

For PBCOM Trust Use Only:		
IMA/Trust Account No.	Business CIF No	Date (mmm-dd-yyyy)

- Note :
- Please complete in BLOCK LETTERS and tick where applicable.
 - Please fill out completely the fields marked by a cross sign (*)

ACCOUNT INFORMATION

Account / Business Name*	
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BENEFICIAL OWNER INFORMATION:

FIRST BENEFICIAL OWNER			
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 Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.			
<input type="checkbox"/> Allowance	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Commission	<input type="checkbox"/> Donation
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments : trading of securities, currencies	
<input type="checkbox"/> Pension	<input type="checkbox"/> Proceeds from Sale : Goods, Retail	<input type="checkbox"/> Proceeds from Sale : Property	<input type="checkbox"/> Professional Fees / Service Fees
<input type="checkbox"/> Property Rentals	<input type="checkbox"/> Remittance	<input type="checkbox"/> Salary	<input type="checkbox"/> Winnings : casino, lottery
<input type="checkbox"/> 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”			

SECOND BENEFICIAL OWNER			
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 Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.			
<input type="checkbox"/> Allowance	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Commission	<input type="checkbox"/> Donation
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments : trading of securities, currencies	
<input type="checkbox"/> Pension	<input type="checkbox"/> Proceeds from Sale : Goods, Retail	<input type="checkbox"/> Proceeds from Sale : Property	<input type="checkbox"/> Professional Fees / Service Fees
<input type="checkbox"/> Property Rentals	<input type="checkbox"/> Remittance	<input type="checkbox"/> Salary	<input type="checkbox"/> Winnings : casino, lottery
<input type="checkbox"/> 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”			
THIRD BENEFICIAL OWNER			
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 Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.			
<input type="checkbox"/> Allowance	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Commission	<input type="checkbox"/> Donation
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments : trading of securities, currencies	
<input type="checkbox"/> Pension	<input type="checkbox"/> Proceeds from Sale : Goods, Retail	<input type="checkbox"/> Proceeds from Sale : Property	<input type="checkbox"/> Professional Fees / Service Fees
<input type="checkbox"/> Property Rentals	<input type="checkbox"/> Remittance	<input type="checkbox"/> Salary	<input type="checkbox"/> Winnings : casino, lottery
<input type="checkbox"/> 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”			







FOURTH BENEFICIAL OWNER			
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 Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.			
<input type="checkbox"/> Allowance	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Commission	<input type="checkbox"/> Donation
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments : trading of securities, currencies	
<input type="checkbox"/> Pension	<input type="checkbox"/> Proceeds from Sale : Goods, Retail	<input type="checkbox"/> Proceeds from Sale : Property	<input type="checkbox"/> Professional Fees / Service Fees
<input type="checkbox"/> Property Rentals	<input type="checkbox"/> Remittance	<input type="checkbox"/> Salary	<input type="checkbox"/> Winnings : casino, lottery
<input type="checkbox"/> 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”			
FIFTH BENEFICIAL OWNER			
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 Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.			
<input type="checkbox"/> Allowance	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Commission	<input type="checkbox"/> Donation
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments : trading of securities, currencies	
<input type="checkbox"/> Pension	<input type="checkbox"/> Proceeds from Sale : Goods, Retail	<input type="checkbox"/> Proceeds from Sale : Property	<input type="checkbox"/> Professional Fees / Service Fees
<input type="checkbox"/> Property Rentals	<input type="checkbox"/> Remittance	<input type="checkbox"/> Salary	<input type="checkbox"/> Winnings : casino, lottery
<input type="checkbox"/> 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”			

SIXTH BENEFICIAL OWNER			
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*: <i>Source of Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.</i>			
<input type="checkbox"/> Allowance	<input type="checkbox"/> Business Ownership	<input type="checkbox"/> Commission	<input type="checkbox"/> Donation
<input type="checkbox"/> Financial Assistance	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Investments : trading of securities, currencies	
<input type="checkbox"/> Pension	<input type="checkbox"/> Proceeds from Sale : Goods, Retail	<input type="checkbox"/> Proceeds from Sale : Property	<input type="checkbox"/> Professional Fees / Service Fees
<input type="checkbox"/> Property Rentals	<input type="checkbox"/> Remittance	<input type="checkbox"/> Salary	<input type="checkbox"/> Winnings : casino, lottery
<input type="checkbox"/> Others <i>[please specify]</i> :			
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:

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 (6) authorized signatories, please complete another sheet.	
Name: First Name, Middle Name, Last Name	Signature 
Name: First Name, Middle Name, Last Name	Signature 
Name: First Name, Middle Name, Last Name	Signature 
Name: First Name, Middle Name, Last Name	Signature 
Name: First Name, Middle Name, Last Name	Signature 
Name: First Name, Middle Name, Last Name	Signature 

PBCOM TRUST MARKETING CONFIRMATION			
System Maintenance:			
MAKER Details	Name of Trust Marketing Assistant	Signature	Date (mmm-dd-yyyy)
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 Details	Name of Trust Operations CHECKER/APPROVER	Signature	Date (mmm-dd-yyyy)