Metrobank

Customer Information Form

Institutional

Branch Code _____ Branch Name _____ Type of Account _____ Date _____ RM/Customer Number ☐☐☐☐☐☐☐☐☐☐☐☐☐

I. MANDATORY INFORMATION

1.a. Company/Corporate/Proprietor Name

2. With Active Authorized Signatory /Agent/ Beneficial Owner?

Yes (Fill-out Part III. Personal Information of Active Authorized Signatories/ Beneficial Owner)   None

1.b Trade/Business Name

3. Registered Business Address

House/Unit No.	Floor	Building Name	Street	Subdivision	Barangay	Municipality/City	Province	District	Country	Zip Code

4.a. Business Number	4.b. Mobile Number	4.c. Fax Number	4.d. Email Address	5. Nature of Business

II. CLIENT PROFILING

6. Date of Registration (mm/dd/yyyy)	7. Country of Registration	8. Tax Identification Number	9. SSS Number (if no TIN)

10. Mailing Address (if not same as registered business address)

House/Unit No.	Floor	Building Name	Street	Subdivision	Barangay	Municipality/City	Province	District	Country	Zip Code

11. Form of Business

- Sole proprietor
- Corporation
- Cooperative
- Partnership
- Association
- Others (Please specify) _____

12. Purpose of Account Opening

- Savings
- Business
- Loan
- Remittance - Country of Origin: _____
- Country of Destination: _____
- Payroll Service
- Others (Please specify) _____

13. Size of Business

- Micro (assets of up to P3MM)
- Small (assets > P3MM to P15MM)
- Medium (assets > P15MM to P100MM)
- Large (assets above P100MM)

assets include those arising from loans and excludes value of land on which entity's office, plant and equipment are situated

14. Monthly Bank Statement for Pick-Up (for Checking Account only)   Yes   No

15. Expected Frequency of Transaction per Month (deposits, withdrawals, etc)

5x   10x   15x   Others (Please specify) _____

16. Average Amount per Transaction

Below P500K   P501K to P1MM   Above P1MM

17. Types of Products and Services to be availed from the Bank (Please check ALL that apply)

- Regular Savings Deposit (Passbook-Based)/ATM Savings Deposit/ Savings Payroll Account/Prepaid/Debit Card Accounts
- For **Debit/Prepaid Card,** ACTIVATE International Transactions?
  - Yes   No
- Time Deposit/Trust or Treasury Products

- Current/Checking Account
- Auto Credit/Debit/Pension
- Inward Remittance (specify country of origin) _____
- Outward Remittance (specify country of destination) _____
- Others (please specify) _____

18. Source/s of Funds (Please check ALL that apply)

Business   Commissions   Remittances (Please specify country of origin) _____   Others (Please specify) _____

19. Do any of the following hold prominent public position in the Philippines/a Foreign State/an International Organization?   Name   Position

		Name	Position	
Active Authorized Signatory	Yes	_____	_____	No
Director/Trustee	Yes	_____	_____	No
Primary Officer (i.e., President, Treasurer and Corporate Secretary)	Yes	_____	_____	No
Stockholder holding/owning at least 20% of the voting stock	Yes	_____	_____	No

20. Do you have secondary license or certificate of authority issued by the supervising authority or government agency?   Yes   Specify Secondary License   Specify Supervising Authority/ Government Agency   No

_____   _____

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III. PERSONAL INFORMATION OF ACTIVE AUTHORIZED SIGNATORIES/AGENT/BENEFICIAL OWNERS (Use separate sheet, if needed)

1   Active Authorized Signatory   Beneficial Owner   RM/Customer Number

     Agent (e.g., Attorney-in Fact)   Primary Officer (please encircle: President / Treasurer / Corporate Secretary)

Last Name	First Name	Middle Name	Suffix (Jr., III)

Date of Birth (mm/dd/yyyy)	Place of Birth City/Municipality Country	Nationality

Present Address

House/Unit No.	Floor	Building Name	Street	Subdivision	Barangay	Municipality/City	Province	District	Country	Zip Code

U.S. Address (if applicable) House/Floor, Street, City, State, Postal Code	U.S. TIN (if applicable)

Contact Number	Type of ID Presented	ID Number	Nature of Employment/Business

Source/s of Funds (Please check ALL that apply)

     Business   Commissions   Remittances (Please specify country of origin) _____   Others (Please specify) _____

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2   Active Authorized Signatory   Beneficial Owner   RM/Customer Number

     Agent (e.g., Attorney.-in Fact)   Primary Officer (please encircle: President / Treasurer / Corporate Secretary)

Last Name	First Name	Middle Name	Suffix (Jr., III)

Date of Birth (mm/dd/yyyy)	Place of Birth City/Municipality Country	Nationality

Present Address

House/Unit No.	Floor	Building Name	Street	Subdivision	Barangay	Municipality/City	Province	District	Country	Zip Code

U.S. Address (if applicable) House/Floor, Street, City, State, Postal Code	U.S. TIN (if applicable)

Contact Number	Type of ID Presented	ID Number	Nature of Employment/Business

Source/s of Funds (Please check ALL that apply)

     Business   Commissions   Remittances (Please specify country of origin) _____   Others (Please specify) _____

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3   Active Authorized Signatory   Beneficial Owner   RM/Customer Number

     Agent (e.g., Attorney.-in Fact)   Primary Officer (please encircle: President / Treasurer / Corporate Secretary)

Last Name	First Name	Middle Name	Suffix (Jr., III)

Date of Birth (mm/dd/yyyy)	Place of Birth City/Municipality Country	Nationality

Present Address

House/Unit No.	Floor	Building Name	Street	Subdivision	Barangay	Municipality/City	Province	District	Country	Zip Code

U.S. Address (if applicable) House/Floor, Street, City, State, Postal Code	U.S. TIN (if applicable)

Contact Number	Type of ID Presented	ID Number	Nature of Employment/Business

Source/s of Funds (Please check ALL that apply)

     Business   Commissions   Remittances (Please specify country of origin) _____   Others (Please specify) _____

DEPOSIT ACCOUNT AGREEMENT

By signing below, I/we confirm that I/we have received and read the Deposit Terms and Conditions governing this account and have fully understood and agreed to be governed by the provisions thereof, including but not limited to, the provision on my/our obligations as a depositor should the Bank opt to purchase my/our checks; the survivorship agreement authorizing the Bank to release the balance of an "OR" account to the surviving co-depositor in the event of the death of one depositor; the conditions under which the Bank is given the right to impose service charges, freeze, debit and/or automatically close the account; the provision where I/we authorize the Bank and its subsidiary/affiliate to share/disclose information/data pertaining to me/us; the provisions on electronic, internet, and telephone banking services and any other banking products and services; and the provision on the authority of the Bank to withhold and set off my/our bank deposit for any and all obligations with the Bank and any of its subsidiaries and affiliates.

I/We fully understand the corresponding risks involved in availing of such banking products, facilities, or services. Further, my/our continued use and/or availment of the banking products, facilities, or services shall mean my/our conformity to any and all supplement(s), modification(s) or amendment(s) of such Terms and Conditions which may be posted in conspicuous places within the Bank's premises or which may be published in any other manner.

I/We also warrant that I/we am/are aware of the provisions of Republic Act No. 9160 (Anti-Money Laundering Act of 2001) as amended, and I/we represent that my/our transactions herein are not among those covered under the said law and that all funds to be deposited in the account(s) come from my/our legitimate undertakings. I/We authorize the Bank to make any such verifications or reports in compliance with RA No. 9160, as amended, as it may deem appropriate, for which acts I/we hold the Bank free and harmless from any and all liabilities, claims and/or damages.

I/We also attest to the truth and correctness of my/our given personal/business information. In case I/we apply for any credit accommodation, I/we hereby authorize the Bank and its officers and staff to obtain and disclose information on my/our deposits and other properties whether within Metrobank or with other banks.

In compliance with the BSP Manual of Regulations for Banks, please be advised that your account may be selected in the regular generation of Confirmation Letters by our Audit Group to confirm account balances. The Confirmation Letter will be sent directly to your 'mailing address'.

Name & Signature of Authorized Signatory	Date	Name & Signature of Authorized Signatory	Date	Name & Signature of Authorized Signatory	Date

DATA PRIVACY AGREEMENT

By ticking this box, I/we hereby authorize Metrobank to share my personal information and/or sensitive personal information, and deposit details pertaining to this Account in order for the Bank, its affiliates and/or subsidiaries within the Metrobank Group to offer or to provide other related products and services to the Depositor, including but not limited to cross-referencing, cross-selling, status inquiry, and providing credit opinion and evaluation. I may revoke the authorizations at any time by notifying in writing my branch of account or by sending an email to dataprotectiondept@metrobank.com.ph

Name & Signature of Authorized Signatory	Date	Name & Signature of Authorized Signatory	Date	Name & Signature of Authorized Signatory	Date

TO BE FILLED-OUT BY THE BANK

Documents/Information to be obtained:		
Prior or existing bank references	Name of the Bank/s	☐ None
Name, Present Address, Nationality, Date of Birth, Nature of Work, Contact Number and Source of Funds of each Primary Officers (i.e., President, Treasurer, Corporate Secretary) (Fill-out Personal Information of Primary Officer under Part III)	☐ Required Information of Primary Officers completely indicated under Part III.	
Volume of assets, other information available through public databases or internet		
Supporting information on the intended Nature of Business Relationship, Source of Funds or Source of Wealth	☐ Audited Financial Statement ☐ Deed of Sale ☐ Loan Application ☐ Deed of Donation ☐ ITR ☐ Others (Please specify)	
Reasons for intended or performed transactions	Other reasons (Please specify)	☐ None

DECLARATION AND ACKNOWLEDGEMENT

I declare that the face-to-face conduct of KYC as prescribed by BSP has been performed.	*Reviewed Account Opening Documents and Signature Authenticated/Approved by*	*Approved by (for High Risk)*
SIGNATURE OVER PRINTED NAME OF BANK OFFICER	SIGNATURE OVER PRINTED NAME OF BRANCH OFFICER	SIGNATURE OVER PRINTED NAME OF BRANCH HEAD