form is signed.

	Date of IRS Form MM/DD/YYYY	Yes	No	If Yes, please provide the following documents:
1. US Citizenship				1. IRS Form W-9; AND 2. US identification document (e.g. passport, etc.)
2. US Resident – Green Card				
3. US Resident – Residing in the US for 183 days or more				1. IRS Form W-9; AND 2. US or non-US identification document (e.g. passport, driver’s license etc.)
If any of your answer to numbers 1 – 3 is YES, please do not answer numbers 4, 5, 6, 7, 8. If any of your answer to numbers 1 – 3 is NO, please answer numbers 4, 5, 6, 7, 8.				
4. US Place of Birth				Any of the following: A. 1. IRS Form W-8BEN; AND 2. Copy of Individual’s Certificate of Loss of Nationality of the US; AND 3. Non-US identification document (e.g. passport, driver’s license, etc.); OR B. 1. Non-US identification document (e.g. passport, driver’s license, etc.); AND 2. Written explanation of your renunciation of US citizenship or the reason you did not obtain US citizenship at birth.
5. US Resident/Mailing Address (Residence, Correspondence or P.O. Box)				1. IRS Form W-8BEN; AND 2. Non-US Identification document (e.g. tax certificate or ID issued by the government or an identification document based on KYC as approved by the IRS in the QI system)
6. US Telephone Number				
7. Standing instruction to transfer funds to an account maintained in the US				
8. Power of Attorney or signatory authority granted to person with US Address; or “in care of” or “hold mail” address				Any of the following: 1. IRS Form W-8BEN; OR 2. Non-US Identification document (e.g. tax certificate or ID issued by the government or an identification document based on KYC as approved by the IRS in the QI system)

- IRS Form W-9 – Request for Taxpayer Identification and Certification. Form W-9 is used by US person.
- IRS Form W-8BEN - Cerificate of Foreign Status and Beneficial Owner of US Tax Withholding. Form W-8BEN is used by non-US person.

FOR NON-RESIDENT ONLY

- Have you stayed in the Philippines for an aggregate period of more than 180 days in any calendar year?

☐ Yes☐ No
- Do you plan/intend to stay in the Philippines for an aggregate period of more than 180 days?

☐ Yes☐ No
- Are you opening the account for the benefit or on behalf of another person?

☐ Yes☐ No
- If yes, please provide name and relationship
- What is the reason for maintaining the account in your name?

DECLARATION AND AUTHORIZATION

By signing this form, I certify that all information provided herein are true, accurate and complete, and I agree to inform the Bank of any changes relating to said information within 30 calendar days from the occurrence of such change. I expressly agree, consent, and authorize the Bank and/or its agents, to process, obtain, collect, organize, store, update, modify, use, access, share, report and/or disclose (“Process”), whether manually or via electronic channels, without need of prior notice to me, any and all information relating to my Account(s) in order to comply with the (a) United States Foreign Account Tax Compliance Act (FATCA) as the same may be amended from time to time, (b) such other rules and regulations issued in connection with FATCA, and/or (c) such other rules and regulations issued by the Bureau of Internal Revenue (BIR) and other governmental or regulatory agencies of the Republic of the Philippines. I further acknowledge that the Bank shall process, report and/or disclose information on the Account(s) on the basis of this Declaration and Authorization. For this purpose, I hereby waive my rights under confidentiality and data privacy laws of the Philippines, such as but not limited to, Republic Act (RA) No. 1405 (or the Law on Secrecy of Bank Deposits), RA No. 6426 (or the Foreign Currency Deposit Act of the Philippines) and RA No. 8791 (or the General Banking Law of 2000), RA No. 10173 (or the Data Privacy Act of 2012) as well as any applicable confidentiality and data privacy laws of foreign jurisdictions. In the event that (i) any information declared herein is found to be false, inaccurate, misleading or is no longer updated, or (ii) I am a US Person or in case changes in circumstances will render and/or make me a US Person, I hereby undertake to promptly provide and/or update the correct required information to the Bank within 30 calendar days from such change and, pursuant thereto, I likewise authorize the Bank to process, report and disclose the required information to the Internal Revenue Services (IRS) and/or BIR. In consideration of the foregoing, I agree to hold the Bank, its directors, officers, employees, representatives free and agents free and harmless from any liability, actions, suits, costs and expenses arising from or in connection with the Bank's compliance with the FATCA regulations and/or as a result of disclosures made to the US IRS and/or the BIR.

- Customer’s Signature over Printed Name:
- Signature verified by:
- MM - DD -YYYY

FOR INTERNAL USE ONLY: TO BE FILLED UP BY OFFICER

- BANK’S ASSESSMENT OF CUSTOMER’S FATCA CLASSIFICATION: Customer is

☐ US Person☐ Non-US Person
- RM Number:

DECLARATION AND ACKNOWLEDGMENT

I declare that the required account opening verification has been performed on the documents for the customer/s listed above, and that the information provided is true, correct, and updated.

- Officer’s Name:
- Employee Number:
- Officer’s Signature
- MM - DD -YYYY