

Branch Code _____ Branch Name _____ Type of Account _____ Date _____ RM/Customer Number

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I. MANDATORY INFORMATION

1. Name

Last Name _____	First Name _____	Middle Name _____	Suffix (Jr., III) _____	Other Name/AKA _____
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2.a. Date of Birth _____ **2.b. Place of Birth**

	City/Municipality _____ Country _____
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3. With Beneficial Owner/Agent?

Yes (Fill-out: II. Beneficial Owner/Agent Information)	None
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4. Present Address

House/Unit No. _____	Floor _____	Building Name _____	Street _____	Subdivision _____	Barangay _____	Municipality/City _____	Province _____	District _____	Country _____	Zip Code _____
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5. Permanent Address (if not same as present address)

House/Unit No. _____	Floor _____	Building Name _____	Street _____	Subdivision _____	Barangay _____	Municipality/City _____	Province _____	District _____	Country _____	Zip Code _____
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6.a. Residence Phone Number _____ **6.b. Mobile Number** _____ **6.c. Email Address** _____

Enroll in Metrophone Banking? Yes <input type="checkbox"/> No <input type="checkbox"/>	Enroll in Mobile Banking? Yes <input type="checkbox"/> No <input type="checkbox"/>	Enroll in Metrobank Direct-Online? Yes <input type="checkbox"/> No <input type="checkbox"/> Preferred Customer Name: _____
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7. Nationality _____ **8.a. Nature of Employment/Business** _____ **8.b. Name of Employer/Business** _____

a. _____ b. _____ c. _____	TIN/SSS/GSIS/UMID No. _____ Reason for no TIN _____
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9. Source/s of Funds (Please check ALL that apply)

Salary/Employment _____	Pension _____	Sale of Asset _____
Business _____	Remittances (Please specify country of origin) _____	Others (Please specify) _____
Commissions _____		

II. BENEFICIAL OWNER/AGENT INFORMATION (if any) (Use separate sheet, if needed)

1 Beneficial Owner (e.g., TITF, ITF) Agent (e.g., Attorney-in-Fact) RM/Customer Number

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Last Name _____	First Name _____	Middle Name _____	Suffix (Jr., III) _____
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Date of Birth _____ **Place of Birth**

	City/Municipality _____ Country _____
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Nature of Employment/Business _____ **Nationality** _____

Present Address

House/Unit No. _____	Floor _____	Building Name _____	Street _____	Subdivision _____	Barangay _____	Municipality/City _____	Province _____	District _____	Country _____	Zip Code _____
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Source/s of Funds (Please check ALL that apply)

Salary/Employment _____	Commissions _____	Remittances (Please specify country of origin) _____	Sale of Asset _____
Business _____	Pension _____		Others (Please specify) _____

2 Beneficial Owner (e.g., TITF, ITF) Agent (e.g., Attorney-in-Fact) RM/Customer Number

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Last Name _____	First Name _____	Middle Name _____	Suffix (Jr., III) _____
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Date of Birth _____ **Place of Birth**

	City/Municipality _____ Country _____
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Nature of Employment/Business _____ **Nationality** _____

Present Address

House/Unit No. _____	Floor _____	Building Name _____	Street _____	Subdivision _____	Barangay _____	Municipality/City _____	Province _____	District _____	Country _____	Zip Code _____
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Source/s of Funds (Please check ALL that apply)

Salary/Employment _____	Commissions _____	Remittances (Please specify country of origin) _____	Sale of Asset _____
Business _____	Pension _____		Others (Please specify) _____

III. CLIENT PROFILING

12. Civil Status _____ **13. Spouse's Name** _____ **14. Mother's Maiden Name** _____

15. Gender _____	16. Type of ID Presented _____	17. ID Number _____
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18. Purpose of Account Opening

Savings _____ Pension _____ Business _____ Remittance (Please specify country) _____ Payroll _____ Origin _____ Destination _____	19. No. of Dependents _____ Others (Please specify) _____	20. No. of Children _____ 21. Monthly Bank Statement for Pick-Up Yes <input type="checkbox"/> No <input type="checkbox"/>
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22. U.S. Address (if applicable) House/Floor No., Street, City, State, Postal Code _____ **23. U.S. TIN** _____

24. Employer/Business Address

House/Unit No. _____	Floor _____	Building Name _____	Street _____	Subdivision _____	Barangay _____	Municipality/City _____	Province _____	District _____	Country _____	Zip Code _____
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25. Job Title/Position

Top/Senior Management Manager/Middle Mgt	Rank and File/Clerical Professional/Consultant	Overseas Filipino Worker Government Employee	Self-employed Student	Others (Please specify) _____
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26. Expected Frequency of Transaction per Month (deposits, withdrawals, etc) _____ **27. Average Amount per Transaction** _____ **28. Preferred Mailing Address** _____

29. Types of Products and Services to be availed from the Bank (Please check ALL that apply)

Regular Savings Deposit (Passbook-Based)/ATM Savings Deposit/

Current/Checking Account

Savings Payroll Account/Prepaid/Debit Card Accounts

Auto Credit/Debit/Pension

For **Debit/Prepaid Card**, ENABLE International Transactions?

Inward Remittance (specify country of origin) _____

Yes

No

Outward Remittance (specify country of destination) _____

Time Deposit/Trust or Treasury Products

Others (Please specify) _____

30. Do you hold a prominent public position in the Philippines/a Foreign State/an International Organization?

Yes

Government Office

Position

No

31. Does your spouse/partner/ child/child's spouse/parent/parent-in-law hold prominent public position in the Philippines/a Foreign State/an International Organization?

Yes

Name

Position

No

32. Are you a Close Associate of a person who holds a prominent public position in the Philippines/a Foreign State/an International Organization?

Yes

Name

Position

No

DEPOSIT ACCOUNT AGREEMENT

By signing below, I/we confirm that I/we have received and read the Deposit Terms and Conditions governing this account and have fully understood and agreed to be governed by the provisions thereof, including but not limited to, the provision on my/our obligations as a depositor should the Bank opt to purchase my/our checks; the survivorship agreement authorizing the Bank to release the balance of an "OR" account to the surviving co-depositor in the event of the death of one depositor; the conditions under which the Bank is given the right to impose service charges, freeze, debit and/or automatically close the account; the provision where I/we authorize the Bank and its subsidiary/affiliate to share/disclose information/data pertaining to me/us; the provisions on electronic, internet, and telephone banking services and any other banking products and services; and the provision on the authority of the Bank to withhold and set off my/our bank deposit for any and all obligations with the Bank and any of its subsidiaries and affiliates.

I/We fully understand the corresponding risks involved in availing of any banking products, facilities, 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 amendment(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 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 among those covered under the said law and that all 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 and all liabilities, claims and/or damages.

I/We also attest to the truth and correctness of my/our given personal/business information. In case I/we apply for any credit accommodation, I/we hereby authorize the Bank and its officers and staff to obtain and disclose information on my/our deposits and other properties whether within Metrobank or with other banks.

I /We also agree and consent to have my account included in the list of accounts for audit confirmation. Refusal to include my account from the list of accounts shall require submission of written request to the Bank.

I/We hereby authorize Metrobank to share my personal information and/or sensitive personal information with entities, for purposes, stated in the Deposit Terms and Conditions. I may revoke the authorizations at any time by notifying in writing my branch of account or at dataprotectiondept@metrobank.com.ph.

Customer's Signature over Printed Name

Date

IV. NATURE OF EMPLOYMENT/BUSINESS

AGR - Agriculture/Animal Farming

GOV - Government Service

PWN - Pawnshop

BPO - Business Process Outsourcing

ITS - IT/Software

REL - Real Estate/Leasing

- (e.g. Call Centers, Billing/Credit/Collections, etc.)

MFG - Manufacturing

RES - Repair Services

CTN - Construction

MSP - Maritime/Shipping

TOU - Tourism

CAG - Casino/Gaming Clubs

MDL - Medical/Health Services

TRN - Transportation

DJM - Dealer of Jewelry/ Precious Metals/Stones

Money Services Business

TRA - Wholesale/Retail Trade

EMB - Embassy/Foreign Consulate

EMI - E-Money Issuer

UTI - Utilities

FIN - Finance/Insurance/Securities

FXD - FX Dealer

OTH - Others (Please specify) _____

FSP - Food Service/Food Processing

MNC - Money Changer

NGO - Foundation / Non-Government

RTA - Remittance Agent

Organization

RPP - Remittance Platform Provider

**TO BE FILLED-OUT BY THE BANK
ENHANCED DUE DILIGENCE (if applicable)**

Documents/Information to be obtained:

Supporting information on the intended Nature of Business Relationship/Source of Funds/Source of Wealth

Deed of Donation

Financial Profile

Loan Application

Deed of Sale

ITR

Others (Please specify) _____

Reason for intended or performed transactions

Other reasons (Please specify) _____

None

List of companies where he is a Stockholder, Director, Officer, or Authorized Signatory

Company Name/s

Position

None

Other relevant information available through public databases or internet

List of Banks where the individual has maintained or is maintaining an account

Bank Name/s

No

DECLARATION AND ACKNOWLEDGEMENT

I declare that the face-to-face conduct of KYC as prescribed by BSP has been performed.

Reviewed Account Opening Documents and Signature Authenticated /Approved by

Approved by (for High Risk)

SIGNATURE OVER PRINTED NAME OF
BANK OFFICER

SIGNATURE OVER PRINTED NAME OF
BRANCH OFFICER

SIGNATURE OVER PRINTED NAME OF
BRANCH HEAD