

CUSTOMER REQUEST FORM

Date	Customer Name	CIF Number (To be filled-up by the bank)
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CUSTOMER INSTRUCTION

Please process the following changes/ updates to my information as stated below.

<input type="checkbox"/> Change in Name	_____	_____	_____
	First Name	Middle Name	Last Name
<input type="checkbox"/> Change in Address	_____		
<input type="checkbox"/> Present	House No.	Street/Barangay	District /City
<input type="checkbox"/> Permanent	_____		
	Province	Country	Zip Code
<input type="checkbox"/> Change in Contact Information	<input type="checkbox"/> Telephone No. (Landline)	<input type="checkbox"/> Mobile No.	<input type="checkbox"/> Email Address
<input type="checkbox"/> Change in Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
<input type="checkbox"/> Change in Financial / Employment Information	_____		
Source of funds	Est. Monthly Income	Office Contact Number	Employment Date
Employer's Name	Occupation	Position	
Employer's Address (House No. & Street, Barangay, District /City, Province, Country, Zip Code)			

<input type="checkbox"/> Interest Application	<input type="checkbox"/> Credit to Peso Current Account	Account Number	Amount
	<input type="checkbox"/> Credit to Peso Savings Account	Account Number	Amount
	<input type="checkbox"/> Credit to Dollar Savings Account	Account Number	Amount
	<input type="checkbox"/> Issuance of Manager's Check		
<input type="checkbox"/> Transfer of Funds	<input type="checkbox"/> Credit to Peso Current Account	Account Number	Amount
	<input type="checkbox"/> Credit to Peso Savings Account	Account Number	Amount
	<input type="checkbox"/> Credit to Dollar Savings Account	Account Number	Amount
<input type="checkbox"/> Request for Checkbook	<input type="checkbox"/> With Name <input type="checkbox"/> Without Name <input type="checkbox"/> Debit Account _____		<input type="checkbox"/> Payment Enclosed _____
<input type="checkbox"/> Request for Counter Check(s)	No. of pieces	Serial No. From	To
<input type="checkbox"/> Cancellation of Manager's Check	MC No.	Amount	Payee
	Reason		
<input type="checkbox"/> Replacement of Lost Passbook	<input type="checkbox"/> Change Account Status to Active		<input type="checkbox"/> Close Account

CERTIFICATION AND AUTHORIZATION

By signing this form, I certify that all the information I provided herein are true, accurate and complete. I undertake to notify/update the Bank of any change in any of the information supplied in this form. I acknowledge to have read, understood and agree to be bound by the terms and conditions of the Bank's deposits, products, services, facilities and/or channels that I opened/availed which were provided to me and which I acknowledge may be amended from time to time.

Subject to the Data Privacy Act (RA 10173) and relevant banking regulations, I agree that the Bank and/or its agents may process, obtain, collect, record, organize, store, update, modify, use, access, share and/or disclose ("process"), any and all information relating to me and/or my Account/s in order to (a) facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, facilities and/or channels availed by me, and/or (b) to comply with legal, regulatory or other obligations of the Bank under applicable local or foreign laws, rules and regulations (including but not limited to those relating to anti-money laundering, exchange of information among tax authorities, the US FATCA and/or common reporting standards) or as may otherwise be required by correspondent banks and/or financial industry bodies or associations. As used herein, the term "Bank" shall include the Bank's branches, subsidiaries and affiliates, and their respective agents, representatives and outsourced providers under an obligation of confidentiality.

The consent and authorization for the processing and sharing of information remains valid for a period of at least five (5) years after the termination, closure, cancellation or last transaction of the account. Where you deem it necessary or are required to fulfill legal, regulatory, government, tax, law, enforcement and compliance requirement and disclosure to the Authority or Organization, the storage will remain subsisting until the final conclusion of any requirement or disclosure obligation, dispute or action.



Signature over Printed Name of the Customer
FOR BANK'S USE ONLY

Request received and processed by:	Approved by:	Enrollment Date:
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