

Individual Customer Data Update Form



1. Customer No. (Cif) _____

1. Title (Please tick) Prof Dr Mr. Ms. Mrs. Miss Rev Minor

2. First-name(s): _____

3. Surname: _____

4. Gender (Please tick) Male Female

5. Marital Status (Please tick) Divorced Married Living Together Separated Single Widowed

6. Nationality: _____

7. Date of Birth: (dd/mm/yyyy) ____ / ____ / ____ Place of birth: _____

8. ID Number: _____ Expiry date: (dd/mm/yyyy) ____ / ____ / ____

(If using passport for identification, please state the following information)

a. Passport no.: _____ Expiry date: ____ / ____ / ____

b. Work Permit number: _____ Expiry date: ____ / ____ / ____

c. Residence Permit number: _____ Expiry date: ____ / ____ / ____

d. Date issued: _____ Country of issue: _____

2. Address

1. Postal Address: _____ Town: _____ Country: _____

2. Telephone: (H) _____ (W) _____ (F) _____

3. Mobile no. 1: _____ Mobile no. 2: _____

4. Email Address: _____ Number of dependents: _____

5. Languages spoken: _____ & _____

6. Physical address: _____ Town/village: _____

7. Country: _____ Residence type: Owned Rented

8. Residence since (Date): _____ Residence Value: _____

3. Level Of Education (Please tick)

Primary Secondary Technical and Vocational Diploma Degree Post Graduate

4. Religion (Please tick)

Christian Muslim Hindu Other

5. Employment Details

1. Occupation / Profession: _____ Job title: _____

2. Employers name: _____

3. Employment start date: _____

4. Employer's address: _____ Telephone no.: (W) _____

5. Employers contact person: _____ Sector: _____

6. Total monthly Income (Please tick)

Less than P1,000.00 [] P1,000.00 - P2,000.00 [] P2,000.00 - P4,000.00 [] P4,000.00 - P6,000.00 []
P6,000.00 - P10,000.00 [] Above P10,000.00 []

Salary date: _____

Net income (P) _____

For official use:
Economic sector _____ Industry _____ Sector _____

6. Credit Interest Mode Of Payment (Please Tick)

Reinvested [] Cheque [] Transfer to account []

7. Communication Type Preferred (Please Tick)

Email [] Telephone [] Post []

8. Services Required (Please Tick)

Cellphone and Internet Banking [] Email []

9. Details Of Next Of Kin (who can be contacted in case of emergency)

Title (Please tick) [] Prof [] Dr [] Mr. [] Ms. [] Mrs. [] Rev

Full names: _____

Postal address: _____

Email address: _____

Employer: _____

Telephone: (H) _____ (W) _____ (C) _____

Relationship: _____

10. BBS Account Details

1. Customer Number: _____

2. Customer Full Names: _____

3. Customer Account Number/s: _____

11. Other Bank Account Details

1. Account with other banks Yes [] No []

2. Bank name: _____ 3. Type of account: _____

Customer Signature: _____ Date: _____

For official use:
Received By: _____ Date: _____ Signature: _____
Captured By: _____ Date: _____ Authorized by: _____