

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
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Select all applicable:	Authorized Signatory/Representative Beneficial Owner	Director 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)		

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

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.			

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		

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)		

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