

INSTRUCTIONS

1. SUPPLY ALL REQUESTED INFORMATION BY FILLING IN THE BLANKS AND WRITE N/A WHENEVER ITEM IS NOT APPLICABLE.
2. ACCOMPLISH THIS FORM IN THREE (3) COPIES.
3. SUBMIT DULY ACCOMPLISHED FORM TO YOUR DESIGNATED DEPOSITORY BRANCH.

**EMPLOYER
DETAILS**

| | | | | | |
|---------------------------------|---|-------------------------|----------------------|-----------------|--------------------|
| REGISTERED EMPLOYER NAME | <input type="text"/> | | | | |
| BUSINESS ADDRESS | <input type="text"/> | | | | |
| | <i>HOUSE/BUILDING NO. & STREET NAME</i> | <i>BARANGAY</i> | <i>CITY</i> | <i>PROVINCE</i> | <i>POSTAL CODE</i> |
| PHONE NO. | <input type="text"/> | MOBILE NO. * | <input type="text"/> | | |
| FAX NO. | <input type="text"/> | NO. OF EMPLOYEES | <input type="text"/> | | |
| EMPLOYER SSS ID NO. | <input type="text"/> | SSS BRANCH(ES) | <input type="text"/> | | |
| COMPANY COORDINATOR | <input type="text"/> | EMAIL | <input type="text"/> | | |
| DEPARTMENT | <input type="text"/> | DESIGNATION | <input type="text"/> | | |

**USER
INFORMATION**

**CORPORATE
ADMIN**

| | | | |
|--|---|--|---|
| USER ID (TO BE FILLED UP BY THE BANK) | <input type="text"/> | USER ID (TO BE FILLED UP BY THE BANK) | <input type="text"/> |
| USER LEVEL: | <input type="checkbox"/> CORPORATE ADMIN 1 | USER LEVEL: | <input type="checkbox"/> CORPORATE ADMIN 2 |
| USER NAME | <input type="text"/> | USER NAME | <input type="text"/> |
| CONTACT NO. | <input type="text"/> | CONTACT NO. | <input type="text"/> |
| EMAIL | <input type="text"/> | EMAIL | <input type="text"/> |

**USER
INFORMATION**

**CORPORATE
MAKER**

| | | | |
|--|---|--|---|
| USER ID (TO BE FILLED UP BY THE BANK) | <input type="text"/> | USER ID (TO BE FILLED UP BY THE BANK) | <input type="text"/> |
| USER LEVEL: | <input type="checkbox"/> CORPORATE MAKER 1 | USER LEVEL: | <input type="checkbox"/> CORPORATE MAKER 2 |
| USER NAME | <input type="text"/> | USER NAME | <input type="text"/> |
| CONTACT NO. | <input type="text"/> | CONTACT NO. | <input type="text"/> |
| EMAIL | <input type="text"/> | EMAIL | <input type="text"/> |

**USER
INFORMATION**

**CORPORATE
CHECKER**

| | | | |
|--|---|--|---|
| USER ID (TO BE FILLED UP BY THE BANK) | <input type="text"/> | USER ID (TO BE FILLED UP BY THE BANK) | <input type="text"/> |
| USER LEVEL: | <input type="checkbox"/> CORPORATE CHECKER 1 | USER LEVEL: | <input type="checkbox"/> CORPORATE CHECKER 2 |
| USER NAME | <input type="text"/> | USER NAME | <input type="text"/> |
| CONTACT NO. | <input type="text"/> | CONTACT NO. | <input type="text"/> |
| EMAIL | <input type="text"/> | EMAIL | <input type="text"/> |

**USER
INFORMATION**

**CORPORATE
APPROVER**

| | | | |
|--|--|--|--|
| USER ID (TO BE FILLED UP BY THE BANK) | <input type="text"/> | USER ID (TO BE FILLED UP BY THE BANK) | <input type="text"/> |
| USER LEVEL: | <input type="checkbox"/> CORPORATE APPROVER 1 | USER LEVEL: | <input type="checkbox"/> CORPORATE APPROVER 2 |
| USER NAME | <input type="text"/> | USER NAME | <input type="text"/> |
| CONTACT NO. | <input type="text"/> | CONTACT NO. | <input type="text"/> |
| EMAIL | <input type="text"/> | EMAIL | <input type="text"/> |

**CLIENT
CONFIRMATION**

This is to confirm the participation of our Company in the BancNet's eGov System whereby we agree to submit our payment files and remit the corresponding payment orders to the appropriate government agencies (SSS/Philhealth/Pag-IBIG) and PBCOM respectively, following the prescribed file formats; that the information contained therein shall be accurate and in compliance with the appropriate agencies' requirements ; and that we abide by the terms and conditions, including the procedures as may be required by BancNet, and that any documents transmitted for the implementation of the eGov System shall be made in writing and shall have been approved by the authorized representatives of our company.

Likewise, we hereby authorize our designated depository bank to deduct from the bank account specified below the payments and for the remittance of said amount to the appropriate government agencies (SSS/Philhealth/Pag-IBIG) according to the prescribed schedule.

Finally, it is understood that the information contained herein is correct and true as of date of enrollment, and shall remain in effect until corrections or changes are transmitted in writing to all affected parties.

By signing below, we acknowledge that we have read, understood, and agree to be bound by the attached Terms and Conditions governing the rendition of BancNet eGov Facility.

BY: AUTHORIZED COMPANY OFFICIAL(S)

| | | | |
|---|---|--|---|
|  |  |  |  |
| SIGNATURE OVER PRINTED NAME | | POSITION / OFFICIAL DESIGNATION | DATE |
|  |  |  |  |
| SIGNATURE OVER PRINTED NAME | | POSITION / OFFICIAL DESIGNATION | DATE |

**DEPOSITORY
BANK DETAILS**

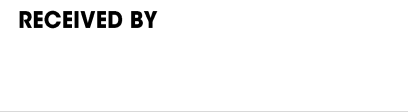




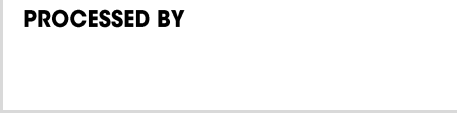
DEPOSITORY BANK

BRANCH CODE **ACCOUNT NO.**

ACCOUNT TYPE **SAVINGS** **CURRENT**

DEPOSITORY BANK CONTACT PERSON

FOR BANK USE ONLY

| | | |
|---|--|---|
| RECEIVED BY | TEST USER ID | PROCESSED BY |
|  |  |  |
| TEST COMPLETION DATE | PRODUCTION USER ID | PROCESSED BY |
|  |  |  |