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**KNOW YOUR CUSTOMER: ASSOCIATED PARTY**

**This form is to be filled up by each Company Authorized Signatory/Representative, Beneficial Owner, Persons with Executive Authority, Primary Officer, or Director**

|  |  |
| --- | --- |
| **Date *(DD-MM-YYYY)*** |  |

***\*Mandatory Field***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Select all applicable:** | **** | **Authorized Signatory/Representative** | **** | **Director** |
|  | **** | **Beneficial Owner** | **** | **Officer / Executive Officer** |

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| **1. CUSTOMER DETAILS** |
| **Title\*** |
| **** | **Mr** | **** | **Ms** | **** | **Mrs** | **** | **Others, please specify: \_\_\_\_\_\_\_\_\_\_\_** |
| **First Name\*** | **Middle Name\*** | **Last Name\*** |
|  |  |  |
| **Aliases or Previous Name/s (if any)\*** |
|  |
| **Nationality (Primary)\*** | **Nationality (Secondary)\*** | **Tax ID Number/ SSS/GSIS Number** |
|  |  |  |
| **Date of Birth\* (DD-MM-YYYY)** | **Town/Place of Birth\*** | **Country of Birth\*** |
|  |  |  |
| **Country of Residence\*** | **Mother’s Maiden Name (First Name, Middle Name, Last Name)** |
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| **2. ADDRESS AND CONTACT DETAILS** |
| **Residential/Present Address\* (Not A P.O. Box) (Number, Building, Street, Town/City, Province/State, Zip Code, Country)** |
|  |
| **Permanent Address (Not A P.O. Box) (Number, Building, Street, Town/City, Province/State, Zip Code, Country)** |
| **** | **Same as Residential Address** |
|  |
| **Contact Details\*** |
| **Home Phone** | **Mobile Phone** | **Email Address** | **Fax Number** |
|  |  |  |  |

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| **3. EMPLOYMENT DETAILS AND SOURCE OF INCOME** |
| **Nature of Work\*** | **Position\*** |
|  |  |
| **Name of Employer\* (if employed or holding positions in other companies)** | **Nature of Business** | **Position** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Source of Funds/Income/Wealth\* (Indicate all sources of income) – Examples: Salary, business profit/income, dividends, investment income from sale of securities, foreign exchange profits, sale of property/capital gains, rental income, donation, pension, etc.**  |
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| **4. POLITICALLY EXPOSED PERSONS (PEP) AND RELATED PARTY CHECK** |
| **Public Positions Held Including Positions in Government-Owned-and-Controlled Corporations\* (Past or Present)** |
|  |  **Yes (Please indicate details below)** |  |  **No** |
| **Name** | **Government Entity** | **Position Held** | **From /To** |
|  |  |  |  |
|  |  |  |  |
| **Related Party Check – Disclosure of relationship with ANZ\*** |
| ***Are you related to any officer or employee of ANZ?*** | **** | **Yes – please provide details** | **** | **No** |
| **Name of ANZ employee** |  | **Relationship**  |  |

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| **5. CUSTOMER ACKNOWLEDGMENT AND CONSENT** |
| **I hereby certify that the above information is true and correct to the best of my knowledge.** |
| **Full name and signature of Associated Party\*** |
|  | SIGNATURE VERIFIED |
| **Date (DD-MM-YYYY)** |  |

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| **FOR BANK USE ONLY** |
| **Submitted by: RM/Client Services (Print Name and Signature)** | **Date** | **CIF ID** |
|  |  |  |
| **Siebel/IKnow: Inputted by / Verified by** | **Finacle: Inputted by / Verified by** |
|  |  |  |  |
| **Date** |  | **Date** |  | **Date** |  | **Date** |  |