

Customer Information File (CIF) ID: - - - -

Please complete in CAPITAL LETTERS. Put a tick mark (✓) in the appropriate box and cross out or indicate NA where not applicable.

A. MANDATORY INFORMATION

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other _____		Name _____ <small>First Name Middle Name Last Name Suffix</small>			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY) __ / __ / ____	Place of Birth _____ <small>City/Municipality Country</small>		Nationality _____	
Present Address _____ <small>No./Bldg./St. Brgy./Subd./Town City/Country Postal Code</small>					
Present Address Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Other _____					Length of Stay in the Present Address _____
Permanent Address _____ <small>No./Bldg./St. Brgy./Subd./Town City/Country Postal Code</small>					
Permanent Address Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Other _____					Length of Stay in the Permanent Address _____
Home Phone Number		Mobile Phone Number		Email Address	
Name of Employer/Business		Nature of Employment/Business		Position/Rank	Date Hired/Business Registration Date
Employer/Business Address _____ <small>No./Bldg./St. Brgy./Subd./Town City/Country Postal Code</small>					
Business Phone Number		Fax Number	Tax Identification Number	SSS/GSIS Number	PhilSys Number (if applicable)
Source of Wealth (please check all applicable source/s) <input type="checkbox"/> Employment/Salary <input type="checkbox"/> Remittance (please specify the following): Remitter _____ <input type="checkbox"/> Sale of assets (not in normal course of business) Relationship with Remitter _____ Location (where remittance will come from) _____ <input type="checkbox"/> Inheritance Reason _____ <input type="checkbox"/> Business (specify name and nature) _____ <input type="checkbox"/> Pension (please indicate from what country) _____ <input type="checkbox"/> Allowance (from parents/relatives) _____ <input type="checkbox"/> Family Income _____ <input type="checkbox"/> Other _____					
Monthly Salary/Income Range: <input type="checkbox"/> Below Php50,000 <input type="checkbox"/> Php50,000 to Php100,000 <input type="checkbox"/> Php100,001 to Php500,000 <input type="checkbox"/> Over Php500,000					

B. CLIENT PROFILING

Purpose of Opening an Account <input type="checkbox"/> Receipt of Salary <input type="checkbox"/> Savings/Investment <input type="checkbox"/> Loan Payment <input type="checkbox"/> Other _____			Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____		
Education Last School Attended: _____ Level <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other _____			Car Ownership <input type="checkbox"/> Not Mortgaged <input type="checkbox"/> Mortgaged <input type="checkbox"/> Company Provided <input type="checkbox"/> Other _____		
Name of Spouse (if married)			Mother's Maiden Name		
Occupation of Spouse		Name of Employer/Business of Spouse		Nature of Employment/Business and Position/Rank of Spouse	
Beneficiary's Name (if applicable) _____ <small>First Name Middle Name Last Name Suffix</small>					
Beneficiary's Address _____ <small>No./Bldg./St. Brgy./Subd./Town City/Country Postal Code</small>					
Beneficiary's Date of Birth (MM/DD/YYYY)		Beneficiary's Place of Birth		Beneficiary's Nature of Employment/Business	
____ / ____ / ____		_____		_____	
Beneficiary's Contact Details			Relationship		
Beneficiary's Source of Wealth (please check all applicable source/s) <input type="checkbox"/> Employment/Salary <input type="checkbox"/> Business (specify name and nature) _____ <input type="checkbox"/> Sale of assets (not in normal course of business) <input type="checkbox"/> Allowance (from parents/relatives) _____ <input type="checkbox"/> Inheritance <input type="checkbox"/> Remittance (please specify remitter, location and reason) _____ <input type="checkbox"/> Pension (please indicate from what country) _____ <input type="checkbox"/> Other _____					

ADDITIONAL QUESTIONS/INFORMATION

Are you a:

Senior official in any branch of the government?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Senior official of a political party?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Senior executive of a government-owned enterprise?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Immediate family member of any individual that fits the previous description/s?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____
Close associate of any individual that fits the previous description/s?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____

Have you stayed in the Philippines for an aggregate period of more than 180 days in any one calendar year? No Yes _____

Do you have relative/s employed with Sterling Bank of Asia? None Yes (please provide details below)

Name _____ Relationship _____

Do you have other banks/banking relationship/s? None Yes (please provide details below)

Bank Name _____ Account Type Savings Checking Time Deposit Other _____

C. ACCOUNT DETAILS

Account Type: Single Joint "AND" Joint "OR" with Survivorship Agreement without Survivorship Agreement Other _____

ITF (In Trust For)/for the benefit/on behalf of another person? No Yes (please provide details below)

Complete Name _____ Relationship _____
First Name Middle Name Last Name Suffix

Gender Male Female Date of Birth (MM/DD/YYYY) ___ / ___ / _____ Customer Information File (CIF) Number _____

Product Type: Savings Account Time Deposit Checking Account Other _____ Currency: PHP USD Other _____ Initial Deposit _____

Operating Instruction: Single Any one to sign All to sign Other _____

Source of Funds (please check all applicable source/s)
 Cash on Hand Particular Bank or Investment Account
 Safety Deposit Box with Covered Person Other _____

I/we agree to receive important announcements or updates on new products and services from the Bank via: Mobile Messaging Email

D. SURVIVORSHIP AGREEMENT FOR JOINT "OR" ACCOUNT (optional)

As co-owners of the account, we confirm that any money deposited herein shall be our joint property and the whole amount of the same or any portion thereof may be withdrawn by any or more of us. In case of the death of any one or more of us, any one or more of the surviving co-depositors may withdraw the remaining balance of the account, and each of us hereby authorizes the Bank to pay any money which may be deposited and any interest thereon to any one or more of the surviving co-depositors herein, subject to applicable laws, regulations and bank policies.

<p>Depositor</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><small>Printed Name and Signature/Date</small></p> </div>	<p>Depositor</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><small>Printed Name and Signature/Date</small></p> </div>	<p>Depositor</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><small>Printed Name and Signature/Date</small></p> </div>
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E. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a U.S. citizen? No Yes

Are you a dual citizen? No Yes, please indicate country of citizenship _____

Are you a permanent resident of the U.S. or a Green Cardholder? No Yes

Do you have a U.S. residence? No Yes

Do you have a U.S. mailing address (including U.S. P.O. box)? No Yes

Do you have an "in care of" address or "hold mail" address identified? No Yes

Do you have a phone number in the U.S.? No Yes

Do you have any instructions to transfer funds to an address in the U.S. or to an account in the U.S.? No Yes

Do you have a current power of attorney or signing authority granted to a person with U.S. address? No Yes

If any of the answers to questions stated above is YES, kindly specify applicable information below:

Name _____
First Name Middle Name Last Name Suffix

U.S. Address _____
No./Bldg./St. Subd./Town City Postal Code

U.S. Home Phone Number _____ U.S. Tax Identification Number _____ U.S. P.O. Box _____ Length of Stay in U.S. _____

Standing instructions to pay amount/transfer funds to an account maintained in the U.S. _____

Name of the person granted the power of attorney or signing authority with U.S. address _____

An "in-care-of" address or "hold mail" address _____

AUTHORIZATION AND CONSENT

I have read and understood the contents of the Privacy Notice of Sterling Bank of Asia Inc. (A Savings Bank) ("Sterling Bank") and hereby authorize and consent to its collection, processing and sharing of my personal data as provided in the said Privacy Notice. Unless withdrawn earlier in writing, my authorization and consent will continue to be effective throughout the existence of my account(s), and/or until expiration of the retention limits set by applicable law, by Bangko Sentral ng Pilipinas (BSP) regulations and by Sterling Bank's policies and procedures.

Printed Name _____	Signature _____ 	Date (MM/DD/YYYY) ___ / ___ / _____
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DECLARATION

I/we certify that the above information and all documents submitted to Sterling Bank of Asia Inc. (A Savings Bank) ("Sterling Bank") relative to this account opening form are true, complete and correct. I/we confirm that I/we have received a copy of, have read, understood and agree to be bound by Sterling Bank's general terms and conditions. I/we authorize Sterling Bank to make any such verifications, reports or acts of compliance with Republic Act No. 9160 (Anti-Money Laundering Act of 2001), as amended, as it may deem appropriate, for which acts I/we hold Sterling Bank free and harmless from any and all liabilities, claims and/or damages.

In case I/we apply for credit accommodation, I/we hereby authorize Sterling Bank to inquire with other banking institutions regarding information on deposits and other properties under the custody of other banking institutions. I/we likewise authorize Sterling Bank to disclose to other banking institutions any of my/our account information as Sterling Bank deems necessary for the operation of any of my/our accounts or for my/our availment of bank products and services, regardless of whether or not the said accounts, products and services are maintained in, or obtained from, Sterling Bank. All information received or disclosed pursuant to this provision shall be kept strictly confidential between Sterling Bank and the disclosing or receiving banking institution.

I/we further agree that the construction, validity, as well as the exercise, performance and discharge, of all rights and obligations relative hereto are governed by, and subject to, the laws of the Republic of the Philippines and applicable rules and regulations of the Bangko Sentral ng Pilipinas and other competent governmental agencies now or hereinafter in effect.

Printed Name _____	Signature _____ 	Date (MM/DD/YYYY) ___ / ___ / _____
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FOR BANK USE ONLY

<p>Client Type: <input type="checkbox"/> Existing Client <input type="checkbox"/> New Client <input type="checkbox"/> Walk-in <input type="checkbox"/> Referred/Introduced By (name & signature) _____</p>	<p>Client Risk Classification: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High</p>		
<p>Account Opened By / Date: _____</p>	<p>Witnessed/Verified By / Date: _____</p>	<p>Approved By / Date: _____</p>	<p>Account No. <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="checkbox"/> Primary Account Holder (for joint account only)</p>
<p>Post Account Opening Checklist: <input type="checkbox"/> Watch List Checking <input type="checkbox"/> Negative Result <input type="checkbox"/> With OFAC/UNSC Match <input type="checkbox"/> With CMAP/NFIS Match</p>		<p>Conducted By / Date: _____</p>	<p>Remarks: _____</p>