

Account Opening
 Create CIF (Internal Only)

Account Maintenance

For Bank's use only

Customer No.

Bank/Branch No.

Enclosed: (number) copies of Supplementary Information Continuation Sheets (Companies/Organizations)

1. Basic Customer Information

Full Legal Name	English					
Account Name	English					
*Registered Address	(Floor Number, Building Name, Street Number/Name, City, Post/ZIP Code and Country)					
*Business Address	<input type="checkbox"/> Same as Registered Address		If not the same, please provide address below:			
*Correspondence Address	<input type="checkbox"/> Same as Registered Address		If not the same, please provide address below:			
*Residency	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		Email Address			
Contact Telephone	Primary	Area Code	Phone Number	Alternate	Area Code	Phone Number
	Office No.			Office No.		
	Mobile No.			Mobile No.		
Form of Organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Gov't and Other Agencies <input type="checkbox"/> Others (please specify): _____					
*Registration	<input type="checkbox"/> SEC		<input type="checkbox"/> DTI		<input type="checkbox"/> Cooperative Dev't Authority	
*Tax Identification Number (TIN)	Registration or Incorporation Number		Registration or Incorporation Date		No. of Employees	
Registered Capital			Primary Operating Country of the Business			
Secondary License	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: Licensing Government Agency:			
Listed Company	<input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes: Primary Stock Exchange:			
Source of Funds	<input type="checkbox"/> Capital Injection <input type="checkbox"/> Return on Investment <input type="checkbox"/> Sales Proceeds <input type="checkbox"/> Trust Property <input type="checkbox"/> Others (please specify): _____					
Funds/Wealth Source (Country or Region)	<input type="checkbox"/> Philippines <input type="checkbox"/> Others (please specify): _____					
Source of Wealth	<input type="checkbox"/> Business Income <input type="checkbox"/> Return on Investment <input type="checkbox"/> Sales of Asset(s) <input type="checkbox"/> Others (please specify): _____					
Purpose of Account Opening (at most 3 items can be selected)	<input type="checkbox"/> 01 Savings/Fixed Deposit <input type="checkbox"/> 03 Investment <input type="checkbox"/> 04 Loan Repayment <input type="checkbox"/> 05 Daily Transactions <input type="checkbox"/> 06 Client Account <input type="checkbox"/> 07 Settlement of Crossborder Trade <input type="checkbox"/> 08 Options/Stock Dividend <input type="checkbox"/> Others (please specify): _____					
Ultimate Owner / Controller's Location	<input type="checkbox"/> Philippines <input type="checkbox"/> Others (please specify):		If Others: Indicate reason for opening account in Philippines		<input type="checkbox"/> Investment <input type="checkbox"/> Others (please specify):	
Nature of Industry	<input type="checkbox"/> Financial Services <input type="checkbox"/> Insurance <input type="checkbox"/> Transportation <input type="checkbox"/> Real Estate <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Imports & Exports <input type="checkbox"/> Construction <input type="checkbox"/> Catering <input type="checkbox"/> Manufacturing <input type="checkbox"/> Tourism <input type="checkbox"/> Communication <input type="checkbox"/> Agriculture <input type="checkbox"/> Textile <input type="checkbox"/> Information Technology <input type="checkbox"/> Others (please specify): _____					
Nature of Business			Nature of services/products offered			
Total Annual Business Turnover (in PHP equivalent)	<input type="checkbox"/> Below 100,000 <input type="checkbox"/> 100,001 - 300,000 <input type="checkbox"/> 300,001 - 500,000 <input type="checkbox"/> 500,001 - 1,000,000 <input type="checkbox"/> 1,000,001 - 5,000,000 <input type="checkbox"/> 5,000,001 - 10,000,000 <input type="checkbox"/> 10,000,001 - 20,000,000 <input type="checkbox"/> 20,000,000 or above (please specify): _____					
No. of Transactions Per Year with Bank	<input type="checkbox"/> 0 - 350		<input type="checkbox"/> 351 - 600		<input type="checkbox"/> 601 - 1,800 <input type="checkbox"/> 1,801 - 3,500 <input type="checkbox"/> 3,501 or above	
Major Buyers / Suppliers	Countries / Regions of Buyers		1.		Countries / Regions of Suppliers	
			2.		1.	
			2.		2.	

2. Authorized Signatories				
Do any of the following hold prominent public position in the Philippines/a Foreign State/ an International organization?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Active Authorized Signatory/ies; Director/Trustee; Primary Officer (i.e., President, Treasurer and Corporate Secretary); Stockholder holding/owning at least 20% of the voting stock?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES:	Name			
	Position			
Authorized Signatory				
Full Name (First Name, Middle Name, Last Name)				
Contact no.			CIF (to be filled by bank)	
Identification Document	Type		ID Issue Date	<u>YYYY/MM/DD</u>
	No.		ID Expiry Date	<u>YYYY/MM/DD</u>
Place of Birth			Date of Birth/Registration	
Philippine Resident status		<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	Nationality/Citizenship
Position			Business/Industry	
(Current) Residential /Registered Address				
<input type="checkbox"/> I/We hereby agree to have my/our deposit account with Bank of China (Hong Kong) Limited – Manila Branch to be governed by the terms and conditions set forth by the Bank as well as the Bangko Sentral ng Pilipinas relative to establishing and operating a deposit account.				
Specimen Signatures (Sign 3 times)				
1.		2.		3.
Authorized Signatory				
Full Name (First Name, Middle Name, Last Name)				
Contact no.			CIF (to be filled by bank)	
Identification Document	Type		ID Issue Date	<u>YYYY/MM/DD</u>
	No.		ID Expiry Date	<u>YYYY/MM/DD</u>
Place of Birth			Date of Birth/Registration	
Philippine Resident status		<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	Nationality/Citizenship
Position			Business/Industry	
(Current) Residential /Registered Address				
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If YES:	Name			
	Position			
Authorized Signatory				
Full Name (First Name, Middle Name, Last Name)				
Contact no.			CIF (to be filled by bank)	
Identification Document	Type		ID Issue Date	<u>YYYY/MM/DD</u>
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Contact no.			CIF (to be filled by bank)	
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Place of Birth			Date of Birth/Registration	
Philippine Resident status			<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	Nationality/Citizenship
Position			Business/Industry	
(Current) Residential /Registered Address				
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Specimen Signatures (Sign 3 times)				
1.		2.		3.

3. FATCA (Foreign Account Tax Compliance Act)

Under Foreign Account Tax Compliance Act (FATCA), certain U.S. taxpayers holding financial assets outside the United States must report those assets to the IRS. In addition, FATCA will require foreign financial institutions to report directly to the IRS certain information about financial accounts held by U.S. taxpayers, or by foreign entities in which U.S. taxpayers hold a substantial ownership interest. Refer to Annex 7 for details.

U.S. Person
Please read and sign Annex 7 CCW supplemental FATCA (if applicable)

Not a U.S. Person

4. Services

Account Type (please choose)	Peso <input type="checkbox"/> Savings <input type="checkbox"/> Current US Dollar <input type="checkbox"/> Savings CNY <input type="checkbox"/> Savings	<input type="checkbox"/> Others (please specify): _____
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Preferred Channels of Transaction (at most 3 items can be selected)	<input type="checkbox"/> Counter Transaction <input type="checkbox"/> Internet / Mobile Banking	<input type="checkbox"/> Others (please specify): _____
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Product/s and Service/s to be Availed	<input type="checkbox"/> Cash <input type="checkbox"/> Check / Bank Check <input type="checkbox"/> Transfer <input type="checkbox"/> Domestic Remittance (T/T / Bank Draft) <input type="checkbox"/> Securities Investment <input type="checkbox"/> Fund Investment <input type="checkbox"/> International Remittance (T/T / Bank Draft) <input type="checkbox"/> Trade Finance <input type="checkbox"/> Others (please specify): _____
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<input type="checkbox"/> Corporate Online Banking – iGTB NET	Provides full spectrum of online banking services, including account enquiry, payment, payroll, corporate mobile banking, account receivable management, treasury, etc.
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<input type="checkbox"/> E-Statement Service (Monthly)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Pick-up Deposit	Application documents: Annex 9-1 Terms of the Agreement of Documents and Check Deposit Pick-Up Annex 9-2 BOC Documents and Check Deposits Pick-Up Agreement Annex 9-3 Documents and Checks Deposit Pick-Up Client Authorization
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<input type="checkbox"/> Checkbook Application	Application documents - Annex 10 Checkbook Application Form
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<input type="checkbox"/> Others (please specify)	1. 2. 3. 4. 5.
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5. Customer Signatories

BANK REFERENCES		
Bank Name/Branch	Bank Address	Bank Telephone No.

ACKNOWLEDGMENT

I/We certify that the above information is true and correct. I/We hereby agree to be governed by the Terms and Conditions on Deposit Accounts of Bank of China (Hong Kong) Limited – Manila Branch, as well as the Rules and Regulations of Bangko Sentral ng Pilipinas and the Bankers Association of the Philippines relative to the establishment and operations of deposit account. If there are conflicts in the Chinese interpretation, the English version will prevail.

A _____
Signature over Printed Name /
Date Signed (mm/dd/yyyy)

B _____
Signature over Printed Name /
Date Signed (mm/dd/yyyy)

C _____
Signature over Printed Name /
Date Signed (mm/dd/yyyy)

D _____
Signature over Printed Name /
Date Signed (mm/dd/yyyy)