TMP-CH-90-12

UNIONBANK

EPAYCARD CUSTOMER ACCOUNT OPENING FORM

ACCOUNT DETAILS

DATE	BRANCH	CIF NO.

CLIENT TYPE	TYPE OF ACCOUNT	ACCOUNT NO.
[X] New Client [ ] Existing Client		

CARDHOLDER DETAILS

TITLE / SALUTATION	NAME *(Last Name, Given Name, Middle Name)*	SEX
Mr.	Timbal , Alexander , G.	[X] Male [ ] Female

CIVIL STATUS: [ ] Single [ ] Separated [ ] Widowed [X] Married Spouse's Name: _____

MOTHER'S MAIDEN NAME: Juanita Galagar

BIRTHDATE *(MM/DD/YY)*	PLACE OF BIRTH	NATIONALITY	HOME PHONE NO.	MOBILE NO.
05/25/1982	Boyo-an Candijay Bohol	Filipino		09109916799

PRESENT ADDRESS *(No. / Street / District / Barangay / City / Town / Province)*	ZIP CODE
Proper-B Boyo-an Candijay Bohol	6312

PERMANENT ADDRESS *(No. / Street / District / Barangay / City / Town / Province)*	ZIP CODE
Proper-B Boyo-an Candijay Bohol	6312

SSS NO.	GSIS NO.	TAX IDENTIFICATION NO. (TIN)	SOURCE OF FUNDS
34-0062983-9		302-654-692	Salary

EMPLOYMENT DETAILS

COMPANY NAME / BUSINESS NAME *(if Self-employed)*	INDUSTRY
Panalo Solutions	Digital Design & Developement

BUSINESS ADDRESS *(No. / Street / District / Barangay / City / Town / Province)*	ZIP CODE

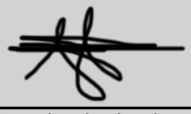
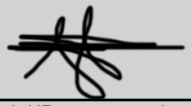
PHONE NO.	FAX NO.	EMAIL ADDRESS	POSITION / DESIGNATION
		alext@panalosolutions.com	Web Developer

FOR NON-RESIDENTS (FOREIGN INDIVIDUALS)

PASSPORT NO.	EXPIRY DATE *(MM/DD/YY)*	PLACE OF ISSUE	OTHER IDS (ID NO. & ID TYPE)

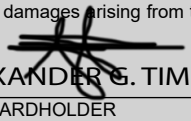
CARDHOLDER'S SPECIMEN SIGNATURE

(Please provide three specimen signatures)

By my signature herein, I acknowledge that my company's authorized HR representative has discussed the Unionbank ePaycard Terms and Conditions which I fully understand, agree and confirm by my signature below.

For Checking Account: I agree and undertake not to use cheques printed or secured from printers not accredited by your Bank and that I shall be held responsible and liable for any and all losses / damages arising from the violation of this undertaking.



ALEXANDER G. TIMBAL

CARDHOLDER

Signature over Printed Name / Date

Authenticated by Authorized HR Representative

Signature over Printed Name

FOR BANK'S USE ONLY

TYPE OF DEPOSIT	CUSTOMER TYPE	EMPLOYER ID

REMARKS

OFFICER CODE	IDENTIFIED AND SIGNATURE VERIFIED BY / DATE	PROCESSED BY / DATE	APPROVED BY / DATE	SCANNED BY / DATE
	Signature over Printed Name	Signature over Printed Name	Signature over Printed Name	Signature over Printed Name

All highlighted fields must be filled out for compliance with Anti-Money Laundering Act (AMLA). For Joint Accounts, clients must accomplish on set of CIR per client.

Revised July 2012

Distribution: *For Individual Accounts*: 1 - IPS; *For Commercial Accounts*: 1 - Branch, 2 - IPS.