

CUSTOMER INFORMATION FORM

BRANCH CODE		DATE	04/30/2021	
ID TYPE:		CIF NO.	JST021986	
PERSONAL ACCOUNT				
CLIENT NAME (LAST NAME, GIVENNAME, MIDDLE NAME)				
Miss JOVY S TAN				
PRESENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)				ZIPCODE
UNIT 2008 WINLAND TOWERS CONDOMINIUM BUILDING C BARANGAY CAMPUTHAW Camputhaw (pob.) Cebu City (capital), Cebu PHILIPPINES 6000				6000
PERMANENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)				ZIPCODE
UNIT 2008 WINLAND TOWERS CONDOMINIUM BUILDING C BARANGAY CAMPUTHAW Camputhaw (pob.) --Please select--, Cebu PHILIPPINES 6000				6000
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	NATIONALITY	SEX(M/F)	ID TYPE(CODE & NO.)
1986-02-19	SINDANGAN ZN	FILIPINO	FEMALE	
SSS/GSIS NO.	TIN	SOURCE OF FUNDS	EMAIL ADDRESS	
1231236540	123123456	NA	jovy.tan@citysavings.com.ph	
EMPLOYER NAME (IF EMPLOYED)/BUSINESS NAME(IF SELF-EMPLOYED)		NATURE OF WORK/BUSINESS	POSITION/OCCUPATION	
Insular Health Care Inc.		Financial and Insurance Activities	MANAGER - FINANCE AND ADMINISTRATION MANAGERS	
EMPLOYER/BUSINESS ADDRESS			EMPLOYER/BUSINESS CONTACT NO.	
UNIONBANK PLAZA San Antonio --Please select--, Metro Manila PHILIPPINES 123456			87654321	
OWNERSHIP	Private Companies	HOME PHONE NO.	0324118500	

CIVIL STATUS	Single	MOBILE NO.	639176221970
SPOUSE NAME (IF MARRIED)		DATE OF BIRTH	
MOBILE NUMBER	EMPLOYER / BUSINESS CONTACT NO.	MOTHER'S MAIDEN NAME	
EMPLOYER BUSINESS/ADDRESS			
NATURE OF WORK / BUSINESS			