

For Bank Use Only:

Relationship Title:

CIF No.

Account No.

1

Select An Account

Account Type

☐ Single Proprietorship

☐ Partnership

☐ Corporation

☐ Others:

Product Type

We are interested in the following products:

☐ Cash Management

☐ Credit Facilities

☐ Commercial Loan

☐ Guarantees

☐ Treasury Products

☐ Corporate & Commercial Payroll

☐ Letters of Credit

☐ Others:

Objective For Opening A New Account

☐ Business

☐ Investment

☐ Transactional

Do you have an existing account with us?

☐ Yes

☐ No

2

Tell Us About Your Company (\* Required field)

Company Name \*

Country of Incorporation / Registration \*

Date of Incorporation / Registration \*

Nature of Business \*

Present Business Address \*

# / Street / Barangay / City / Zip code

Company TIN \*

Phone Nos. \*

Mobile No. \*

Fax No.

Email

Corporate Secretary \*

Main Products / Services Offered

Last Name

First Name

Middle Initial

Major Suppliers

Major Type of Customers

Subsidiaries / Affiliated Companies		
Company Name	Address	Contact No(s).

Trade References		
Company Name	Address	Contact No(s).

Bank References		
Bank	Address	Type of Account

Authorized Signatories \*

1	Name				CIF No.			
	Last Name		First Name	Middle Initial	For Bank's Use Only			
	Present Address				Date of Birth (mm/dd/yyyy)			
	# /	Street	/	Barangay	/	City	/	Zip code
	Place of Birth	Citizenship	Source of Funds	ID Details				

2	Name				CIF No.			
	Last Name		First Name	Middle Initial	For Bank's Use Only			
	Present Address				Date of Birth (mm/dd/yyyy)			
	# /	Street	/	Barangay	/	City	/	Zip code
	Place of Birth	Citizenship	Source of Funds	ID Details				

3 Source of Funds

Please tell us how you will fund this account:

- ☐ Income from Business
- ☐ Investment
- ☐ Retirement Funds
- ☐ Business Capital
- ☐ Sale of Business or Property
- ☐ Others: (Please specify) \_\_\_\_\_

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Access & Communication Channels

Checkbook

Check Series No.

I/We hereby acknowledge receipt of the Checkbook

Authorized Signatory

Authorized Signatory

Contact Person(s) authorized to receive and communicate information to & from us

Main Contact (Last Name, First Name, Middle Initial)

Work Phone

Home Phone

Mobile Number

Secondary Contact (Last Name, First Name, Middle Initial)

Work Phone

Home Phone

Mobile Number

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Confirmation and Signatures

I/We declare that the information given herein are true and correct. I/We have read and understood and agree to be bound by the terms, conditions and agreements applicable and governing my/our accounts and/or investment/s, as well as separate documents relative to said account/s or investment/s. Said terms, conditions and agreements shall likewise apply to all my/our future account/s and/or investment/s with PBCOM. I/We agree to notify you in writing of any change in the information supplied in this form.

Please recognize the following authorized signature(s) in the payment of funds from my/our account and/or transaction of other business with the Bank.

SPECIMEN SIGNATURES

Account No.

Company CIF No.


Individual CIF No.

Last Name

First Name

Middle Name

Designation




Individual CIF No.

Last Name

First Name

Middle Name

Designation



Signing Arrangement ☐ Single ☐ Any Two ☐ Others:

Required Documentation

	Corporation	Partnership	Sole Proprietorship
Certificate fo Registration	Yes (SEC issued)	Yes (SEC issued)	Yes (DTI issued)
Articles of Incorporation	Yes		
By-laws	Yes		
Notarized Board Resolution	Yes		
Notarized Parnership Resolution		Yes	
Articles of Partnership		Yes	
General Information Sheet	Yes		
Signature Card	Yes	Yes	Yes
Photo ID	Yes	Yes	Yes
Business Name Application			Yes

For Bank Use Only:					
<input type="checkbox"/> NFIS / BAP <input type="checkbox"/> PEP <input type="checkbox"/> OFAC		Signature _____ Date _____		<b>Reviewed / Approved By:</b> _____ Signature _____ Date _____	
<b>Opened and Encoded By:</b> _____			<b>Doc Scanned By:</b> _____		
Signature _____		Date _____		Signature _____ Date _____	
<b>Signature Verified By:</b> _____			<b>Doc Authorized By:</b> _____		
Signature _____		Date _____		Signature _____ Date _____	
<b>Branch Code</b> _____		<b>AO Code / Name</b> _____		<b>Referred By:</b> _____	