

SIGNATURE CARD - RETAIL

(For Bank's use only)

BUSINESS CENTER : _____ CIF No: _____

PRODUCT TYPE/CODE: _____ Account Number: _____

ACCOUNT NAME: _____

CONTACT PERSON /S: _____

CONTACT NUMBERS: HOME: _____ MOBILE: _____

OFFICE: _____ FAX: _____

ACCOUNT TYPE: INDIVIDUAL JOINT AND JOINT OR

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: _____