

### CUSTOMER INFORMATION

**Full Name:** *(Last name, First name, Middle name)*

\_\_\_\_\_

**Address:**

\_\_\_\_\_

*Unit No./Building Name/House No.      Street Name      Subdivision/Barangay      City/Municipality      Region/Province      Country      Zip Code*

**Date of Birth:** *(Month / Day / Year)*

\_\_\_\_\_

**Place of Birth:**

\_\_\_\_\_

**Nature of Work:**

\_\_\_\_\_

**Source of Funds:**

*(Example: Salary from Employment, Income from Business, Income from Investments, Regular Remittance, etc.)*

\_\_\_\_\_

**Position / Designation:**

*(Example: CEO, COO, CFO, CIO, CSO, President, Partner, Chairman, VP, GM, Director, Supervisor)*

\_\_\_\_\_

**Contact Details:** *(Mobile number and Email Address)*

\_\_\_\_\_

**Citizenship / Nationality:**

\_\_\_\_\_

### CUSTOMER DECLARATION

- I confirm that the individual declared in the KYC Form is the same as the Beneficial Owner.**

I certify that all information I have provided in this form is true and correct. I hereby authorize GXI to verify all information provided herein. I agree to promptly notify GXI of any change in the information which I have provided after the date of this declaration. I fully understand that any misinterpretation of failure to disclose information on my part as required herein, may result in the disapproval of my application for GXI products and services, and that GXI is not under any obligation to share with me the reason/s or rationale for such disapproval.

Signature over Printed Name of Business Owner/s or Authorized Representative/s:

\_\_\_\_\_

Designation:

\_\_\_\_\_

Date:

\_\_\_\_\_

### 3 Specimen Signatures:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_