

## TRUST ACCOUNT OPENING FORM Beneficial Owners-Information Sheet

Supplementary Form-Business Account

For PBCOM Trust Use Only:							
IMA/Trust Account No.			Business CIF No			Date (mmm-dd-yyyy)	
Note : 1. Please complete in BLOCK 2. Please fill out completely the							
Account / Business Name*							
BENEFICIAL OWNER INFOR	MATION:						
FIRST BENEFICIAL OWNER							
First Name*	First Name* Middle Name*			Last Name*			
Present Address*							
Zip Code							
Nationality*	Date of Birth (mmm-dd-yyyy)*  Place of Birth*				n*		
Business/Employer Name*			Nature of Bu	siness/ Work *			
Sources of Funds*: Source of Funds	unds selected	I may be subject to a	additional docume	entation / inform	ation. Please t	ick <u>all</u> that applies.	
Allowance	☐ Bus	iness Ownership	ship Commission			☐ Donation	
Financial Assistance	☐ Inhe	eritance	☐ Investments : trading of secu			rities, currencies	
Pension		ceeds from Sale ds, Retail	ale : Proceeds from Sale : Property			Professional Fees / Service Fees	
☐ Property Rentals	☐ Ren	nittance	☐ Salary			☐ Winnings : casino, lottery	
Others [please specify]:							
Please list down Your Other Banking Relationships* If none, please indicate "None"							
Please list down the Name(s) of Co	mpany where	e you are a Director	r, Officer, Stockh	older* If none,	please indicat	e "None"	

SECOND BENEFICIAL OWNE	R						
First Name*	Middle Name*		Last Name*				
Present Address*							
Zip Code							
Nationality* Date of Birth (mmm-dd-yyyy)*					Place of Birth*		
Business/Employer Name*  Nature of Business/ Work *							
Sources of Funds*: Source of Fun	ds selecte	d may be subject to addition	al docume	entation / inform	nation. Please t	ick <u>all</u> that applies.	
Allowance	☐ Business Ownership		Commission			☐ Donation	
Financial Assistance	☐ Inh	☐ Inheritance ☐ Inves			nvestments : trading of securities, currencies		
☐ Pension	Proceeds from Sale : Goods, Retail			Proceeds from Sale : Property		Professional Fees / Service Fees	
☐ Property Rentals	☐ Re	mittance	☐ Sa	lary		☐ Winnings : casino, lottery	
Others [please specify]:							
Please list down Your Other Banking	Relations	hips* If none, please indica	ate "None	,,			
Please list down the Name(s) of Com	pany whe	re you are a Director, Office	er, Stockh	older* If none,	please indicat	e "None"	
THIRD BENEFICIAL OWNER							
First Name* Middle Name* Last Name*							
Present Address*							
Zip Code							
Nationality* Date of Birth (mmm-dd-yyyy)* Place of Birth*					1*		
Business/Employer Name*					Nature of Business/ Work *		
Sources of Funds*: Source of Funds selected may be subject to additional documentation / information. Please tick all that applies.							
Allowance	☐ Business Ownership ☐ Commission ☐ D				☐ Donation		
Financial Assistance	☐ Inheritance ☐ Investments : trading of			ading of secu	rities, currencies		
☐ Pension	<del>-</del>			Proceeds from Sale : Property		Professional Fees / Service Fees	
☐ Property Rentals	☐ Remittance ☐ Salary			Salary Winnings : casino, lottery			
Others [please specify]:							
Please list down Your Other Banking Relationships* If none, please indicate "None"							

FOURTH BENEFICIAL OWNER							
First Name*	Middle Name*		Last Name*				
Present Address*							
Zip Code							
Nationality* Date of Birth (mmm-dd-yyyyy)*					Place of Birth*		
Business/Employer Name*			Nature of Business/ Work *				
Sources of Funds*: Source of Fun	ds seled	cted may be subject to addition	al docum	entation / inforn	nation. Please t	ick <u>all</u> that applies.	
Allowance		Business Ownership	Commission			☐ Donation	
Financial Assistance	_ lı	nheritance	☐ Inv	Investments: trading of securities, currencies			
☐ Pension		Proceeds from Sale : Goods, Retail	Proceeds from Sa		Sale :	Professional Fees / Service Fees	
☐ Property Rentals	☐ F	Remittance	☐ Sa	☐ Salary		☐ Winnings : casino, lottery	
Others [please specify]:							
Please list down Your Other Banking	Relatio	nships* If none, please indica	ite "None	,,,			
Please list down the Name(s) of Com	pany w	here you are a Director, Office	r, Stockh	older* If none,	please indicat	e "None"	
	FIFTH BENEFICIAL OWNER						
FIFTH BENEFICIAL OWNER							
FIFTH BENEFICIAL OWNER First Name*		Middle Name*		Last Name*			
		Middle Name*		Last Name*			
First Name*		Middle Name*		Last Name*	Zip Code		
First Name*		Middle Name*  Date of Birth (mmm-dd-yyyy)	•	Last Name*	Zip Code Place of Birtl	n*	
First Name*  Present Address*				Last Name*	Place of Birtl	n* siness/ Work *	
First Name*  Present Address*  Nationality*			•	Last Name*	Place of Birtl		
First Name*  Present Address*  Nationality*	ds selec	Date of Birth (mmm-dd-yyyy)			Place of Birth	siness/ Work *	
First Name*  Present Address*  Nationality*  Business/Employer Name*		Date of Birth (mmm-dd-yyyy)	al docum		Place of Birth	siness/ Work *	
First Name*  Present Address*  Nationality*  Business/Employer Name*  Sources of Funds*: Source of Fundame	E	Date of Birth (mmm-dd-yyyy)	al docum	entation / inform	Place of Birth  Nature of Bu  nation. Please t	siness/ Work * ick <u>all</u> that applies.	
First Name*  Present Address*  Nationality*  Business/Employer Name*  Sources of Funds*: Source of Fundation  Allowance		Date of Birth (mmm-dd-yyyy)  cted may be subject to addition  Business Ownership	al docum	entation / inform	Place of Birth  Nature of Bu  nation. Please to	siness/ Work *  ick <u>all</u> that applies.  Donation	
First Name*  Present Address*  Nationality*  Business/Employer Name*  Sources of Funds*: Source of Fund  Allowance  Financial Assistance		Date of Birth (mmm-dd-yyyy)  Cated may be subject to addition  Business Ownership  Proceeds from Sale:	al docum	entation / informormission vestments : tr	Place of Birth  Nature of Bu  nation. Please to	siness/ Work *  ick all that applies.  Donation  rities, currencies  Professional Fees /	
First Name*  Present Address*  Nationality*  Business/Employer Name*  Sources of Funds*: Source of Fund  Allowance  Financial Assistance  Pension		Date of Birth (mmm-dd-yyyy)  Cited may be subject to addition  Business Ownership  Theritance  Proceeds from Sale:	al docum	entation / informoments in the content of the conte	Place of Birth  Nature of Bu  nation. Please to	siness/ Work *  ick all that applies.  Donation  rities, currencies  Professional Fees / Service Fees	
First Name*  Present Address*  Nationality*  Business/Employer Name*  Sources of Funds*: Source of Fund  Allowance  Financial Assistance  Pension  Property Rentals		Date of Birth (mmm-dd-yyyy)  Cated may be subject to addition  Business Ownership  Inheritance  Proceeds from Sale: Goods, Retail  Remittance	al docum	entation / informoments in the content of the conte	Place of Birth  Nature of Bu  nation. Please to	siness/ Work *  ick all that applies.  Donation  rities, currencies  Professional Fees / Service Fees	
First Name*  Present Address*  Nationality*  Business/Employer Name*  Sources of Funds*: Source of Fund  Allowance  Financial Assistance  Pension  Property Rentals  Others [please specify]:	☐ F	Date of Birth (mmm-dd-yyyy)  Cited may be subject to addition  Business Ownership  Theritance  Proceeds from Sale: Goods, Retail  Remittance	al docum Co	entation / informommission vestments : troceeds from operty	Place of Birth  Nature of Bu  nation. Please to	siness/ Work *  ick all that applies.  Donation  rities, currencies  Professional Fees / Service Fees  Winnings : casino, lottery	

SIXTH BENEFICIAL OWNER							
First Name*		Middle Name*		Last Name*	Name*		
Present Address*							
				Zip Code			
Nationality* Date of Birth (mmm-dd-yyyy			*		Place of Birt	n*	
Business/Employer Name*						siness/ Work *	
Sources of Funds*: Source of Fun	ds selecte	d may be subject to addition	al docum	entation / inform	nation. Please	ick <u>all</u> that applies.	
☐ Allowance	☐ Bus	☐ Business Ownership ☐ Commiss			☐ Donation		
Financial Assistance	☐ Inheritance ☐ Investments : t			vestments : tr	ading of secu	rities, currencies	
☐ Pension				Proceeds from Sale : Professional F Service Fees		Professional Fees / Service Fees	
☐ Property Rentals	Rentals				☐ Winnings : casino, lottery		
Others [please specify]:							
Please list down Your Other Banking Relationships* If none, please indicate "None"							
Please list down the Name(s) of Company where you are a Director, Officer, Stockholder* If none, please indicate "None"							

I/We hereby certify that the information of the **Beneficial Owners**, provided in this form, are true, correct, accurate, and complete. I/We understand that any false statement/information/invalid documents herein may be a ground for disapproval or immediate closure by the PBCOM Trust and Wealth Management Group of this Business Account and/or investment(s). I/We have read and understood and agree to be bound by the terms, conditions and agreements applicable and governing this Business Account and/or investment/s, and all pertinent laws, government rules and regulations as well as separate documents relative to said account/s or investment/s. Said terms, conditions and agreements shall likewise apply to all future business account/s and/or investment/s with PBCOM Trust and Wealth Management Group. I/We agree to notify you in writing of any change in the information indicated herein. **Further, this supplementary form shall form part of the main Trust account opening form of the Business Account mentioned on the first page of this document.** 

## **DATA PRIVACY CONSENT:**

(6) authorized signatories, please complete another sheet.

Name: First Name, Middle Name, Last Name

By providing my/our personal data and signing this Form, I am giving my consent to the PHILIPPINE BANK OF COMMUNICATIONS – TRUST AND WEALTH MANAGEMENT GROUP and its authorized representatives to collect, use, process, dispose, and protect my personal data contained in this Form and in any related documents and forms, whether given manually or electronically, for any legitimate business purpose of the PHILIPPINE BANK OF COMMUNICATIONS - TRUST AND WEALTH MANAGEMENT GROUP, including but not limited to profiling, data sharing, direct marketing, and commercial communications.

SIGNATURES OF AUTHORIZED SIGNATORIES \* - One signature box per Authorized Signatory. If there are more than six

Signature

				Attach			
Name: First Nam	e, Middle Name, Last Name	Signature	36/1/2 (SE) VXIII-12				
Name: First Nam	e, Middle Name, Last Name	Signature	MINATED VICE 42				
Name: First Nam	e, Middle Name, Last Name	Signature	36/4/1/90 V096/12				
Name: First Nam	e, Middle Name, Last Name		Signature	MAAA MIG VARMED			
Name: First Name, Middle Name, Last Name			Signature	MAY BE			
PBCOM TRUS	T MARKETING CONFIRMATION						
System Mainte	nance:						
Name of Trust Marketing Assistant  MAKER			Signature	Date (mmm-dd-yyyy)			
Details							
PBCOM TRUST OPERATIONS CONFIRMATION							
I confirm having reviewed the information maintained in the system vs information provided on this form and supported documents, as applicable.							
CHECKER / APPROVER	Name of Trust Operations CHECKER/APPROVER	5	Signature	Date (mmm-dd-yyyy)			
Details							