I. CUSTOMER INFORMATION

Individual

Name								
First Name and Suffix (Jr., III)		Mide	dle Name			Last N	ame	
Mother's Maiden Name (First Name, Middle Name, Last Name) Date of Birth (mm/dd/yyyy)				Place of Birth	leinality	(0	untra (
Sex	Country of Nat	tionality	Type of ID	Tax Identification	City/Mur Number (optior			untry
🗆 Male 🛛 Female								
Mobile Number	I	Email Address		1	Landline Numl	Oer (optional)		
Address (this will serve as the default mailing address	ss)							
House/Unit Number Floor Buildin	g Name	Street Subdivision	Barangay	y Municipality	y/City Prov	ince C	Country	ZIP Code
II. CLIENT PROFILE	0			, , , ,				
Spouse's Name								
First Name and Suffix (Jr., III)		Middl	le Name			Last Na	me	
Civil Status		Widd		Account Opening		Last Na	ine	
□ Unmarried □ Widowed □ Married □ Separated		Divorced/ Annulled	 Personal (includes savings, investment, personal remittances [e.g., pension, payroll, allowance]) Small Business 					allowance])
Delivery of Monthly Bank statement			With Beneficial Owner?					
Electronic (i.e., via MBOS)				ut Section III of the for				
Do you hold a prominent public position International Organization?		ines/ a Foreign State/ an	Does any of the following in your family hold a prominent public position in the Philippines or any foreign state, OR a position in any International Organization?					
Do you maintain a particularly close relation	No No	son who holds a prominant	 Spouse/Partner Child (biological/adoptive/by law) Parent (biological/adoptive/by law) Grandparent (biological/adoptive/by law) 					
public position in the Philippines/ a Foreign S								
Do you conduct substantial domestic and in	No ternational fina	ncial transactions on behalf	_	nild (biological/ado biological/adoptiv				
of a person who holds a prominent public				biological/adoptiv				
state, OR a position in any International Org	ganization?		Name:					
Yes	🗆 No		Position:					
Country of Residence	US TIN		US Social Se	ecurity Number		US Telephone	Number	
US Address								
House/Unit Number Floor Building Name Street Subdivision Types of Products and Services to be availed from the Bank Current/Checking and Savings Account Prepaid Card/Paycard/and Cashier/Gift Check Time Deposit Payroll Private Banking Credit Card Safety Deposit Box Cash Management 			Barangay Municipality/City Province Country ZIP Code □ Trust □ Personal Management □ Asset Management/UITF □ Escrow/Fiduciary Services □ Remittance – Country/ies of Destination:					
Expected Frequency of Transactions per Mol				ount per Transact				
 □ Five times (5x) or less □ Six times (6x) > ten times (10x) 	\Box Ten times (10x) > fifteen times (15x) fifteen times (15x)	□ Below ₱ ! □ ₱ 50,000			and above, please	e indicate amou	nt:
Modes of Depositing Funds Cash Deposit Remittance: If cross-border, Country of Origin: If domestic, City of Origin:		□ Manager's Check			Job Title/Position Top/Senior Management Manager/Middle Management Rank and File/Clerical Overseas Filipino Worker Professional/Consultant Government Employee Student Self-Employed Retired/Unemployed			
 Relationship with Remitter: Spouse/Partner Biological/Adopted Child Son-in-Law/Daughter-in-Law 		Parent/Parent-in-Law Relative Others:						
Source/s of Wealth (please check ALL that apply) Salary/Commission, please choose code f Business, please choose code from indus Remittances, please specify country of or Allowance – Nature of employment/busi Donation/Inheritance, please specify the Name of Benefactor/Donor: Relationship with Benefactor/Donor:	try list: rigin: ness of the Ben						 Pension Sale of As: Winnings Interest In (interest In investme property, 	come hrough nt/lease of
III. BENEFICIAL OWNER INFORMAT Name	ION							
First Name and Suffix (Jr., III)			dle Name		-	Last N	ame	
Date of Birth (mm/dd/yyyy)		Place of Birth			Nationality			
Address		City/Municipality		Country	<u> </u>			
	g Name	Street Subdivision	Barangay		/City Prov	ince C	ountry	ZIP Code
Mobile Number			Email Addre	SS				

Source/s of Wealth (please check ALL that apply)						
Salary/Commission, please choose code from industry list:	Pension					
Business, please choose code from industry list:	Sale of Asset					
Remittances, please specify country of origin:	□ Winnings					
Allowance – Nature of employment/business of the Benefactor, please choose code from the second s	Interest Income					
Donation/Inheritance, please specify the following:	(interest through					
Name of Benefactor/Donor:	investment/lease of					
 Relationship with Benefactor/Donor: 	property, et al.)					
Do you hold a prominent public position in the Philippines/ a Foreign State/ an International Organization?	Does any of the following in your family hold a prominent public position in the Philippines or any foreign state, OR a position in any International Organization?					
🗆 Yes 🛛 No	Spouse/Partner					
Do you maintain a particularly close relationship with a person who holds a prominent	Child (biological/adoptive/by law)					
public position in the Philippines/ a Foreign State/ an International Organization?	 Parent (biological/adoptive/by law) Grandparent (biological/adoptive/by law) Grandchild (biological/adoptive/by law) 					
🗆 Yes 🛛 No						
Do you conduct substantial domestic and international financial transactions on behalf						
of a person who holds a prominent public position in the Philippines or any foreign	Sibling (biological/adoptive/by law)					
state, OR a position in any International Organization?	Name:					
🗆 Yes 🛛 No	Position:					
IV. AGENTS/AUTHORIZED REPRESENTATIVES (only if applicable)						
Name (First Name, Middle Name, Last Name)	Contact Number	Nationality				

Address

House/Unit Number Floor Building Name Street Subdivision Barangay Municipality/City Province Country ZIP Code
V. CONFORMITY

By signing below, I confirm that I received and read the terms and conditions governing the various products and services I availed from the Bank as specified above. I have fully understood and agree to be governed by the provisions thereof. I fully understand and accept the corresponding risks involved in availing of such banking products, facilities, or services and understand further that my continued use and/or availment of these banking products, facilities, or services shall mean my conformity to any and all supplement(s), modification(s) or amendment(s) of their corresponding terms and conditions which may be posted in conspicuous places within the Bank's premises or which may be published by the Bank in any other manner.

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

In case I apply for any credit accommodation, I hereby authorize the Bank and its officers and staff to obtain from and/or to disclose to other parties (including other banks) information on my deposits and other properties with Metrobank or with other banks.

In compliance with the BSP Manual of Regulations for Banks, I also agree and consent that my account may be selected in the regular generation of Confirmation Letters by Metrobank's Audit Group to confirm account balances. The Confirmation Letter will be sent directly to my address provided above.

Customer's Signature over Printed Name

Date

VI. DATA PRIVACY CONSENT

BY SIGNING THIS FORM BELOW, I hereby allow Metrobank: (1) share my personal data with subsidiaries and affiliates within the Metrobank Group and/or any agent or third party that provides services or has contractual obligations with the said group; (2) collect additional information directly or indirectly, including but not limited to my financial capabilities and business results, trade dealings with customer/suppliers and other financial institutions, business relationship with individuals and/or entities that the Bank may identify and other necessary information to facilitate the processing of any application for/availment of a credit facility; and (3) disclose my personal data to any administrative, legislative, judicial, quasi-judicial, and law enforcement offices of the government for legitimate purposes under the law other than those already required by regulations.

I am doing this:

- So that Metrobank can fully assess all information necessary to facilitate my loan application, if availed,
- So that Metrobank, its subsidiaries, and its affiliates, can further secure me from fraud, unauthorized and illegal transactions, and anti-money laundering and terrorist financing risks,
- So that my data can be used in the settlement of disputes or claims regarding my account(s) through prosecution or the defense of Metrobank or its staff,
- So that my relevant data can be validated, verified, and updated if needed,
- So that I can be offered products and services within the Metrobank Group that are relevant and suitable to me based on my data, and
- So that Metrobank can better perform its obligations to the law, rules and regulations, contracts, or orders from any courts or quasi-judicial and administrative offices.

I recognize that processing of my personal data for the above purposes shall be in accordance with Metrobank's Privacy Policy found on its website metrobank.com.ph, and I acknowledge that I have read the same.

If I want to access, update, or correct my personal data, or withdraw my consent to use my data as stated in this form, I have the following options:

- Send a letter to my branch of account,
- Email dataprotectiondept@metrobank.com.ph, or
- Use any of our available e-channels, website or app, if available

If I withdraw my consent to use my data, or if I settle and close my engagements with Metrobank, I am aware that Metrobank has five (5) years to delete and securely dispose of my data.

—	Customer's Signature of	over Printed Name	Date						
TO BE FILLED-OUT BY THE BANK									
Branch Code		Branch Name		RM / Customer Number					
□ New Customer	New Customer		Customer at Branch	\Box Outside of Branch					
DECLARATION AND ACKNOWLEDGEMENT:									
I declare that the face prescribed by BSP has be	e-to-face conduct of KYC as en performed.	Reviewed Account Opening Authenticated/Approved by	5	Approved by (for High Risk)					
Signature over Prin	ted Name of Bank Officer	Signature over Printed	Name of Bank Officer	Signature over Printed Name of Bank Officer					