MUFG Bank, Ltd.
Manila Branch
A member of MUFG, a global financial gro

CWS AMENDMENT FORM

DATE M M D D Y Y

I. CUSTOMER INFORMATION

COMPANY NAME											
Contact Person		**Tel. No.:**								**E-mail Address:**	

PLEASE INDICATE SERVICE CHANGE REQUEST:

☐ A. Change in Account Information ☐ B. Change in Check Options ☐ C. Change in Pricing Options ☐ D. Change in Reporting Arrangement

☐ E. Change in Corporate Check Signature Clustering

[PLEASE FILL OUT ONLY THE PORTION THAT NEEDS TO BE AMENDED]

A. ACCOUNT INFORMATION (to be debited for Bank's fees and charges)

PHP ACCOUNT NUMBER (last 6 digits) | | | | | | |

B. CHECK OPTIONS

☐ **MANAGER'S CHECK** ☐ **CORPORATE CHECK** ☐ **With company logo** ☐ **Without company logo**

C. PRICING OPTIONS

MANAGER'S CHECK

☐ **FEE BASED** ☐ **MONTHLY ADB-BASED**

NUMBER OF CHECKS for MC	☐ **1 - 50**	☐ **51-100**	☐ **101-200**	☐ **201-300**	☐ **301-400**	☐ **401-500**	☐ **Others**
Equivalent ADB (Minimum Monthly) NOTE: Combination of all release modes as computed and agreed.							
Subject for review after _____ **months**	**Frequency of check release request from MUFG per month** _____						
AVAILING OF CWT / BIR FORM 2307	☐ YES	N☐ ease skip items below)					

CORPORATE CHECK

☐ **FEE BASED** ☐ **MONTHLY ADB-BASED**

NUMBER OF CHECKS for CC	☐ **1 - 50**	☐ **51-100**	☐ **101-200**	☐ **201-300**	☐ **301-400**	☐ **401-500**	☐ **Others**
Estimated volume of Corporate checks for six (6) months	_____						
Equivalent ADB (Minimum Monthly) NOTE: Combination of all release modes as computed and agreed.							
Subject for review after _____ **months**	**Frequency of check release request from MUFG per month** _____						
AVAILING OF CWT / BIR FORM 2307	☐ YES	N☐ ease skip items below)					

D. REPORTING ARRANGEMENT

AUTHORIZED REPRESENTATIVE (signature will be used as electronic signature for CWT / BIR FORM 2307). Please use black ink.

PRINTED NAME	SIGNATURE

PAYOR'S INFORMATION (as it appears on the CWT / BIR FORM 2307 printout)

TIN of Signatory	- - -
Title/Position of Signatory	

Tax Agent's Information (this is a mandatory field if the Authorized Signatory is from external Tax Agents)

Tax Agent Accreditation No. or Attorney's Roll No. (if applicable)	
Date of Issuance	
Date of Expiry	

PRINTED NAME	SIGNATURE

II. DECLARATION

I/We certify that all the information given in this enrollment form is true and correct. I/We hereby request you to process and effect the above mentioned arrangement subject to the conditions setforth in the Memorandum of Agreement.

Conforme / Date:	**Conforme / Date:**	**Conforme / Date:**
Company's Authorized Signatory (Signature Over Printed Name)	Company's Authorized Signatory (Signature Over Printed Name)	Company's Authorized Signatory (Signature Over Printed Name)

For Bank Use Only:

BOD			CBD		
DH	PERSON IN CHARGE	SIGNATURE VERIFIED	DH	AA/AO	DATE RECEIVED BY CBD