

# CUSTOMER INFORMATION FORM

BRANCH CODE	TEST_BRANCH_CODE	DATE	09/08/2022		
ID TYPE:	ID9	CIF NO.	EAS112295		
PERSONAL ACCOUNT					
CLIENT NAME (LAST NAME, GIVENNAME, MIDDLE NAME)					
MR RETURN APP SAMPLE					
PRESENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)					ZIPCODE
ADDRESS LINE DONA FRANCISCA CITY OF BALANGA (CAPITAL), BATAAN PHILIPPINES 1945					1945
PERMANENT ADDRESS (NO./STREET/BARANGAY/DISTRICT/MUNICIPALITY/CITY/TOWN/PROVINCE)					ZIPCODE
ADDRESS LINE DONA FRANCISCA CITY OF BALANGA (CAPITAL), BATAAN PHILIPPINES 1945					1945
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	NATIONALITY	SEX(M/F)	ID TYPE(CODE & NO.)	
1995-11-22	ANGONO	FILIPINO	MALE	ID9	
SSS/GSIS NO.	TIN	SOURCE OF FUNDS		EMAIL ADDRESS	
1231231231N / A	123123123	N / A		return@gmail.com	
EMPLOYER NAME (IF EMPLOYED)/BUSINESS NAME(IF SELF-EMPLOYED)		NATURE OF WORK/BUSINESS		POSITION/OCCUPATION	
PHILIPPINE REALTY AND HOLDINGS CORPORATION		AGRICULTURE, FORESTRY AND FISHING		ACTUARIAN -STATISTICAL & RELATED ASSO PROFESSIONAL	
EMPLOYER/BUSINESS ADDRESS					EMPLOYER/BUSINESS CONTACT NO.
ADDRESS LINE SAN VICENTE (IGANG) IVANA, BATANES PHILIPPINES 1945					026513547

OWNERSHIP	PRIVATE SCHOOLS, UNIVERSITIES AND COLLEGES	HOME PHONE NO.	0265132457
CIVIL STATUS	SINGLE	MOBILE NO.	639897989789
SPOUSE NAME (IF MARRIED)			DATE OF BIRTH
N / A			N / A
MOBILE NUMBER		EMPLOYER / BUSINESS CONTACT NO.	MOTHER'S MAIDEN NAME
N / A		TEST_SPOUSE_BIRTHDAY	
EMPLOYER BUSINESS/ADDRESS			
N / A			
NATURE OF WORK / BUSINESS			
N / A			
OTP			
(Electronically Signed via OTP) OTP: 53YKV6K9 OTP EMAIL : return@gmail.com OTP VERIFIED ON: September 8, 2022 1:32 PM			