

## CONTACT INFORMATION UPDATE FORM

Date **Customer Name** 

## Reminders:

- 1. Please fill out this form completely. Your signature below MUST match the one in the bank records and the valid ID presented to us.
  2. No ALTERATIONS/INSERTIONS allowed on the CONTACT INFORMATION and USERNAME for Metrobank Mobile Application/Metrobank Online.
  3. Upon successful validation of your contact information against the Bank's records, your request will be served within two (2) banking days. Otherwise, your request will be declined.

|  | your request.                                    | CUSTOME  | ER INSTRUCTIONS                                       |   |                    |
|--|--|--|---|---|--------------------|
| ease make the  | following changes to                             | my contact information:  |   |   |                    |
|  | 3 4 3 4 4  |  | FROM  | то  |                    |
|  |  |  | y field for e-Channels<br>MBO) / Metrobank App(MBOA)) |   |                    |
| Primary Mobi   | ile number                                       |  |   |   |                    |
| Primary Ema  | il address                                       |  |   |   |                    |
| Primary Lanc   | nary Landline number Residence:                  |  |   | Residence:  |                    |
|  |  | Business:  |   | Business:   |                    |
| Please apply the changes in my contact information above to my MBO/MBOA account (For retail client only)   |  |  | (Indicate existing user name)                         |   |                    |
| Please delete my other contact information<br>(Example: 02-1111-1234, 09171234567, juandelacruz@gmail.com) |  |  | (Indicate contact information to be deleted)          |   |                    |
| Please delete my MBO/MBOA profile  |  |  | (Indicate the usemame to be deleted)                  |   |                    |
| Other instructions/requests  |  |  | (Indicate request)                                    |   |                    |
|  |  | CUSTOMER A   | ACKNOWLEDGMENT  |   |                    |
| count informati<br>is consent a  | orm, I hereby consent<br>ion and for the other p | urposes stated on the Data any time by notifying                                     | Privacy Consent provision                             | a provided above for purpos<br>of my Customer Information I<br>in writing or by sendi | Form. I may revoke |
| Customer's   |  |  | s Name and Signature                                  |   | - Griffied         |
| pe of ID Preser  | nted   |  | ID Number   |   |                    |
|  |  | FOR BAI  | NK'S USE ONLY   |   |                    |
| ustomer's RM No.   |  | ccounts/depository branches, ask for<br>ch or inquire the Responsible Branch via RMN | Reviewed and Verified by:                             |   | Date               |
|  |  |  |   |   |                    |