



OPERATING UNIT: \_\_\_\_\_  
ACCOUNT OPENING APPLICATION FORM

TO BE FILLED OUT BY THE CUSTOMER. PLEASE PRINT ALL INFORMATION.

DATE (mm/dd/yyyy): \_\_\_\_\_

<b>ACCOUNT NAME:</b> _____  Signatory 1: _____  Signatory 2: _____  Signatory 3: _____	<b>FOR BANK USE ONLY</b> <b>CIF No.:</b> _____	<b>PURPOSE OF OPENING:</b> <input type="checkbox"/> Savings  <input type="checkbox"/> Business Operation  <input type="checkbox"/> Others _____
	<b>CIF No.:</b> _____	
	<b>CIF No.:</b> _____	
	<b>CIF No.:</b> _____	

(For Joint Accounts with more than three [3] depositors, please use separate form.)

**ACCOUNT TYPE:**

<input type="checkbox"/> <b>Personal</b>	<input type="checkbox"/> <b>Business/Corporate/Entity</b>
<input type="radio"/> Single <input type="radio"/> Joint (AND) <input type="radio"/> Joint (OR)	<input type="radio"/> Single Proprietorship <input type="radio"/> Corporation <input type="radio"/> Cooperative
	<input type="radio"/> Partnership <input type="radio"/> Association <input type="radio"/> Others (Please specify) _____

<b>DEPOSIT TYPE:</b> (For Bank use only)	<b>STATEMENT OF ACCOUNT DISPOSITION:</b>
<input type="checkbox"/> <b>SAVINGS ACCOUNT</b> <input type="checkbox"/> <b>CHECKING ACCOUNT</b> <input type="checkbox"/> <b>TERM DEPOSIT</b>	<input type="checkbox"/> For Pick Up <input type="checkbox"/> Mail to <input type="radio"/> Present Address <input type="radio"/> Permanent Address <input type="radio"/> Business Address
<b>SPECIFIC PRODUCT TYPE</b> <b>SPECIFIC PRODUCT TYPE</b> <b>SPECIFIC PRODUCT TYPE</b>	
_____              _____              _____	
<b>ACCOUNT NUMBER</b> <b>ACCOUNT NUMBER</b> <b>ACCOUNT NUMBER</b>	
_____              _____              _____	

**DEPOSIT ACCOUNT AGREEMENT**

By signing below, I/we confirm that I/we have received and read the Terms and Conditions governing my/our account and have fully understood and agreed to be governed by the provision thereof, including but not limited to, the provisions on my/our obligations as depositor(s), the conditions under which the Bank is given the right to impose service charges, freeze, debit and/or automatically close the account and the provision on the authority of the Bank to withhold and set off my/our bank deposit for any and all my/our obligations with the Bank and any of its branches.

I/We fully understand the corresponding risks involved in availing of any banking products, facilities and/or services. Further, my/our continued use and/or availment of the banking products, facilities or services shall mean my/our conformity to any and all supplement(s), modification(s) or ammendment(s) of such Terms and Conditions, which may be posted in conspicuous places within the Bank's premises or which may be published in any other manner.

I/We also attest to the truth and correctness of my/our given personal/business information. I/We warrant that I/we am/are aware of the provisions of Republic Act No. 9160 (Anti-Money Laundering Act of 2001), as amended, and I/we represent that my/our transactions herein are not violative of the provisions of the said law and that all the funds to be deposited in the account(s) come from my/our legitimate undertakings. I/We authorize the Bank to make any such verifications or reports in compliance with RA No. 9160, as amended, as it may deem appropriate, for which acts I/we hold the Bank free and harmless from any

<b>SIGNATORY 1</b>  _____ <b>SIGNATURE OVER PRINTED NAME/DATE</b>	<b>SIGNATORY 2</b>  _____ <b>SIGNATURE OVER PRINTED NAME/DATE</b>
<b>SIGNATORY 3</b>  _____ <b>SIGNATURE OVER PRINTED NAME/DATE</b>	

(For Joint Accounts with more than three [3] depositors, please use separate form.)

**FOR FICOBANK USE ONLY**

<b>Signed in the presence of:</b>  _____ <b>SIGNATURE OVER PRINTED NAME/DATE</b>	<b>Signature authenticated by:</b>  _____ <b>SIGNATURE OVER PRINTED NAME/DATE</b>	<b>Approved by:</b> (In full signature)  _____ <b>SIGNATURE OVER PRINTED NAME/DATE</b>
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