| CUSTOMER INFORMATION FORM  |  |                 |                                       |                               |
|--|--|-----------------|---------------------------------------|-------------------------------|
| BRANCH<br>CODE   |  | DATE            | 10/12/2021                            |                               |
| ID TYPE:   |  | CIF NO.         | RAS112295                             |                               |
| PERSONAL ACCOUNT   |  |                 |                                       |                               |
| CLIENT NAME (LAST NAME, GIVENNAME, MIDDLE NAME)                                  |  |                 |                                       |                               |
| MR RETURN APP SAMPLE   |  |                 |                                       |                               |
| PRESENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)   |  |                 |                                       | ZIPCODE                       |
| ADDRESSLINE MALAPAAO LANGIDEN, ABRA PHILIPPINES 1940                             |  |                 |                                       | 1940                          |
| PERMANENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE) |  |                 |                                       | ZIPCODE                       |
| ADDRESSLINE MALAPAAO LANGIDEN, ABRA PHILIPPINES 1940                             |  |                 |                                       | 1940                          |
| DATE OF BIRTH (MM/DD/YYYY)   | PLACE OF BIRTH                           | NATIONALITY     | SEX(M/F)                              | ID TYPE(CODE & NO.)           |
| 1995-11-22   | ANGONO                                   | FILIPINO        | MALE                                  |                               |
| SSS/GSIS NO.   | TIN                                      | SOURCE OF FUNDS |                                       | EMAIL ADDRESS                 |
| 1231231231   | 123123123                                |                 |                                       | return@gmail.com              |
| EMPLOYER NAME (IF EMPLOYED)  | NATURE OF WORK/BUSINESS                  |                 | POSITION/OCCUPATION                   |                               |
| PHILIPPINE REALTY AND HOLDING  | ACCOMODATION AND FOOD SERVICE ACTIVITIES |                 | ACCOUNTANT - ACCOUNTANTS AND AUDITORS |                               |
| EMPLOYER/BUSINESS ADDRESS  |  |                 |                                       | EMPLOYER/BUSINESS CONTACT NO. |
| ADDRESS LINE SAN VICENTE (IGA  |  |                 | 026513547                             |                               |

**OWNERSHIP** PRIVATE SCHOOLS, UNIVERSITIES AND **HOME PHONE NO.** 0265458547 COLLEGES **CIVIL STATUS** SINGLE MOBILE NO. 639897989789 **SPOUSE NAME (IF MARRIED) DATE OF BIRTH MOBILE NUMBER EMPLOYER / BUSINESS MOTHER'S MAIDEN NAME** CONTACT NO. **EMPLOYER BUSINESS/ADDRESS** 

## **NATURE OF WORK / BUSINESS**

## OTP

(Electronically Signed via OTP) OTP: 947E6VGF OTP EMAIL: return@gmail.com OTP VERIFIED ON: October 12, 2021 3:33 PM