

**CLIENT INFORMATION SHEET**

Dear Client,

Kindly accomplish this form fully for processing. To ensure that we have an updated record, kindly notify us of changes in any of the information provided. All information will be held **STRICTLY CONFIDENTIAL**. Thank you.

|  |  |  |  |
| --- | --- | --- | --- |
| Business Name |  | | |
| Business Address |  | | |
|  | | |
| Tel. No. |  | Fax No. |  |
| Nature of Business |  | | |
| Tax Identification No. |  | SEC/CDA Reg. No |  |
| Depository Bank/s |  | No. of members |  |

**BUSINESS/BRANCH HEAD**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Designation |  | | | | |
| Home Address |  | | | | |
|  | | | | |
| Tel. No. |  | | Fax No. |  | |
| Mobile No. |  | | Email Address |  | |
| Birthdate |  | | Nationality |  | |
| Residence Cert., Driver’s Lic., Passport , *or,* other ID No. |  |  | Date of Issue: | | Expiry Date: |
|  |  | Place of Issue: | | |

**REMITTANCE PAY-OUT CENTER (Please Check)**

**Domestic International**

**AUTHORIZED USERS of ExpressPay System:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | **Type of User**  Clerk / Manager | Username  (Do not fill) | Password  (Do not fill) | Email Address | Mobile No. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***I / We hereby certify that all the above information is complete and accurate.***

Signature: Date:

(Business/Branch Head)

|  |  |
| --- | --- |
| Client No.: | ID No.: |