

## TRUST ACCOUNT OPENING FORM Authorized Signatories Information Sheet Supplementary Form-Business Account

For PBCOM Trust Use Only:						
IMA/Trust Account No		Busir	ness CIF No			Date (mmm-dd-yyyy)
Note: 1. Please complete in BLOCK LETTERS and tick where applicable. 2. Please fill out completely the fields marked by a cross sign (*)  ACCOUNT INFORMATION						
Account / Business Name*						
AUTHORIZED SIGNATORY IN NOTE : Each authorized signator signatories are required to	y is re	quired to submit two	valid, gover neet.	nment issued i	dentificatior	n documents. All authorized
FIRST AUTHORIZED SIGNAT	TORY					
Please tick one*  ☐ Primary Officer (please specify de.) ☐ Stockholder (at least 2% voting sto	-	•	Director, Truste	e, Partner 🔲 Ot	hers <i>(please s</i>	pecify)
First Name		Middle Name*		Last Name*		
Present Address*						
Zip Code						
Permanent Address*						
					Zip Code	
Residential Number*		Office Number*		Mobile Number	,	
Email Address		Date of Birth (mmm-dd-	уууу)*	Place of Birth*		
Nationality*	Count	ry of Residence*	Tax Ide	entification Numb	er*	GSIS/SSS Number*
Business/Employer Name*				Nature of Busin	ness / Work *	
Sources of Funds*: Source of Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.						
Allowance	owance			☐ Commission ☐ Donation		
Financial Assistance	☐ Inheritance ☐		□ Ir	☐ Investments : trading of sect		urities, currencies
Pension	Proceeds from Sale : Goods, Retail			Proceeds from Sale : Property		Professional Fees / Service Fees
☐ Property Rentals	☐ F	Remittance		Salary		☐ Winnings : casino, lottery
Others [please specify]:			•			

FIRST AUTHORIZED SIGNAT	ΓORY					
Please list down Your Other Banking Relationships* If none, please indicate "None"						
Please list down the Name(s) of Co	mpany	where you are a Director, Off	icer, Stoc	kholder* If nor	e, please indi	cate "None"
SECOND AUTHORIZED SIGN	IOTA	RY				
Please tick one*	oianotio	an In an itian Itial				
☐ Primary Officer (please specify designation/position/title)						specify)
First Name*	Middle Name*  Last Name*					
Present Address*						
					Zip Code	
Permanent Address*					<u>,                                      </u>	
					Zip Code	
Residential Number*		Office Number*		Mobile Numbe	er	
Email Address	Date of Birth (mmm-dd-yyyy)* Place of Birth*					
Nationality*	Country of Residence* Tax Identification Number* GSIS/SSS Number*				GSIS/SSS Number*	
Business/Employer Name*  Nature of Business / Work *						
Sources of Funds*: Source of Funds	nds sele	ected may be subject to addition	onal docui	mentation / info	rmation. Please	e tick <u>all</u> that applies.
Allowance	E	Business Ownership	□с	commission		☐ Donation
☐ Financial Assistance	□ I	nheritance	☐ Ir	vestments:	trading of sec	urities, currencies
Pension		Proceeds from Sale : Goods, Retail		Proceeds from Sale : Property		Professional Fees / Service Fees
☐ Property Rentals		Remittance	□ s	] 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 Company where you are a Director, Officer, Stockholder* If none, please indicate "None"						
THIRD AUTHORIZED SIGNATORY						
Please tick one*						
☐ Primary Officer (please specify designation/position/title)						
First Name* Middle Name* Last Name*						
Present Address*						
					Zip Code	

THIRD AUTHORIZED SIGNA	TORY					
Permanent Address*						
					Zip Code	
Residential Number*		Office Number*		Mobile Number	r	
Email Address		Date of Birth (mmm-dd-yyyy	)*	* Place of Birth*		
Nationality*	Country of Residence*		Tax Ide	entification Number*		GSIS/SSS Number*
Business/Employer Name*				Nature of Busin	ness / Work *	
Sources of Funds*: Source of Funds	nds sele	ected may be subject to addition	nal docu	mentation / inforr	nation. Please	e tick <u>all</u> that applies.
Allowance		Business Ownership		Commission		☐ Donation
Financial Assistance		nheritance		nvestments : tr	ading of sec	urities, currencies
Pension		Proceeds from Sale : Goods, Retail		Proceeds from Property	Sale :	Professional Fees / Service Fees
☐ Property Rentals	☐ F	Remittance		☐ Salary		☐ Winnings : casino, lottery
☐ Others [please specify]:						
Please list down Your Other Bankin	g Relat	ionships* If none, please ind	icate "No	one"		
Please list down the Name(s) of Con	mpany	where you are a Director, Offi	cer, Stoc	kholder* If none	e, please indic	ate "None"
FOURTH AUTHORIZED SIGN	IATOF	RY				
Please tick one*  ☐ Primary Officer (please specify de ☐ Stockholder (at least 2% voting sto			or, Truste	ee, Partner 🔲 Ot	hers (please s	pecify)
First Name* Middle Name*			Last Name*			
Present Address*						
					Zip Code	
Permanent Address*						
Zip Code						
Residential Number* Office Number* Mobile Number						
Email Address Date of Birth (mmm-dd-yyyy)* Place of Birth*						
Nationality*	Count	ry of Residence*	Tax Ide	entification Numb	oer*	GSIS/SSS Number*
Business/Employer Name*			<u> </u>	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.							
Allowance	☐ Business Ownership			Commission		☐ Donation	
Financial Assistance		Inheritance	☐ Ir	ivestments : ti	ading of sec	urities, currencies	
Pension		Proceeds from Sale : Goods, Retail		Proceeds from Sale : Property		Professional Fees / Service Fees	
☐ Property Rentals	□ F	Remittance	□ s	alary		☐ Winnings : casino, lottery	
Others [please specify]:							
Please list down Your Other Bankin	ıg Relat	tionships* If none, please ind	icate "No	ne"			
Please list down the Name(s) of Co	mpany	where you are a Director, Offi	cer, Stoc	kholder* If none	, please indic	ate "None"	
FIFTH AUTHORIZED SIGNAT	TORY						
Please tick one*  ☐ Primary Officer (please specify de ☐ Stockholder (at least 2% voting sto	-		or, Truste	e, Partner 🔲 Ot	hers (please s	pecify)	
First Name*		Middle Name*		Last Name*			
Present Address*							
Zip Code							
Permanent Address*							
Zip Code							
Residential Number*  Office Number*				Mobile Number	7		
Email Address	Email Address Date of Birth (mmm-dd-yyyy)*			* Place of Birth*			
Nationality*	Count	try of Residence*	Tax Ide	ntification Numl	oer*	GSIS/SSS Number*	
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.							
Allowance	☐ Business Ownership			Commission		☐ Donation	
Financial Assistance	_ ı	Inheritance	☐ Ir	ivestments : ti	ading of sec	urities, currencies	
Pension	Proceeds from Sale : Goods, Retail			roceeds from roperty	Sale :	Professional Fees / Service Fees	
☐ Property Rentals	☐ F	Remittance	□ s	alary		☐ Winnings : casino, lottery	
Others [please specify]:							

FIFTH AUTHORIZED SIGNAT	ORY					
Sources of Funds*: Source of Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.						
Allowance		☐ Business Owne	rship		☐ Comi	mission
☐ Donation		☐ Financial Assist	ance		☐ Inher	itance
Investments : trading of securities, currencies	es	☐ Pension			Proceeds from Sale : Goods, Retail	
☐ Proceeds from Sale : Prope	erty	☐ Professional Fe	es / Ser	vice Fees	☐ Prope	erty Rentals
Remittances		☐ Salary			☐ Winn	ings : casino, lottery
Others [please specify]:						
Please list down Your Other Bankin	g Relationsh	ips* If none, please indi	cate "Nor	ne"		
Please list down the Name(s) of Cor	npany where	e you are a Director, Offic	cer, Stock	cholder* If none	, please indic	ate "None"
SIXTH AUTHORIZED SIGNAT	ORY					
Please tick one*  ☐ Primary Officer (please specify deadles) ☐ Stockholder (at least 2% voting stockholder)		ition/title)neficial Owner	or, Trustee	e, Partner 🔲 Oth	ners <i>(please</i> s	pecify)
First Name*		Middle Name*		Last Name*		
Present Address*						
1 1						
Zip Code						
Permanent Address*						
Zip Code						
Residential Number* Office Number*						
Email Address	Date	e of Birth (mmm-dd-yyyy)	)*	Place of Birth*		
Nationality*	Country of	Residence*	Tax Ider	ntification Numb	er*	GSIS/SSS Number*
Business/Employer Name*				Nature of Busin	ess / Work *	
Sources of Funds*: Source of Funds selected may be subject to additional documentation / information. Please tick <u>all</u> that applies.						
☐ Allowance ☐ Business Ownership ☐ Commission					mission	
☐ Donation ☐ Financial Assistance ☐ Inheritance					itance	
☐ Investments : ☐ Pension ☐ Proceeds from Sale : ☐ Goods, Retail						
☐ Proceeds from Sale : Property ☐ Professional Fees / Service Fees ☐ Property Rentals						
Remittances	☐ Remittances ☐ 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 Company where you are a Director, Officer, Stockholder* If none, please indicate "None"						

I/We hereby certify that the information 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 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.

Please recognize the following authorized signature(s) in the payment of funds from this Business Account and/or transaction of other business with the PBCOM Trust and Wealth Management Group. I/We note that the opening of the Trust Account and list of Authorized Signatories, together with their signing authorities, should be supported by a Notarized Board Resolution or Secretary's Certificate.

## **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.

SIGNATURE SHEET OF AUTHORIZED SIGNATORIES* (Each Signatory should complete an Authorized Signatory Information Sheet)						
FIRST AUTHORIZED SIGNATORY	SECOND AUTHORIZED SIGNATORY					
Name: First Name, Middle Name, Last Name	Name: First Name, Middle Name, Last Name					
NEWLYCOME. VERWIND.	NEW ACTURED VICENTIAL OF THE PARTY OF THE PA					
THIRD AUTHORIZED SIGNATORY	FOURTH AUTHORIZED SIGNATORY					
Name: First Name, Middle Name, Last Name	Name: First Name, Middle Name, Last Name					
VENTALIZATION VE	NEW ACTURED VISIT PER CONTROL OF THE					
FIFTH AUTHORIZED SIGNATORY	SIXTH AUTHORIZED SIGNATORY					
Name: First Name, Middle Name, Last Name	Name: First Name, Middle Name, Last Name					
VERIED VERIED	Mark Kolation Versitable					

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