



DEVELOPMENT BANK OF THE PHILIPPINES

BENEFICIAL OWNER INFORMATION FORM

INSTRUCTIONS: Please fill-out all fields. Do not leave any field blank but instead indicate "NA" for Not Applicable, "NAV" for Not Available and "N" for None.

GIVEN NAME		SUFFIX (e.g. Jr., Sr., I, II)		MIDDLE NAME		LAST NAME																	
DATE OF BIRTH		PLACE OF BIRTH				CITIZENSHIP																	
<table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>										m	m	d	d	y	y	y	y					<input type="checkbox"/> Philippines <input type="checkbox"/> Others: _____	
m	m	d	d	y	y	y	y																
PRESENT ADDRESS					TYPE OF BENEFICIAL OWNERSHIP																		
<i>House/Floor/Unit No.</i>		<i>Block No./Lot No./Phase No./Bldg Name</i>		<i>Street Name</i>		<i>Subdivison/Village/Purok/Sitio</i>																	
<i>Barangay</i>		<i>Town/Municipality/City/District/State</i>		<i>Province/Region</i>		<i>Country</i> <i>Zip Code</i>																	
TELEPHONE NUMBER		MOBILE NUMBER			EMAIL ADDRESS																		
<i>Country Code-Area Code-Identifier-Phone No./Local</i>		<i>Country Code-Area Code-Identifier-Phone No</i>																					

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND CONFIRM THAT I FULLY UNDERSTAND AND AGREE TO BE GOVERNED BY THE RULES AND REGULATIONS OF THE BANK.

Signature of Beneficial Owner / Authorized Person

FOR BANK USE																		
DATE UPDATED <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									m	m	d	d	y	y	y	y	VERIFICATION STAMP/DATE 	AUTHENTICATED BY/DATE _____ <i>Signature Over Printed Name</i>
m	m	d	d	y	y	y	y											
NEXT REVIEW DATE <table border="1" style="width:100%; text-align: center;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td> </tr> </table>									m	m	d	d	y	y	y	y	_____ <i>Signature Over Printed Name</i>	APPROVED BY/DATE _____ <i>Signature Over Printed Name</i>
m	m	d	d	y	y	y	y											