



## ACCOUNT MAINTENANCE AND INSTRUCTION FORM

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

<b>Request for Automatic Transfer Arrangement (ATA)</b>	<input type="checkbox"/> Customer-Initiated	<input type="checkbox"/> Bank-Initiated
<input type="checkbox"/> Tag <input type="checkbox"/> Untag		
<input type="checkbox"/> CA <input type="checkbox"/> SA	Account Number _____	

<b>Reactivate Dormant Account</b>	<input type="checkbox"/> Customer-Initiated	<input type="checkbox"/> Bank-Initiated
<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Others _____	Account Number _____	

<b>Closing of Account</b>	<input type="checkbox"/> Customer-Initiated	<input type="checkbox"/> Bank-Initiated
<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Others _____	Account Number _____	
Reason for Closing of Account _____		

<b>Change of Signatory/ies</b>	
_____ Name of Signatory to be deleted	_____ Name of Signatory to be added
_____ Name of Signatory to be deleted	_____ Name of Signatory to be added

<b>Change in Signature Requirement to:</b>	
<input type="checkbox"/> Singly <input type="checkbox"/> All <input type="checkbox"/> Others (refer to Signing Instructions portion of accomplished CSC)	

<b>Change in Product Type of Account:</b>	<input type="checkbox"/> Customer-Initiated	<input type="checkbox"/> Bank-Initiated
<input type="checkbox"/> CA <input type="checkbox"/> SA <input type="checkbox"/> Others _____	Account Number _____	
Old Product Type of Account: _____	New Product Type of Account: _____	
Reason for Changing of Product Type _____		

**Account Maintenance on Product Type/Relationship Code for existing accounts enrolled in Retail Digital Channels**

☐ Mobile Banking and Metrobank Online Banking

I agree that any change in the product type or signing requirement will affect or restrict my access to the products, services, or transactions, which I may avail of through Metrobank's online channels. I further acknowledge that I must disclose or cause my joint-account holder to disclose any current enrollment in any of Metrobank's online channels. Should I fail to do so, I agree to assume complete and sole responsibility for all transactions prior to Metrobank's receipt of any notice of such enrolment and deactivation or reclassification of any access to the Metrobank online channel.

<b>Replace the following</b>	<b>Reason for Replacement</b>
<input type="checkbox"/> Passbook <input type="checkbox"/> Certificate of Time Deposit	<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Misplaced
<input type="checkbox"/> Manager's Check <input type="checkbox"/> Others _____	<input type="checkbox"/> Damaged <input type="checkbox"/> Others _____

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

**Other Client Instructions/Account Maintenance**

_____ Account holder's Name and Signature		_____ Account holder's Name and Signature	
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<b>Requester/Processed By</b>	<b>Reviewed / Approved By</b>
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## **AFFIDAVIT OF LOSS PASSBOOK(S)/MANAGER'S CHECK(S)/CERTIFICATE(S)/CONFIRMATION**

I/We, the undersigned depositor(s)/authorized signatory(ies)/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):

Peso/Foreign Currency Deposit Account/s

Peso Deposit Account/s

- ☐ Savings Account No. \_\_\_\_\_ Certificate of Time Deposit Account No. \_\_\_\_\_  
☐ Current Account No. \_\_\_\_\_

Foreign Currency Deposit Account/s (Pls. specify the currency of the account)

2. The following document(s)/check(s) was/were lost/stolen/damaged/misplaced and could no longer be found/recovered despite diligent efforts:
- ☐ Passbook No. \_\_\_\_\_  
☐ CTD No. \_\_\_\_\_  
☐ Manager's Check No. \_\_\_\_\_
3. I/We undertake to surrender the above-mentioned document(s) of the account(s)/check(s) to METROBANK should it/they be found/recovered.
4. The said deposit(s)/fund(s)/check(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)/check(s) to all its branches or to other banks as the case may be, to facilitate my/our request to cancel the document(s)/check(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 document(s)/check(s), 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:

**NAME**

**GOV'T-ISSUED ID / ID NO.**

**DATE / PLACE ISSUED**

Doc. No. \_\_\_\_\_;  
Page No. \_\_\_\_\_;  
Book No. \_\_\_\_\_;  
Series of \_\_\_\_\_;