



# APPLICATION AND AGREEMENT FOR DEPOSIT ACCOUNT

(PERSONAL/ INDIVIDUAL/ JOINT ACCOUNT)

1 x 1  
PICTURE

Indicate a checkmark (✓) in the appropriate boxes and fill out applicable spaces.	Client ID Number
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I/We hereby apply to open a deposit account with the COOPERATIVE BANK OF QUEZON PROVINCE (CBQP) indicated below:

Savings Account     
  Current Account     
  Time Deposit/PSD     
  ATM

## PERSONAL INFORMATION

NAME	MOTHER'S MAIDEN NAME
First Name                      Middle Name                      Last Name	

PRESENT HOME ADDRESS

(Floor / Number, Street, Barangay / Subdivision / Municipality, City / Province, Postal Code)

PERMANENT HOME ADDRESS

(Floor / Number, Street, Barangay / Subdivision / Municipality, City / Province, Postal Code)

DATE OF BIRTH <small>(MM-DD-YYYY)</small>	PLACE OF BIRTH	TIN/SSS/GSIS	CONTACT NUMBER	HEIGHT	WEIGHT
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GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	EDUCATION <input type="checkbox"/> Post Graduate <input type="checkbox"/> College Graduate <input type="checkbox"/> Vocational/Col. Level <input type="checkbox"/> High School Grad. <input type="checkbox"/> Elementary	NATIONALITY <input type="checkbox"/> Filipino <input type="checkbox"/> American <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Others	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	HOME OWNERSHIP <input type="checkbox"/> Own <input type="checkbox"/> Under Rent <input type="checkbox"/> Lives with Relatives or friends	NO. OF CHILDREN _____ No. of Dependents Primary : _____ Secondary: _____ Tertiary : _____
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SOURCE OF FUNDS

Business   
  Salary   
  Commission   
  Pension   
  Remittance   
  Interest   
  Sale of Invt/Prop.   
  Inheritance   
  Others:

## EMPLOYMENT / BUSINESS INFORMATION

NAME OF EMPLOYER/BUSINESS	ADDRESS
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EMPLOYED SINCE <small>(MM-DD-YYYY)</small>	OFFICE PHONE NUMBER	CONTACT PERSON:
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JOB TITLE/OCCUPATION/PROFESSION	NATURE OF BUSINESS	SALARY	OTHER SOURCE OF INCOME
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SELF EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	GROSS ANNUAL SALARY/ INCOME <input type="checkbox"/> Below P250,000.00 <input type="checkbox"/> P250,000-499,999.99 <input type="checkbox"/> P500,000 -999,999.99 <input type="checkbox"/> Above P1 Million
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## SPOUSE'S INFORMATION

NAME	TIN/SSS/GSIS	CONTACT NUMBER
First Name                      Middle Name                      Last Name		

DATE OF BIRTH <small>(MM-DD-YYYY)</small>	PLACE OF BIRTH	EDUCATION	HEIGHT	WEIGHT
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EMPLOYER'S NAME	JOB TITLE/POSITION	EMPLOYER'S ADDRESS <small>(Floor / Number, Street, Barangay / Subdivision / Municipality, City / Province, Postal Code)</small>
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## BENEFICIARY/ IES

1. NAME: \_\_\_\_\_ PRESENT ADDRESS: \_\_\_\_\_

NATURE OF WORK: \_\_\_\_\_ SOURCE OF FUNDS: \_\_\_\_\_ ID PRESENTED/NUMBER: \_\_\_\_\_

DATE/PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ ACCT. NUMBER: \_\_\_\_\_

1. NAME: \_\_\_\_\_ PRESENT ADDRESS: \_\_\_\_\_

NATURE OF WORK: \_\_\_\_\_ SOURCE OF FUNDS: \_\_\_\_\_ ID PRESENTED/NUMBER: \_\_\_\_\_

DATE/PLACE OF BIRTH: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_ ACCT. NUMBER: \_\_\_\_\_

For joint account, each depositor/ signatory is required to fill-out separate Application and Agreement for Deposit Account

APPLICATION NO. \_\_\_\_\_

## DEPOSITOR'S AGREEMENT

By signing this form, I hereby certify that the information I provided is true and accurate to the best of my knowledge, I shall notify CBQP in writing of any changes in the information supplied in this form. I have read, understood and agreed to be bound by the terms and conditions governing all products, services or facilities rendered by CBQP including the Bank's applicable service and maintenance fees.

I also warrant that I am aware of the provisions of Republic Act No. 9160 (Anti-Money Laundering Act of 2001) as amended, and I represent that my transactions herein are not among those covered under the said law and that all funds to be deposited in the account(s) come from my legitimate undertakings. I authorize the Bank to make any such verifications or reports in compliance with RA No. 9160 as amended, as it may deem appropriate, for which acts I hold the Bank free and harmless from any and all liabilities, claims, and/or damages.

I also warrant that in the presence of fake/counterfeit bills noted in the course of verification, if any while making cash deposit, it shall be brought to my attention within the next banking day from receipt of deposit. I understand and agree that the fake/counterfeit bills shall not be credited to my account and shall be retained by the Bank.

In relation to the local and international anti-money laundering laws and regulations, I hereby authorize CBQP to disclose to local and international government entities any information, which shall include, but not limited to the following information, i.e. birth date/ place/ employment/ profession/ business/ contact number/ date when account was opened.

Signature Over Printed Name/ Date

### SKETCH OF ADDRESS/ LOCATION

Nearest Landmark:  Hospital     School     Police Station     Public Market     Brgy. Hall  
 Church     Highway     Municipal Hall     Others (Specify): \_\_\_\_\_

### FOR BANK'S USE ONLY

**ID'S PRESENTED/NUMBER**

<input type="checkbox"/> Passport _____	<input type="checkbox"/> SSS _____	<input type="checkbox"/> Voter's ID _____	<input type="checkbox"/> Company ID _____
<input type="checkbox"/> Driver's License _____	<input type="checkbox"/> GSIS ID _____	<input type="checkbox"/> Senior Citizen ID _____	<input type="checkbox"/> Postal ID _____
<input type="checkbox"/> Alien Cert. of Re. _____	<input type="checkbox"/> TIN _____	<input type="checkbox"/> Philhealth ID _____	<input type="checkbox"/> Others: _____

**CLIENT CLASSIFICATION AS TO RISK**       Low Risk       Normal Risk       High Risk

<p><b>REFERENCES</b></p> <p><input type="checkbox"/> Walk-In    <input type="checkbox"/> Existing Client: _____ Branch    <input type="checkbox"/> Previous Client Until _____</p> <p><input type="checkbox"/> Introduced By: _____, Bank Personnel</p>	<p><b>APPLICANT IS A:</b></p> <p><input type="checkbox"/> Borrower    <input type="checkbox"/> Depositor</p> <p><input type="checkbox"/> Co-Maker</p>
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DOCUMENTS VERIFIED AGAINST ORIGINALS BY:	SIGNATURE VERIFIED BY:	ENCODED BY:	ACCOUNT OPENING APPROVED BY:
Signature Over Printed Name/ Date	Signature Over Printed Name/ Date	Signature Over Printed Name/ Date	Signature Over Printed Name/ Date