



CUSTOMER INFORMATION CARD

<u>FAMILY NAME / SURNAME</u>	<u>GIVEN / FIRST NAME</u>	<u>MIDDLE NAME</u>
Date of Birth: _____	Place of Birth: _____	Nationality: _____
Present Address:		
_____ No. _____	_____ Street _____	_____ Floor / Building _____
_____ Barangay _____	_____ Town / Municipality / City _____	_____ Province _____
Permanent Address:		
_____ No. _____	_____ Street _____	_____ Floor / Building _____
_____ Barangay _____	_____ Town / Municipality / City _____	_____ Province _____
Identification Card/s (ID/s) presented: _____		
Postal Code: _____	Telephone No. _____	Cellular No. _____
Occupation: _____	<input type="checkbox"/> None / Self-Employed	<input type="checkbox"/> Employed
Name of Employer / Business: _____	<input type="checkbox"/> Professional	
Nature of Work/Business: _____		
_____ Specimen Signature 1	_____ Specimen Signature 2	_____ Specimen Signature 3