

I. CUSTOMER INFORMATION

Company/Corporate/Proprietor Name

Trade/Business Name

Tax Identification Number

Date of Registration (mm/dd/yyyy)

Country of Registration

Registered Business Address

Unit No.

Floor

Building Name

Street

Subdivision

Barangay

City/Municipality

Province

Country

ZIP Code

Mailing Address

Unit No.

Floor

Building Name

Street

Subdivision

Barangay

City/Municipality

Province

Country

ZIP Code

Primary Phone Number

Email Address

Mobile Number

() - -

Area Code

Landline Number

Form of Business

☐ Sole Proprietorship

☐ Non-Stock Corporation

☐ Partnership

☐ Stock Corporation

☐ Foundations

☐ Cooperative

☐ Publicly-listed

☐ Associations

☐ Registered Fund

☐ Private

☐ Religious Organization

With Beneficial Owner?

☐ Yes (request Beneficial Owner to fill-out a Customer Information Form – Annex – Beneficial Owner Information.

☐ None

II.a ACTIVE AUTHORIZED SIGNATORY INFORMATION

Name (First Name, Middle Name, Last Name)

Date of Birth (mm/dd/yyyy)

Place of Birth

Nationality

City/Municipality

Country

Address

House/Unit No.

Floor

Building Name

Street

Subdivision

Barangay

City/Municipality

Province

Country

ZIP Code

Contact Number

Email Address

Industry (please choose code from the Industry List)

Source of Wealth

☐ Salary/Commission

☐ Business

☐ Pension/Allowance

☐ Donation/Inheritance

☐ Sale of Asset/Investment

☐ Winnings

II.b ACTIVE AUTHORIZED SIGNATORY INFORMATION

Name (First Name, Middle Name, Last Name)

Date of Birth (mm/dd/yyyy)

Place of Birth

Nationality

City/Municipality

Country

Address

House/Unit No.

Floor

Building Name

Street

Subdivision

Barangay

City/Municipality

Province

Country

ZIP Code

Contact Number

Email Address

Industry (please choose code from the Industry List)

Source of Wealth

☐ Salary/Commission

☐ Business

☐ Pension/Allowance

☐ Donation/Inheritance

☐ Sale of Asset/Investment

☐ Winnings

III. CLIENT PROFILE

Source of Wealth

Industry (please choose code from the industry list)

Size of Business

☐ Business

☐ Investment

☐ Donation

☐ Sale of Assets

☐ Micro (up to ₱ 3,000,000)

☐ Medium (₱ 15,000,001 to ₱100,000,000)

☐ Small (₱ 3,000,001 to ₱ 15,000,000)

☐ Large (₱ 100,000,001 and above)

Types of Products and Services to be Availed from the Bank

☐ Current/Checking and Savings Account

☐ Treasury

☐ Trust

☐ Remittance – Country/ies of Destination:

☐ Prepaid Card/Paycard/and Cashier/Gift Check

☐ Time Deposit

☐ Personal Management

☐ Trade Service/Facility - Country of Residence/Operations of the Counterparty/ Intermediary:

☐ Payroll

☐ Commercial Loans

☐ Asset Management/UITF

☐ Private Banking

☐ Credit Card

☐ Escrow/Fiduciary Services

☐ Safety Deposit Box

☐ Cash Management

Does a US person own, directly or indirectly, more than 10% of the stocks of the corporation/partnership (by vote or value)/profits interests or capital interests in such partnership?

Expected Frequency of Transaction per month

Average amount per Transaction

☐ Yes

☐ No

☐ Five times (5x) or less

☐ Six times (6x) > ten times (10x)

☐ Ten times (10x) > fifteen times (15x)

☐ More than fifteen times (15x)

☐ Below ₱ 500,000

☐ ₱ 500,001 to ₱ 5,000,000

☐ ₱ 5,000,001 to ₱ 20,000,000

☐ Above ₱ 20,000,000, please indicate amount:

Purpose of Account Opening

☐ Payment for Vendor/Supplier/Service Provider

☐ Customer Transactions

☐ Transactions with Parent Company/Subsidiary/Affiliate

☐ Operations-related Transactions

Modes of Depositing Funds

☐ Cash Deposit

☐ Check

☐ Manager’s Check

☐ Online Banking

Remittance:

If cross-border, Country of Origin:

If domestic, City of Origin:

Relationship with Remitter:

☐ Vendor/Supplier/Service Provider

☐ Customer

☐ Parent Company/Subsidiary/Affiliate

☐ Investor/Associate/Employee

Do you have a secondary license or certificate of authority issued by a supervising authority or government agency?

Secondary License – Designated Non-Financial Business and Professions (DNFBPs)

☐ Yes

☐ No

Does any of the following hold a prominent public position in the Philippines or any foreign state, OR a position in any International Organization? <input type="checkbox"/> Active Authorized Signatory <input type="checkbox"/> Director/Trustee <input type="checkbox"/> Primary Officer <input type="checkbox"/> Stockholder owning at least 20% of the voting stock <input type="checkbox"/> None	Are any of the following, a spouse or partner, child, parent, grandparent, grandchild, or sibling, whether biological, adoptive or by law, of someone holding a prominent public position in the Philippines or any foreign state, OR a position in any International Organization? <input type="checkbox"/> Active Authorized Signatory <input type="checkbox"/> Director/Trustee <input type="checkbox"/> Primary Officer <input type="checkbox"/> Stockholder owning at least 20% of the voting stock <input type="checkbox"/> None	Is any of the following widely and publicly known, socially of professionally, to maintain a particularly close relationship with a PEP, or is in a position to conduct substantial domestic and international financial transactions on behalf of someone holding a prominent public position in the Philippines or any foreign state, OR a position in any International Organization? <input type="checkbox"/> Active Authorized Signatory <input type="checkbox"/> Director/Trustee <input type="checkbox"/> Primary Officer <input type="checkbox"/> Stockholder owning at least 20% of the voting stock <input type="checkbox"/> None
Name: _____ Position: _____	Name: _____ Position: _____	Name: _____ Position: _____

IV. AGENT/AUTHORIZED REPRESENTATIVE (only if applicable)

Name (First Name, Middle Name, Last Name)

Contact Number	Nationality
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Address

Unit No.	Floor	Building Name	Street	Subdivision	Barangay	City/Municipality	Province	Country	ZIP Code
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V. CONFORMITY

By signing below, we confirm that we received and read the terms and conditions governing the various products and services we availed from the Bank as specified above. We have fully understood and agree to be governed by the provisions thereof. We fully understand and accept the corresponding risks involved in availing of such banking products, facilities, or services and understand further that our continued use and/or availment of these banking products, facilities, or services shall mean our 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.

We also warrant that we are aware of the provisions of Republic Act No. 9160 (Anti-Money Laundering Act of 2001) as amended, and we represent that our transactions herein are not among those covered under said law and that our funds come from our legitimate undertakings. We 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 we hold the Bank free and harmless from any and all liabilities, claims and/or damages.

In case we apply for any credit accommodation, I/we hereby authorize the Bank and its officers and staff to obtain and/or to disclose other parties (including other banks) information on our 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/our 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 our address provided above.

_____ Customer's Authorized Signatory's Signature over Printed Name / Date	_____ Customer's Authorized Signatory's Signature over Printed Name / Date
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VI. DATA PRIVACY CONSENT

☐ By ticking this box, I/We hereby authorize Metrobank to share my personal information and/or sensitive personal information with entities, and for purposes (a) to commence and to facilitate the administration and operation of the deposit and other Bank products, and the efficient delivery and/or implementation of the services of the Bank, and (b) 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/We authorize and consent Metrobank to provide information relating to this Account which will include my/our average daily deposit balances for income verification and credit limit setting purposes necessary in our application to Metrobank Credit Card. 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. BY SIGNING THIS FORM BELOW, I authorize Metrobank to receive, store and use the personal data I provide so they can service my account. I consent with the sharing of my personal data with subsidiaries and affiliates within the Metrobank Group and agents or third parties that provide services or have contractual obligations with Metrobank.

_____ Customer's Authorized Signatory's Signature over Printed Name / Date	_____ Customer's Authorized Signatory's Signature over Printed Name / Date
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TO BE FILLED-OUT BY THE BANK

Branch Code	Branch Name	RM/Customer Number
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<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing Customer	<input type="checkbox"/> Customer at Branch	<input type="checkbox"/> Outside of Branch
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DECLARATION AND ACKNOWLEDGEMENT

<i>I declare that the face-to-face conduct of KYC as prescribed by BSP has been performed.</i>	<i>Reviewed Account Opening Documents and Signature Authenticated/Approved by</i>	<i>Approved by (for High Risk)</i>
_____ Signature over Printed Name of Bank Officer	_____ Signature over Printed Name of Bank Officer	_____ Signature over Printed Name of Bank Officer