D-Y FINANCIALS

Customer Information Sheet

Individual

Client Number

Date:_____

Required Information

Last Name	First Name / Given Name	Middle Name	
Present Address (House/Unit No., Floor & Bldg./Street, Lot/Blk, Brgy/Vill, Town/City/Country)			
Permanent Address (if different from Present Address)			
Mailing Address			
Date of Birth	Place of Birth	Nationality / Citizenship	Gender
Mobile Number	Telephone Number	Email Address	Civil Status
SSS Number / GSIS Number		Tax Identification Number	
Employer / Business Name	Nature of Business	Business Phone Number	
Employer / Business Address			
Job Title	Source of Funds	Employment Status	Date Hired / Start of Business

Required Documents

- ☐ 2 Valid IDs
- ☐ Proof of Billing
- ☐ Others (please specify):_____

ACKNOWLEDGEMENT & DECLARATION

1. I/We confirm that the information given in this form is correct and complete. I/We authorize DYFC to confirm this information from any source it may chose.

2. I/We understand that the transaction with DYFC may be delayed if not all requirements and supporting documents are submitted.

3. I/We hold DYFC, its officers and representatives, free and harmless from any and all claims, liabilities, damages and suits of whatever nature arising out of or in connection with the transactions of this account.

_____ Date:_____

Name & Signature