



USER INFORMATION FORM

<div>2 X 2 Picture</div>	<div>Requirements<div><div><input type="checkbox"/> Completely filled out form</div><div><input type="checkbox"/> 2 valid I.D copies with signature</div></div></div>		
	<div>USER TYPE<div><div><input type="checkbox"/> Maker</div><div><input type="checkbox"/> Approver</div></div></div>		
	<div>ACCOUNT NO. (For Bank Use)<div></div></div>		
	<div>BUSINESS ACCOUNT REGISTRATION</div>		
<div>BUSINESS NAME</div>		<div>NATURE OF BUSINESS</div>	
<div>ADDRESS</div>			
<div>PROFILE DETAILS</div>			
<div>FIRST NAME</div>		<div>MIDDLE NAME</div>	<div>LAST NAME</div>
<div>BIRTHDATE</div>		<div>CONTACT NUMBER</div>	<div>EMAIL</div>
<div>DESIGNATION</div>		<div>NATIONALITY</div>	<div>GENDER</div>
<div>CIVIL STATUS</div>	<div>MOTHERS MAIDEN NAME</div>		<div>SOURCE OF INCOME</div>
<div>VALID ID (1)</div>			
<div>ID TYPE (ex. SSS)</div>	<div>ID NUMBER</div>		<div>EXPIRATION</div>
<div>VALID ID (2)</div>			
<div>ID TYPE (ex. SSS)</div>	<div>ID NUMBER</div>		<div>EXPIRATION</div>
<div>FINANCIAL INFORMATION</div>			
<div>EMPLOYER'S NAME</div>			<div>EMPLOYMENT START DATE</div>
<div>EMPLOYER'S ADDRESS</div>			<div>COUNTRY</div>
<div>EMPLOYMENT STATUS</div>			<div>ZIP CODE</div>
<div><div><div><input type="checkbox"/> EMPLOYED</div><div><input type="checkbox"/> OFW</div><div><input type="checkbox"/> OTHERS (Pls. Specify)</div></div><div><div><input type="checkbox"/> SELF-EMPLOYED</div><div><input type="checkbox"/> RETIRED</div><div></div></div></div>		<div>MONTHLY GORSS INCOME<div><div><input type="checkbox"/> Php 30,000 &amp; Below</div><div><input type="checkbox"/> Php 30,001 - 50,000</div><div><input type="checkbox"/> Php 50,001 - 100,000</div></div><div><div><input type="checkbox"/> Php 101,001 - 500,000</div><div><input type="checkbox"/> Over Php 500,000.00</div></div></div>	
<div>FOR BANK USE ONLY</div>			
<div>AGREED AND UNDERTAKING</div>			
<div>By signing below, I hereby certify that the information I have provided is/are all correct, complete and updated.</div>			
<div>Reviewed By:</div>		<div>Processed By:</div>	
<div></div>		<div></div>	
<div>Date</div>		<div>Date</div>	
<div>Approved By:</div>			
<div></div>			
<div>Date</div>			