

For PBCOM Trust Use Only:		
IMA/Trust Account No	Business 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*	
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AUTHORIZED SIGNATORY INFORMATION

NOTE : Each authorized signatory is required to submit two valid, government issued identification documents. All authorized signatories are required to complete an Information Sheet.

FIRST AUTHORIZED SIGNATORY							
Please tick one*							
<input type="checkbox"/> Primary Officer (please specify designation/position/title) _____							
<input type="checkbox"/> Stockholder (at least 2% voting stock) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director, Trustee, Partner <input type="checkbox"/> Others (please specify) _____							
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*		Country of Residence*		Tax Identification Number*		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.							
<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]:							

FIRST AUTHORIZED SIGNATORY			
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 AUTHORIZED SIGNATORY			
Please tick one*			
<input type="checkbox"/> Primary Officer (please specify designation/position/title) _____			
<input type="checkbox"/> Stockholder (at least 2% voting stock) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director, Trustee, Partner <input type="checkbox"/> Others (please specify) _____			
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*	Country of Residence*	Tax Identification Number*	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.			
<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 AUTHORIZED SIGNATORY			
Please tick one*			
<input type="checkbox"/> Primary Officer (please specify designation/position/title) _____			
<input type="checkbox"/> Stockholder (at least 2% voting stock) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director, Trustee, Partner <input type="checkbox"/> Others (please specify) _____			
First Name*		Middle Name*	Last Name*
Present Address*			
		Zip Code	

THIRD AUTHORIZED SIGNATORY				
Permanent Address*				
			Zip Code	
Residential Number*		Office Number*		Mobile Number
Email Address		Date of Birth (mmm-dd-yyyy)*		Place of Birth*
Nationality*	Country of Residence*		Tax Identification Number*	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.				
<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 AUTHORIZED SIGNATORY				
Please tick one*				
<input type="checkbox"/> Primary Officer (please specify designation/position/title) _____				
<input type="checkbox"/> Stockholder (at least 2% voting stock) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director, Trustee, Partner <input type="checkbox"/> Others (please specify) _____				
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*	Country of Residence*		Tax Identification Number*	GSIS/SSS Number*
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”			
FIFTH AUTHORIZED SIGNATORY			
Please tick one*			
<input type="checkbox"/> Primary Officer <i>(please specify designation/position/title)</i> _____			
<input type="checkbox"/> Stockholder (at least 2% voting stock) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director, Trustee, Partner <input type="checkbox"/> Others <i>(please specify)</i> _____			
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*	Country of Residence*	Tax Identification Number*	GSIS/SSS Number*
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> :			

FIFTH AUTHORIZED SIGNATORY					
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"/> Remittances		<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 AUTHORIZED SIGNATORY					
Please tick one*					
<input type="checkbox"/> Primary Officer (please specify designation/position/title) _____					
<input type="checkbox"/> Stockholder (at least 2% voting stock) <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Director, Trustee, Partner <input type="checkbox"/> Others (please specify) _____					
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*		Country of Residence*		Tax Identification Number*	
				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.					
<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"/> Remittances		<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"					

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	
THIRD AUTHORIZED SIGNATORY		FOURTH AUTHORIZED SIGNATORY	
Name: First Name, Middle Name, Last Name		Name: First Name, Middle Name, Last Name	
FIFTH AUTHORIZED SIGNATORY		SIXTH AUTHORIZED SIGNATORY	
Name: First Name, Middle Name, Last Name		Name: First Name, Middle Name, Last Name	

CONFIDENTIAL

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 Details	Name of Trust Operations CHECKER/APPROVER	Signature	Date (mmm-dd-yyyy)