

SIGNATURE CARD

Name of Client _____

CIF (For Bank's use only)	
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Address _____ Date Submitted _____

Tel. No./s _____ Tax Identification No. _____

Fax No./s _____ Contact Person _____

Type of Account:	Account Number	Date Opened	Remarks
Savings Account: <input type="checkbox"/> PHP	_____	_____	_____
<input type="checkbox"/> USD	_____	_____	_____
<input type="checkbox"/> JPY	_____	_____	_____
<input type="checkbox"/> EUR	_____	_____	_____
Current Account:			
<input type="checkbox"/> Interest Bearing	_____	_____	_____
<input type="checkbox"/> Non-Interest Bearing	_____	_____	_____
SSA (Special Savings Account)/ Time Deposit (with Certificate)	_____	_____	_____
Others	_____	_____	_____
Type of Transactions:			
<input type="checkbox"/> Loans	<input type="checkbox"/> TR	<input type="checkbox"/> Import / Export	<input type="checkbox"/> Market Risk
<input type="checkbox"/> Others _____			

I/We undertake to update my/our specimen signature/s every five years or sooner at the discretion of the Bank, or upon any change of signing authorities on file with the Bank.

I/We certify that the information stated herein are true and correct. I/We agree to fully indemnify the Bank or any of its authorized representatives against any damages, cost and expenses, losses or obligations arising from any fraudulent information or misrepresentation made on our part.

Please recognize the following signatures in the payment of funds or the transaction of the other business on my/our account.

Authorized Signatures: (PLEASE SIGN 3X)

I. Printed Name _____ <small style="display: block; text-align: center;">Last Name First Name Middle Name</small> Title/Nature of Work _____ Nationality _____ Date of Birth _____ Place of Birth _____ Present Address _____	II. Printed Name _____ <small style="display: block; text-align: center;">Last Name First Name Middle Name</small> Title/Nature of Work _____ Nationality _____ Date of Birth _____ Place of Birth _____ Present Address _____
Permanent Address _____ _____ Contact No. _____ Source of Funds _____ Tax Identification No. _____ SSS/GSIS No. _____	Permanent Address _____ _____ Contact No. _____ Source of Funds _____ Tax Identification No. _____ SSS/GSIS No. _____
Signature 1	Signature 1
Signature 2	Signature 2
Signature 3	Signature 3

This is to certify that the persons named above are the same authorized signatories of the company referred to in the attached Secretary's Certificate or its equivalent, and that the signatures of the authorized signatories indicated above are genuine and authentic based on my personal knowledge.

Corporate Secretary

For Bank's Use Only

MANAGER	STAFF
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DEPT. HEAD	A/O
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