CUSTOMER INFORMATION SHEET - EasyWay

Individual

eastwest

*Preferred Branch/Store of Account** *Click here for a list of EastWest stores*

*Type of Deposit** Please Select

Customer Number:

PERSONAL INFORMATION

Name * (Title / Last Name / First Name / Middle Name)

Nationality/Country of Origin *

Date of Birth (mmddyyyy) *

Place of Birth (Town|City, Province, Country) *

Mother's Full Maiden Name *

Citizenship (indicate all) *

Gender *
☐ Male ☐ Female

Marital Status *
☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Name of Spouse

No. of Dependents

TIN *

Reason for No TIN *

SSS/GSIS Number *

Current Local/Home Address (Unit #, Floor, Building Name, Building|House #, Street, Subdivision, Barangay, Town|City, Province, ZIP Code) *

Residence Since (mm/yyyy)

Permanent Address (Unit #, Floor, Building Name, Building|House #, Street, Subdivision, Barangay, Town|City, Province, ZIP Code, Country) *

Residence Since (mm/yyyy)

Residence Status
☐ Owned ☐ Rented ☐ Mortgaged to _____ ☐ Company-owned ☐ Family-owned ☐ Living with Parents ☐ Others: _____

Home Phone Number *

Mobile Phone Number *

Office Phone Number *

Email Address *

U.S. Person *
☐ Yes ☐ No

U.S. Permanent Address (mandatory for U.S. person)

U.S. TIN (mandatory for U.S. person)

BENEFICIAL OWNER INFORMATION (if applicable)

Name

Date of Birth (mmddyyyy)

Place of Birth (Town|City, Province, Country)

Current Address

Nationality

Citizenship

Email Address

Home Phone Number

Mobile Phone Number

Office Phone Number

WORK AND FINANCES

Source of Funds *
☐ Allowance ☐ Business Income ☐ Remittance ☐ Retirement/Separation ☐ Salary/Benefits

Gross Monthly Income *

Tax Exempt
☐ Yes ☐ No

Employment Status *
☐ Employer ☐ Wage & Salary Worker-Private ☐ Wage & Salary Worker-Overseas Contract Worker ☐ Unemployed-Retiree ☐ Unemployed-Others:
☐ Self-Employed ☐ Wage & Salary Worker-Government ☐ Unpaid Family Worker ☐ Unemployed-Student _____

Job Title
☐ Staff-Contractual ☐ Junior Officer, Rank: _____ ☐ President ☐ Owner
☐ Staff-Regular ☐ Senior Officer, Rank: _____ ☐ Director ☐ Professional: _____

Occupation *

Nature of Employment/Business *

☐ Administrative & Support Service
☐ Agriculture/Forestry/Fishing
☐ Airlines
☐ Arts, Entertainment & Recreation
☐ Automotive Sales
☐ Charities/Foundation/NGO/NPO
☐ Construction
☐ Dealers of Jewelry/Precious Stones/Precious Metals
☐ Dealership and Operators - Automotive Sales
☐ Dealership and Operators - Luxury Boats
☐ Dealership and Operators - Planes
☐ Education - Private
☐ Education - Public
☐ Electricity/Gas/Steam/Aircon
☐ Financial Services - MSBs (pawnshop/remittance agency/money changer/bayad center)
☐ Financial Services - Banks
☐ Financial Services - Others (small-scale financing/fintech)
☐ Food Services
☐ Gaming/Casino
☐ Healthcare Providers
☐ Hotels/Accommodation
☐ Information & Communication
☐ Malls
☐ Manpower & Outsourcing Agencies - BPO
☐ Manpower & Outsourcing Agencies - Others
☐ Manufacturing - Petroleum/Oil
☐ Manufacturing - Food/Beverage/Medicine/Household Items/Toiletries
☐ Manufacturing - Others
☐ Mining & Quarrying
☐ OFW - Land
☐ OFW - Seafarers
☐ Personal Services
☐ Public Administration
☐ Real Estate
☐ Religious Organization
☐ Retired/Unemployed
☐ Supermarkets
☐ Transportation & Logistics
☐ Travel Agencies
☐ Telco
☐ Water/Sewer/Waste Management/Remediation
☐ Wholesale & Retail - Petroleum/Oil
☐ Wholesale & Retail - Food/Beverage/Medicine/Household Items/Toiletries
☐ Wholesale & Retail - Others

Name of Employer|Business *

Employer/Business Address (Unit #, Floor, Building Name, Building|House #, Street, Subdivision, Barangay, Town|City, Province, ZIP Code, Country) *

Emp/Business Start Date (mmddyyyy) *

Employer/Business Phone Number *

Employer Fax Number

Employer/Business Email Address

Customer Shortname: _____ Customer Number: _____

RELATIONSHIP TO EWB, EWB SUBSIDARIES AND AFFILIATES / GOVERNMENT OFFICIAL			
Are you related to a Director, Officer, or Stockholder (DOS) of EastWest or any of its subsidiaries and/or affiliate?	☐ Yes ☐ No	If Yes, specify the name/s, relationship, and position/rank/company	***Example:*** *Juan Dela Cruz – Father – Store Manager/Vice President/EastWest Bank*
Are you related to a Government Official?	☐ Yes ☐ No	If Yes, specify the name/s, relationship, and position/rank/office	***Example 1:*** *Juan D. Cruz – Father – Mayor/Makati City)* ***Example 2:*** *Maria T. Reyes - Daughter - Auditor/Examination Division BIR Main Office*

OTHER INFORMATION

Came to know EastWest through

☐ EW Store ☐ EW Website ☐ Friend ☐ Poster ☐ Radio Commercial ☐ TV Commercial
☐ EW Employee ☐ Flyer ☐ Internet Ad/Post ☐ Print Ad ☐ Relative

CERTIFICATION/ AUTHORIZATION

By signing below, I certify that all the information provided herein are true and correct. I authorize East West Banking Corporation ("EWBC") to update any and all of my records with EWBC using the information and to verify and investigate any or part of the information related to my account from any source, as EWBC may deem appropriate. I hereby acknowledge and agree that, for the purpose of ensuring EWBC's compliance with its reportorial obligations under the Foreign Account Tax Compliance Act (FATCA), applicable U.S. IRS regulations, and any other relevant foreign laws or regulations that may govern my account now or in the future, EWBC may be required to disclose specific information relating to my account to relevant regulatory authorities, including foreign government agencies or bodies. I further understand and consent that such disclosures shall take precedence over my right to confidentiality under Philippine laws, including but not limited to Republic Act No. 1405 (The Law on Secrecy of Bank Deposits), Republic Act No. 6426 (The Foreign Currency Deposit Act), and Republic Act No. 8791 (The General Banking Law of 2000), as permitted under applicable law and regulations. I agree to be bound by any and all amendments to the policies of EWBC on customer information update, as well as to all laws, rules, regulations and official issuances applicable to EWBC which shall be made available to me. I also agree that in the event of any such amendments, I shall be notified of such changes through notice sent to me through any of the following means, at the discretion of EWBC unless I request otherwise: (i) mailed and/or emailed notices (sent to my mailing or email addresses indicated in EWBC's records), (ii) notices posted at EWBC's branches, or (iii) notices in its website. I also give my consent to the sending of promotional advertisements and offers of other EWBC product/s at my address/es and/or contact details, indicated herein at any time, through mail, electronic mail, text, call or through any other means, unless I expressly notify EWBC otherwise by calling EWBC's Customer Service Hotline at 8888-1700. I acknowledge that I have fully read and understood the complete version of EWBC privacy policy published on EWBC website/ on EWBC webpage: https://www.eastwestbanker.com/privacystatement; that I consent to the processing and disclosure of personal data relative to my account, both personal and sensitive information, for use in connection with the Bank's exercise of its functions, other business purposes, and in relation to my availment of the Bank's products and services.

☐ YES ☐ NO My signature in this Form coupled by a "YES" reply may also serve as my application for other products of EWBC, such as, but not limited to credit cards, home loan, auto loan, personal loan and other credit facilities, which I may subsequently avail from EWBC upon request or if I am deemed qualified by EWBC. Should I be qualified for such other EWBC product/s based on the information disclosed herein, I further undertake to submit additional documents as may be required by EWBC to complete the processing of my application. I understand that while the availment of additional products of EWBC is my option, the approval of the availment shall be subject to credit evaluation and sole discretion of EWBC.

☐ YES ☐ NO My signature in this Form coupled by a "YES" reply shall certify that I understand and agree that should my credit card application be approved, my card will only be activated upon my request. This is subject to EastWest's activation policy and guidelines, which may include further credit evaluation and/or document submissions. The Bank reserves the right to decline my Card activation request based on its existing policies and procedures. I shall hold the Bank free and harmless for any claim arising from the non-activation of my Card absent any form of bad faith, fraud or other tortuous conduct on its part. I authorize EastWest or its official courier to deliver the Card/s to me, to any member of my household, to any of my officemates/co-employees or to any other person that I may authorize through an authorization letter, subject to the existing delivery policy of EastWest. I agree to hold EastWest free and harmless from any claim, loss or liability, whatsoever arising from the delivery of the Card/s to my authorized representative.

EWBC can rely on the written authority given herein until I submit a written notice of revocation.

< To be signed at EW store>

_____
Signature over Printed Name of Customer / Date

FOR BANK USE ONLY

Store/Unit	Unit Code	Date (mmddyyyy)	Mnemonic	Customer Number

IDs/Documents Presented	Customer Contact	Checked ☐ NFIS ☐ Watch List	Remarks

Documents Verified by	Signature Taken by	Customer Information Encoded by	Approved by
Signature over Printed Name / Date	Signature over Printed Name / Date	Signature over Printed Name / Date	Signature over Printed Name / Date

For inquiries and feedback, you may call EastWest's 24-Hour Customer Service at (+632) 8888-1700 or email service@eastwestbanker.com.
EastWest is regulated by the Bangko Sentral ng Pilipinas. https://www.bsp.gov.ph