

## SIGNATURE CARD

Name of Depositor \_\_\_\_\_

Account No. \_\_\_\_\_

Address \_\_\_\_\_

Date Opened \_\_\_\_\_

Tel. No./s \_\_\_\_\_

Signature Updated \_\_\_\_\_

Fax No./s \_\_\_\_\_

Contact Person \_\_\_\_\_

**Currency**

- PHP  
 USD  
 JPY  
 Others \_\_\_\_\_

**Type of Account**

- Checking Account (  Regular  Interest – Bearing )  
 Savings Account  
 Special Savings Account (SSA)  
 Time Deposit (with Certificate)

**Signature Required**

- Any One     Any Two     All     Combination (See attached Secretary's Certificate)

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 and that the signatures indicated above are the genuine signatures of the said authorized signatories.

\_\_\_\_\_  
Corporate Secretary

**For Bank's Use Only**

CIF CODE	
BOD MANAGER	STAFF

DGM	DEPT. HEAD	A/O
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