



Center/Branch/BLU

APPLICATION FOR CHECKING ACCOUNT

CHECKING ACCOUNT NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	DATE:	INITIAL DEPOSIT:
SAVINGS ACCOUNT NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>	DATE:	INITIAL DEPOSIT:

NAME(S):	
HOME ADDRESS:	TEL. NO.:
BUSINESS ADDRESS:	TEL. NO.:

FOR INDIVIDUAL

DATE OF BIRTH:	PLACE OF BIRTH:	CIVIL STATUS:
NATIONALITY:	ACR NO.:	IDENTIFICATION CARD NO.:
NATURE OF BUSINESS/OCCUPATION:	EMPLOYER:	POSITION:

FOR CORPORATE

NATIONALITY	AUTHORIZED CAPITAL:	PAID-UP CAPITAL:
NATURE OF BUSINESS/OCCUPATION:	TYPE OF ORGANIZATION:	

I/We hereby accept the rules and regulations governing the operations of Checking Account/Savings Account. Likewise, I/we authorized FICOBank to do all that is necessary to have my/our name(s) and account number on the deposit slips. FICOBank will not be liable for processing errors or delays caused by an incorrect or missing account number, notwithstanding the presence of my/our correct name(s) on the deposit slip.

SIGNATURE OF DEPOSITOR(S):		DATE:
APPROVED BY:	DATE:	REMARKS: