

 <div style="display: inline-block; vertical-align: middle;"> <h2 style="margin: 0;">Remittance Form - Sending</h2> <p style="margin: 0;">(For New and Updating)</p> </div>					
Customer Information Sheet					
Please fill out all information in BLOCK or CAPITAL LETTERS. All fields are mandatory.					
Name				Date:	
Last Name		First Name		Middle name	
mm-dd-yyyy		mm/dd/yyyy			
Date of Birth	Place of Birth	Age	Nationality	Mobile #	Email Address
IDs presented		ID NO.		ID EXPIRY	
1					
2					
Permanent address					
(No./Unit/Floor/Bldg), (Street/Village/Subd)		Brgy.	Municipality/Town	Province	Zip Code
Present address					
(No./Unit/Floor/Bldg), (Street/Village/Subd)		Brgy.	Municipality/Town	Province	Zip Code
Source of Funds <small>(tick boxes where applicable)</small>		Monthly Income range		Name of Business/Employer	
<input type="checkbox"/> Employed Government <input type="checkbox"/> Employed Private <input type="checkbox"/> Overseas Filipino Worker (OFW) <input type="checkbox"/> Business Owner <input type="checkbox"/> Pensioner <input type="checkbox"/> Investor <input type="checkbox"/> Others: <small>(Please specify):</small>		<input type="checkbox"/> less than P5,000 <input type="checkbox"/> P5,000 to less than P15,000 <input type="checkbox"/> P15,000 to less than P25,000 <input type="checkbox"/> P25,000 to less than P35,000 <input type="checkbox"/> P35,000 to less than P50,000 <input type="checkbox"/> P50,000 or more		<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
				Date of Business Registration <small>(mm-dd-yyyy)</small>	
				Inclusive dates of Employment <small>(mm-dd-yyyy)</small>	
				From	To
Address of Business/Employer					
(No./Unit/Floor/Bldg), (Street/Village/Subd)		Brgy.	Municipality/Town	Province	Zip Code
Remittance Details					
Name of Beneficiary		Remittance Partner			
Address		Amount			
Mobile #		Purpose of Transaction			
Relationship to Beneficiary					
Collection & Processing of Personal Information Consent					
* The information provided in this form is true, complete and accurate and processing of transaction shall be based on the information that I have provided. * I authorized GPRS – Unified Products and Services Inc. to process the transaction indicated upon submission of required information and payment of its corresponding/applicable fees. * I acknowledge that financial transactions with GPRS – Unified Products and Services Inc.'s are subject to Anti-Money Laundering and Terrorist Financing Prevention (AML-TFP) laws. * I authorized GPRS – Unified Products and Services Inc. to disclose informations to third parties in connection with the transaction or any investigation in relation thereto. * I am agreeing to the GPRS – Unified Products and Services Inc.'s Privacy Notice and Policy and hereby gives my consent to the collection and processing of my personal data in accordance thereto.					
<div style="border-bottom: 1px solid black; width: 100%;"></div>			<div style="border-bottom: 1px solid black; width: 100%;"></div>		
Customer's Printed Full name and Signature			Date		