

CUSTOMER INFORMATION FORM

BRANCH CODE		DATE	04/30/2021	
ID TYPE:		CIF NO.	CRM091098	
PERSONAL ACCOUNT				
CLIENT NAME (LAST NAME, GIVENNAME, MIDDLE NAME)				
Mr CHRISTIAN REY MADOLID				
PRESENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)				ZIPCODE
5808 H. RODRIGUEZ ST. San Dionisio City Of Paranaque, Metro Manila PHILIPPINES 1700				1700
PERMANENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)				ZIPCODE
5808 H. RODRIGUEZ ST. San Dionisio City Of Paranaque, Metro Manila PHILIPPINES 1700				1700
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	NATIONALITY	SEX(M/F)	ID TYPE(CODE & NO.)
1998-09-10	PARANAQUE CITY	FILIPINO	MALE	
SSS/GSIS NO.	TIN	SOURCE OF FUNDS		EMAIL ADDRESS
1234567890	123456789			christian.madolid@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 --Please select--, Metro Manila PHILIPPINES 1605				87654321
OWNERSHIP	Private Companies	HOME PHONE NO.		

CIVIL STATUS	Single	MOBILE NO.	639959538417
SPOUSE NAME (IF MARRIED)		DATE OF BIRTH	
MOBILE NUMBER	EMPLOYER / BUSINESS CONTACT NO.	MOTHER'S MAIDEN NAME	
EMPLOYER BUSINESS/ADDRESS			
NATURE OF WORK / BUSINESS			