


FRONT

 <b>PNB</b>		<b>SIGNATURE CARD / ACCOUNT INFORMATION FORM</b>							
Account Number _____ Page ____ of ____		<input type="checkbox"/> New Account <input type="checkbox"/> Updating							
Date _____ MM ____ DD ____ YYYY ____									
<b>Account Name:</b> _____									
<b>Client Name:</b> (Last Name, First Name, Middle Name) _____		<b>Product Name:</b> _____							
<b>Please sign three times using black ink.</b> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"> <div style="position: absolute; top: 10px; left: 10px;">✓</div> </div>		<b>Product Type:</b> <input type="checkbox"/> SA <input type="checkbox"/> CA <input type="checkbox"/> TD <input type="checkbox"/> Others _____							
<div style="border: 1px solid black; height: 100px; margin-top: 10px;"> <div style="position: absolute; top: 10px; left: 10px;">✓</div> </div>		<b>Type of Currency:</b> <input type="checkbox"/> PHP <input type="checkbox"/> USD <input type="checkbox"/> Others _____							
<div style="border: 1px solid black; height: 100px; margin-top: 10px;"> <div style="position: absolute; top: 10px; left: 10px;">✓</div> </div>		<table border="1"> <tr> <th>Account Type</th> <th>Type of Signatory (for Business Account)</th> </tr> <tr> <td> <input type="checkbox"/> Individual *    <input type="checkbox"/> Business               </td> <td> <input type="checkbox"/> Any One    <input type="checkbox"/> All             </td> </tr> <tr> <td>                 Joint : <input type="checkbox"/> OR    <input type="checkbox"/> AND               </td> <td> <input type="checkbox"/> Any Two             </td> </tr> </table>		Account Type	Type of Signatory (for Business Account)	<input type="checkbox"/> Individual * <input type="checkbox"/> Business	<input type="checkbox"/> Any One <input type="checkbox"/> All	Joint : <input type="checkbox"/> OR <input type="checkbox"/> AND	<input type="checkbox"/> Any Two
Account Type	Type of Signatory (for Business Account)								
<input type="checkbox"/> Individual * <input type="checkbox"/> Business	<input type="checkbox"/> Any One <input type="checkbox"/> All								
Joint : <input type="checkbox"/> OR <input type="checkbox"/> AND	<input type="checkbox"/> Any Two								
* For Individual Accounts you are eligible to enroll your account in Internet Banking and Mobile Banking.									
<b>Customer Agreement</b> I hereby agree to the use of this Signature Card in accordance with the terms and conditions governing the product, facility and/or services I availed and will avail in the future. I acknowledge that such terms and conditions may be amended from time to time.									
G001.3 July'19									

BACK

Statement Disposition			
<input type="checkbox"/> Electronic Mail/Softcopy to preferred Email address _____		<input type="checkbox"/> Pick-up (on Demand) at the Branch	
Purpose		With Correspondence?	
_____		<input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify reason) _____	
Customer Instruction Upon Maturity of Time Deposit			
<input type="checkbox"/> Automatic Renewal of Principal + Interest		<input type="checkbox"/> Full Redemption on Maturity Date	
<input type="checkbox"/> Automatic Renewal of Principal. Interest will be credited to Affiliate Account		<input type="checkbox"/> Others _____	
Affiliate Account where proceeds will be credited: _____			
For Bank Use Only			
ID/s presented: <input type="checkbox"/> Philsys <input type="checkbox"/> SSS / SSS UMID <input type="checkbox"/> GSIS <input type="checkbox"/> Others _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport			
ID Number: _____		ID Expiry Date: _____ MM ____ DD ____ YYYY ____	
Signature Taken by: _____ Signature Over Printed Name / Date		Signature Verified by: _____ Signature Over Printed Name / Date	
Processed by: _____ Signature Over Printed Name / Date			
Verified Against CWS / Dowjones by: _____ Signature Over Printed Name / Date		Documents Verified Against Original and BBS / BBI by: _____ Signature Over Printed Name / Date	
Approved by: _____ Signature Over Printed Name / Date    Signature Over Printed Name / Date			