

APPLICATION FOR TIME DEPOSIT/SSA

<input type="checkbox"/> NEW PLACEMENT <input type="checkbox"/> ROLLOVER <input type="checkbox"/> TERMINATION DATE _____		
AMOUNT _____	Currency <input type="checkbox"/> Php <input type="checkbox"/> Usd <input type="checkbox"/> Jpy <input type="checkbox"/> _____	Type <input type="checkbox"/> Special Savings Amount (SSA) <input type="checkbox"/> Certificate of Time Deposit
Interest Rate _____	I/S Rate _____ (For Bank Use Only)	Term (No. of days): _____ From _____ To _____

SETTLEMENT (DEBIT)	UPON MATURITY (CREDIT)	
<input type="checkbox"/> Php <input type="checkbox"/> Usd <input type="checkbox"/> Jpy <input type="checkbox"/> _____	Principal	Interest
<input type="checkbox"/> Debit A/C No. _____	<input type="checkbox"/> Credit A/C No. _____	<input type="checkbox"/> Credit A/C No. _____
<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____	<input type="checkbox"/> Others _____

Name of Depositor

Authorized Signatories: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ (Signature over printed name) </div> <div style="width: 5%; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Signature Verified</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> _____ (Signature over printed name) </div> <div style="width: 5%; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">Signature Verified</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> </div> </div>
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1. I/We hereby authorize MUFG Bank, Ltd., Manila Branch to perform the acts stated above and I/We are responsible for whatever consequences that may arise from your Bank's approval and implementation of our request. If upon maturity, no instruction is received by your Bank from us on disposition of said placement, I/We hereby authorize you to credit the principal and interest to my/our regular account. I/We also hold your Bank or its authorized representatives free from any damages, losses or obligations of any kind and nature whatsoever as a consequence of the implementation of our request.

2. If any interest period or maturity date would otherwise fall on a day which is not a Banking Day that interest period or maturity date shall be automatically extended to the following Banking Day unless the result of such extension would carry over into another calendar month in which events such interest period or maturity date shall end on the preceding Banking Day.

3. If this time deposit/SSA is withdrawn before maturity, the prevailing savings deposit rate prescribed by the bank shall be used as the basis for computation of interest, subject to pre-termination penalty, if any.

4. We understand that this manually initiated application is subject to your bank's security procedures such as signature verification, use of the bank's prescribed application form and if transmitted via facsimile, is subject to the terms and conditions of the fax agreement. We will indemnify your bank against any damages, costs and expenses for any fraudulent or erroneous instruction, provided that, your bank has complied with the stated security procedures related to this manually initiated application.

ORIGINAL - BANK'S COPY

DUPLICATE - CLIENT'S COPY

(For Bank use only)

DGM	Dept. Head	Treasury	Customer's Authorized Contact Person	Confirmed By:	AO / CBD Head

Approved: Processed:

BOD Manager	Maker

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<input type="checkbox"/> Debit A/C No. _____ <input type="checkbox"/> Others _____	<input type="checkbox"/> Credit A/C No. _____ <input type="checkbox"/> Others _____	<input type="checkbox"/> Credit A/C No. _____ <input type="checkbox"/> Others _____

Name of Depositor _____	
Authorized Signatories: _____ (Signature over printed name)	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; text-align: center;">Signature Verified</div> _____ (Signature over printed name)

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