SIGNATURE CARD - CORPORATE

(For Bank's use only)

BUSINESS CENTER: _____ CIF No: _____

PRODUCT TYPE/CODE: _____ Account Number: _____

ACCOUNT NAME: _____ GROUP ID: _____

BUSINESS ADDRESS: _____

CONTACT PERSON /S	E-MAIL ADDRESS	PHONE NO.	FAX NO.

ACCOUNT TYPE: □ SINGLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION

DATE & APPROVING OFFICER'S INITIALS			
OPENING	DORMANCY	REACTIVATION	CLOSURE

Please recognize ( ) Any One, ( ) Any Two, or ( ) All of the following signatures in payment of the funds and other transactions on my/our accounts.

Print full name here:

Please sign on the spaces below:

1.

2.

3.

By affixing the above specimen signatures, I/we hereby authorize Rizal Commercial Banking Corporation to disburse funds as well as honor other related banking transactions on the basis hereof, in relation to accounts/investments I/we maintain with the Bank as well as all other accounts/investments I/we may establish in the future.

I/We likewise hereby acknowledge receipt of and agree to be bound by the appropriate Terms and Conditions governing the operation of each of my/our aforementioned accounts/investments.

Introduced by: Signature Authenticated by: Approved by: Date: