

# CUSTOMER INFORMATION FORM

BRANCH CODE		DATE	04/22/2021	
ID TYPE:		CIF NO.	SBS050500	
PERSONAL ACCOUNT				
CLIENT NAME (LAST NAME, GIVENNAME, MIDDLE NAME)				
Mr SPONGE BOB SQUAREPANTS				
PRESENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)				ZIPCODE
BINANGONAN Buhangin Binangonan, Rizal PHILIPPINES 1930				1930
PERMANENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)				ZIPCODE
BINANGONAN Buhangin Binangonan, Rizal PHILIPPINES 1930				1930
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	NATIONALITY	SEX(M/F)	ID TYPE(CODE & NO.)
2000-05-05	BINANGONAN	FILIPINO	MALE	
SSS/GSIS NO.	TIN	SOURCE OF FUNDS		EMAIL ADDRESS
3213213211	123123123			c.wew22@gmail.com
EMPLOYER NAME (IF EMPLOYED)/BUSINESS NAME(IF SELF-EMPLOYED)		NATURE OF WORK/BUSINESS		POSITION/OCCUPATION
TUTELA MARINE, INC.		Administrative and Support Service Activities		ACTUARIAN -STATISTICAL & RELATED ASSO PROFESSIONAL
EMPLOYER/BUSINESS ADDRESS				EMPLOYER/BUSINESS CONTACT NO.
BLDG A ORTIGAS CENTER San Antonio City Of Pasig, Metro Manila PHILIPPINES 1950				639161844864
OWNERSHIP	Private Companies	HOME PHONE NO.		026513451

CIVIL STATUS	Single	MOBILE NO.	639164578451
SPOUSE NAME (IF MARRIED)		DATE OF BIRTH	
MOBILE NUMBER	EMPLOYER / BUSINESS CONTACT NO.	MOTHER'S MAIDEN NAME	
EMPLOYER BUSINESS/ADDRESS			
NATURE OF WORK / BUSINESS			