## Metrobank

## Individual

I. CUSTOMER INFORMATION
Name

First Name and Suffix (Jr., III)			Middle N	lame				Last Name		
Mother's Maiden Name (First Name, Middle N	ame, Last	Date of Birth (mm,	/dd/yyyy)			Place o	of Birth			
Name)							1		T	
	-					City/N	/unicipality	Province		Country
Sex	Countr	y of Nationality		Type of ID	Tax Identifie	cation Numb	er (optional)			
Male      Female										
Mobile Number		Email Address				Landlir	ne Number (opt	ional)		
							()			
							Area Code	Landlir	ne Numb	per
Address (this will serve as the default mailing addr	ess)									
House/Unit Number Floor Build	ng Name	Street	Subdivision	Baranga	y Muni	cipality/City	Province	Country		ZIP Code
II. CLIENT PROFILE										
Spouse's Name										
First Name and Suffix (Jr., III)			Middle N	200				Last Name		
Civil Status			Wildule N		Account Ope	ning		Last Name		
□ Unmarried □ Widowed		Divorced/ Ann	ulled			0	personal remittar	nces [e.g., pension	, payroll,	allowance])
□ Married □ Separated				🗆 Small Bu	isiness					
Delivery of Monthly Bank statement				With Benefi	cial Owner?					
Electronic (     Mail				🗆 Yes (fill-o	ut Section III of	the form)	None			
Do you hold a prominent public position	n in the	Philippines/ a For	eign State/ an	Does any o	of the follow	ing in your	family hold a	prominent pul	blic po	sition in the
International Organization?						gn state, OR a	a position in an	y International	Organ	ization?
Yes	□ N			Spouse/			<b>`</b>			
Do you maintain a particularly close relation	· · ·	•		-	-	ptive/by law	-			
public position in the Philippines/ a Foreigr	State/ ar	n International Orga	anization?		-	doptive/by la ical/adoptive	-			
□ Yes		0		-		al/adoptive/l				
Do you conduct substantial domestic a			ransactions on			doptive/by la				
behalf of a person who holds a promine	nt public	position in the Phi	lippines or any	News						
foreign state, OR a position in any Interna	tional Org	anization?		Name:						
Yes	🗌 No	1		Position:						
Country of Residence	US TIN			US Social Se	ecurity Numb	ber	US Tel	ephone Numb	er	
US Address										
	ng Name	Street	Subdivision	Baranga	y Muni	cipality/City	Province	Country		ZIP Code
Types of Products and Services to be availe		_		Truct				ance – Country	line of	Destination
<ul> <li>Current/Checking and Savings Account</li> <li>Prepaid Card/Paycard/and Cashier/Gift</li> </ul>		<ul> <li>Treasury</li> <li>Time Deposit</li> </ul>		Trust     Personal	Managemer	nt		ervice/Facility	•	
Payroll	CHECK	Personal Loans	5		anagement/L					e Counterparty/
<ul> <li>Private Banking</li> </ul>		Credit Card			iduciary Serv		Interm			
□ Safety Deposit Box		Cash Manager	nent							
Expected Frequency of Transactions per M	onth			Average am	ount per Tra	nsaction				
Five times (5x) or less		times (10x) > fiftee	· ,	□ Below ₱	-		00,001 and abo	ove, please indica	ite amou	int:
$\Box$ Six times (6x) > ten times (10x)	Mor	e than fifteen time	s (15x)	□ ₱ 50,000 to ₱ 100,000						
				□ ₱ 100,00	1 to ₱ 500,00					
Modes of Depositing Funds							le/Position			
Cash Deposit Check		🗆 Manag	ger's Check	Online B	anking	-	o/Senior Mana	-		
<ul> <li>Remittance:</li> <li>If cross-border, Country of Origin:</li> </ul>							nager/Middle hk and File/Cler	•		
<ul> <li>If domestic, City of Origin:</li> </ul>							erseas Filipino '			
<ul> <li>Relationship with Remitter:</li> </ul>							ofessional/Cons			
□ Spouse/Partner		🗆 Parent/I	Parent-in-Law				vernment Emp			
Biological/Adopted Child		🗆 Relative				🗆 Stu		- /		
Son-in-Law/Daughter-in-Law		□ Others:				Self	f-Employed			
						🗆 Ret	ired/Unemploy	yed		
Source/s of Wealth (please check ALL that apply								_		
□ Salary, please choose code from indust								Per		
Commission, please choose code from i		st:							e of As	set
Business, please choose code from indu	· -							🗆 Wi	•	
Remittances, please specify country of     Allowards of angular and (human and (hum		he Development		fuere the circula					erest Ir	icome through
<ul> <li>Allowance – Nature of employment/bu</li> <li>Donation/Inheritance, please specify th</li> </ul>			ase choose code	from the indu	istry list:			•		nt/lease of
<ul> <li>Name of Benefactor/Donor:</li> </ul>	eionown	ıg.							operty,	-
<ul> <li>Relationship with Benefactor/Donor</li> </ul>	:									
III. BENEFICIAL OWNER INFORMA										
Name										
First Name and Suffix (Jr., III)		Place of Birth	Middle	Name		Natio	aality	Last Name		
Date of Birth (mm/dd/yyyy)		Place of Birth	1	I		Nation	Idilly			
		City/Municipality	ا ۲ Provir	lice	Country					
Address										
	ng Name	Street	Subdivision	Barangay		cipality/City	Province	Country		ZIP Code
Mobile Number				Email Addre	ess					
				1						

Source/s of Wealth (please check ALL that apply)					
□ Salary, please choose code from industry list:	Pension				
Commission, please choose code from industry list:	Sale of Asset				
Business, please choose code from industry list:		□ Winnings			
Remittances, please specify country of origin:		Interest Income			
$\Box$ Allowance – Nature of employment/business of the Benefactor, please choose code fr	om the industry list:	(interest through			
Donation/Inheritance, please specify the following:		investment/lease of			
Name of Benefactor/Donor:		property, et al.)			
<ul> <li>Relationship with Benefactor/Donor:</li> </ul>					
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	<ul> <li>Child (biological/adoptive/by law)</li> <li>Parent (biological/adoptive/by law)</li> <li>Grandparent (biological/adoptive/by law)</li> <li>Grandchild (biological/adoptive/by law)</li> </ul>				
public position in the Philippines/ a Foreign State/ an International Organization?					
🗆 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			

Addr	ress
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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 Nam	e
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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.

C	ustomer's Signature o	over Printed Name	Date					
TO BE FILLED-OUT BY THE BAN	к							
Branch Code	Code Branch Name			RM / Customer Number				
New Customer	🗆 Existing Cu	stomer	Customer at Branch	$\Box$ Outside of Branch				
	DECLARATION AND ACKNOWLEDGEMENT:							
I declare that the face-to-face conduct of KYC as Reviewed Account ( prescribed by BSP has been performed. Authenticated/Appr			p Documents and Signature v	Approved by (for High Risk)				
Signature over Printed Name of	Bank Officer	Signature over Printed Name of Bank Officer		Signature over Printed Name of Bank Officer				