CUSTOMER INFORMATION FORM CUSTOMER INFORMATION FORM ACCOUNT NO. ACCOUNT NO. Full Name (Include name suffix: Sr.,Jr.,III,IV) Full Name (Include name suffix: Sr.,Jr.,III,IV) First Name: First Name: Middle Name: Middle Name: Last name: Last name: Current Address: (No./Street, Subd.,Brgy.,/Dist/Municipality/City, province/Zip Code) Current Address: (No./Street, Subd.,Brgy.,/Dist/Municipality/City, province/Zip Code) Permanent 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: **Email Address:** Birthdate: Birthdate: Place of Birth: Place of Birth: Gender: Gender: Mother's Maiden Name Mother's Maiden Name Contact Number: Contact Number: Nationality: Nationality: **Civil Status: Civil Status:** ☐ Single ■ Married ☐ Single ■ Married \square Widowed \square Widowed ■ Separated ■ Separated Nature of Work: Nature of Work: Job title: Job title: I.D Type I.D Type I.D Number I.D Number I.D Expiry I.D Expiry SIGNATURE OVER PRINTED NAME SIGNATURE OVER PRINTED NAME Requirements: Requirements: *Any Proof of Identity ID/Document *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.

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.