

## EPAYCARD CUSTOMER ACCOUNT OPENING FORM

ACCOUNT DETAILS				
DATE		BRANCH		CIF NO.
CLIENT TYPE <input type="checkbox"/> New Client <input type="checkbox"/> Existing Client		TYPE OF ACCOUNT		ACCOUNT NO.
CARDHOLDER DETAILS				
TITLE / SALUTATION		NAME (Last Name, Given Name, Middle Name)		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married    Spouse's Name: _____				MOTHER'S MAIDEN NAME
BIRTHDATE (MM/DD/YY)	PLACE OF BIRTH	NATIONALITY	HOME PHONE NO.	MOBILE NO.
PRESENT ADDRESS (No. / Street / District / Barangay / City / Town / Province)				ZIP CODE
PERMANENT ADDRESS (No. / Street / District / Barangay / City / Town / Province)				ZIP CODE
SSS NO.	GSIS NO.	TAX IDENTIFICATION NO. (TIN)	SOURCE OF FUNDS	
EMPLOYMENT DETAILS				
COMPANY NAME / BUSINESS NAME (if Self-employed)				INDUSTRY
BUSINESS ADDRESS (No. / Street / District / Barangay / City / Town / Province)				ZIP CODE
PHONE NO.	FAX NO.	EMAIL ADDRESS	POSITION / DESIGNATION	
FOR NON-RESIDENTS (FOREIGN INDIVIDUALS)				
PASSPORT NO.	EXPIRY DATE (MM/DD/YY)	PLACE OF ISSUE	OTHER IDS (ID NO. & ID TYPE)	
CARDHOLDER'S SPECIMEN SIGNATURE (Please provide three specimen signatures)				
By my signature herein, I acknowledge that my company's authorized HR representative has discussed the Unionbank ePaycard Terms and Conditions which I fully understand, agree and confirm by my signature below.  For Checking Account: I agree and undertake not to use cheques printed or secured from printers not accredited by your Bank and that I shall be held responsible and liable for any and all losses / damages arising from the violation of this undertaking.				Authenticated by Authorized HR Representative   _____ Signature over Printed Name
_____ CARDHOLDER Signature over Printed Name / Date				
FOR BANK'S USE ONLY				
TYPE OF DEPOSIT		CUSTOMER TYPE		EMPLOYER ID
REMARKS				
OFFICER CODE	IDENTIFIED AND SIGNATURE VERIFIED BY / DATE	PROCESSED BY / DATE	APPROVED BY / DATE	SCANNED BY / DATE
	_____	_____	_____	_____
	Signature over Printed Name	Signature over Printed Name	Signature over Printed Name	Signature over Printed Name