

## CUSTOMER INFORMATION FORM



ACCOUNT NO.

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### PERSONAL INFORMATION

Full Name (Include name suffix: Sr., Jr., III, IV)	
First Name:	
Middle Name:	
Last name:	
Current Address: (No./Street, Subd., Brgy./Dist/Municipality/City, province/Zip Code)	
Permanent Address: (No./Street, Subd., Brgy./Dist/Municipality/City, province/Zip Code)	
Email Address:	
Birthdate:	
Place of Birth:	
Gender:	
Mother's Maiden Name	
Contact Number:	
Nationality:	
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
Nature of Work:	
Job title:	
I.D Type	
I.D Number	
I.D Expiry	

SIGNATURE OVER PRINTED NAME

Requirements:

\*Any Proof of Identity ID/Document

Consent: ☐ Agree ☐ Disagree

By agreeing to this provision, the client agrees to the terms of use for SBPay and to participate in the sandbox environment for testing and improving SBPay product and services.

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