



ACCOUNT MAINTENANCE AND INSTRUCTION FORM

Date	Account Name	Branch of Account
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Please effect the following instructions, as marked below.

Request for Automatic Transfer Arrangement (ATA)

<input type="checkbox"/> Tag	<input type="checkbox"/> Untag		
<input type="checkbox"/> CA	<input type="checkbox"/> SA	<input type="checkbox"/> Others _____	Account Number _____

Reactivate Dormant Account

<input type="checkbox"/> CA	<input type="checkbox"/> SA	<input type="checkbox"/> Others _____	Account Number _____
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Closing of Account

<input type="checkbox"/> CA	<input type="checkbox"/> SA	<input type="checkbox"/> Others _____	Account Number _____
			Reason for Closing of Account _____

Replace the following

Reason for Replacement

<input type="checkbox"/> Passbook	<input type="checkbox"/> Certificate of Time Deposit	<input type="checkbox"/> Lost/Stolen	<input type="checkbox"/> Others _____
<input type="checkbox"/> Others _____		<input type="checkbox"/> Damaged	

* Please accomplish the Affidavit of Loss of Card(s)/Passbook(s)/Check(s)/Certificate(s)/Confirmation at the back.

Other Client Instructions/Account Maintenance Requests

Blank area for other client instructions.

Accountholder's Name and Signature _____ 	Accountholder's Name and Signature _____ 
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For Bank's Use Only

Processed By _____	Reviewed / Approved By _____
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AFFIDAVIT OF LOSS OF CARD(S)/PASSBOOK(S)/CHECK(S)/CERTIFICATE(S)/CONFIRMATION

I/We, the undersigned depositor(s)/trustor(s), with address at _____, after being duly sworn in accordance with law, depose and state that:

1. I/We have deposit(s)/fund(s) with **METROPOLITAN BANK & TRUST COMPANY ("METROBANK")** with account name _____ under the following account(s):

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | Peso/Foreign Currency Deposit Account/s | |
| | Peso Deposit Account/s | |
| <input type="checkbox"/> | Savings Account No. _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Current Account No. _____ | Certificate of Time Deposit Account No. _____ |
| | Foreign Currency Deposit Account/s (Pls. specify the currency of the account) | |
| <input type="checkbox"/> | Savings Account No. _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | Current Account No. _____ | Certificate of Time Deposit Account No. _____ |

2. The following document(s) evidencing the aforesaid account/s was/were lost/misplaced/stolen and could no longer be found/recovered despite diligent efforts:

- | | |
|--------------------------|--------------------|
| <input type="checkbox"/> | Passbook No. _____ |
| <input type="checkbox"/> | CA Check No. _____ |
| <input type="checkbox"/> | CTD No. _____ |

3. I/We undertake to surrender the above-mentioned documents of the account(s) to **METROBANK** should it be found/recovered.
4. The said deposit(s)/fund(s) has/have not been assigned, negotiated, pledged or otherwise disposed or encumbered to other persons/entities.
5. I/We are executing this affidavit for the purpose of cancelling the above documents and requesting **METROBANK** to issue a new one
6. I/We are allowing the Bank to circularize the details of the lost document (s) to all its branches or to other banks as the case may be, to facilitate my/our request to cancel the document(s).
7. I agree to indemnify and hold **METROBANK**, its officers and staff free and harmless from any suit, action, liability, loss and/or damage that it may sustain by reason of the loss and cancellation of the aforementioned documents, including the claims of third parties who may have obtained said lost documents or instruments in good faith.

IN WITNESS WHEREOF, I/We, have affixed my/our signature(s) at _____ on _____.

SIGNATURE OVER PRINTED NAME/
DESIGNATION/POSITION

SIGNATURE OVER PRINTED NAME/
DESIGNATION/POSITION

SIGNED IN THE PRESENCE OF:

REPUBLIC OF THE PHILIPPINES) S.S
_____))

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____ in _____, Philippines, affiants exhibiting their respective Government-issued IDs as follows:

<u>NAME</u>	<u>GOV'T-ISSUED ID / ID NO.</u>	<u>DATE / PLACE ISSUED</u>
Doc. No. _____;		
Page No. _____;		
Book No. _____;		
Series of _____;		