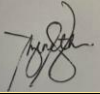







EPAYCARD CUSTOMER ACCOUNT OPENING FORM

ACCOUNT DETAILS					
DATE (mm/dd/yyyy)	12/9/2021	BRANCH		CUSTOMER ID NO.	
CLIENT TYPE		TYPE OF ACCOUNT		ACCOUNT NO.	
CARDHOLDER DETAILS					
TITLE/SALUTATION	Ms	NAME	GARCIA, AZENETH, SACIL <small>Last Name, Given Name, Middle Name</small>	GENDER	Female
CIVIL STATUS	Single	MOTHER'S MAIDEN NAME	SACIL, LORNA, SANTELICES <small>Last Name, Given Name, Middle Name</small>	CITIZENSHIP/NATIONALITY	Filipino
BIRTH DATE (mm/dd/yyyy)	12/28/1998	PLACE OF BIRTH	TANAUAN CITY, BATANGAS	IF FOREIGNER/ DUAL CITIZEN	NO
MOBILE NUMBER*	(+63)919-811-6560	*Your Company's HR Officer has automatically enrolled you in receiving SMS Alerts. Kindly inform them if you want to be removed from this service.		EMAIL ADDRESS	aze.garcia28@gmail.com
PRESENT ADDRESS	504 APITONG STREET, POBLACION 3, TANAUAN CITY, BATANGAS <small>(No. / Street / District / Barangay / City / Town / Province)</small>			ZIP CODE	4232
PERMANENT ADDRESS <small>(pls edit if not same as Present Address)</small>	504 APITONG STREET, POBLACION 3, TANAUAN CITY, BATANGAS <small>(No. / Street / District / Barangay / City / Town / Province)</small>			ZIP CODE	4232
SOURCE OF FUNDS (Select ONE)	<input checked="" type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Commission/ Fees <input type="checkbox"/> Remittance <input type="checkbox"/> Others			SSS NO./ GSIS NO./ TIN	382-641-013
SPECIFY IF OTHERS					
CARDHOLDER DETAILS					
COMPANY/BUSINESS NAME <small>(If self-employed)</small>	ELGADA BPO SOLUTIONS INC.				
BUSINESS ADDRESS				ZIP CODE	
<small>(No. / Street / District / Barangay / City / Town / Province)</small>					
POSITION/DESIGNATION	APPLICATION DEVELOPER			INDUSTRY OF EMPLOYER	
EMAIL ADDRESS				CONTACT NO.	
FATCA INFORMATION (SELECT ONE)					
<input checked="" type="checkbox"/> I am NOT a US PERSON <input type="checkbox"/> I am a US PERSON (U.S. Citizen OR U.S. Resident OR U.S. Green Card Holder OR U.S. Passport Holder) (1) <input type="checkbox"/> I am not a U.S. Person but with U.S. indicators. <input type="checkbox"/> U.S. Place of Birth (3) <input type="checkbox"/> U.S. Resident Address / U.S. Mailing Address (including a U.S. post office box) (2) <input type="checkbox"/> U.S. Telephone Number (2) <input type="checkbox"/> Standing instruction/s to transfer funds to an account maintained in the U.S (2) <input type="checkbox"/> Power of Attorney or signatory authority granted to a person with a U.S. Address (2) <input type="checkbox"/> "In-care-of" address or "hold mail" address that is the sole address the Foreign Financial Institution has identified for the account holder (2)				DOCUMENTARY REQUIREMENTS (1) Certification, Consent, and Waiver AND Form W-9 (2) Certification, Consent, and Waiver AND Form W-9 OR Form W-8, Form W-8 BEN AND/OR Non-US passport OR government ID evidencing citizenship in another country (3) Certification, Consent, and Waiver AND Form W-9 OR Form W-8, Form W-8 BEN AND/OR Non-US passport OR government ID evidencing citizenship in another country OR Certificate of Loss of Nationality of the US or Form I-407, OR a reasonable explanation of account holder's renunciation of US citizenship OR the reason the account holder did not obtain US citizenship at birth	
CARDHOLDER SPECIMEN SIGNATURE (INSERT IMAGE OF SIGNATURE)					
<small>Please provide three specimen signatures.</small>					
1)		2)		3)	
CARDHOLDER ATTESTATION (INSERT IMAGE OF SIGNATURE)					
<p>By my signature herein, I acknowledge that my company's authorized HR representative has discussed and I have read the UnionBank ePaycard Terms and Conditions found in bit.ly/UBPePaycardTCs and the Bank's Privacy Policy found in bit.ly/UBPDDataPrivacy and I confirm that I fully understand and agree to abide by the terms stipulated and any future amendments thereto. For Checking Account/s, 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.</p> <p>I confirm that all information I provided are true and correct. I agree to inform Union Bank of the Philippines should there be any changes to my personal data stated above. I consent to the disclosure of my personal data to UnionBank and other authorized third parties, including subsidiaries and affiliates, of UnionBank to be used for the purpose of processing my application and for the assessment of my compliance with the necessary requirements needed for this application. I understand that my personal information may also be used for review, audit, and reporting to Bangko Sentral ng Pilipinas and other regulators.</p> <p>Ultimately, I hold the Bank free from any liabilities that may arise regarding my account, including those that may arise from the Bank's imposition of restrictions to or closure of my account that may be due to incomplete, inaccurate, and/or outdated information provided by me or my company's HR.</p>					
					
GARCIA, AZENETH, SACIL			12/9/2021		
CARDHOLDER			DATE		
Signature Over Printed Name					
			12/9/2021		
AUTHENTICATED BY AUTHORIZED HR REPRESENTATIVE			DATE		
Signature Over Printed Name					
FOR BANK'S USE ONLY (To be filled-out by the Sales Representative)					
TYPE OF DEPOSIT				CUSTOMER TYPE	
EMPLOYER ID				RM/ BM/ AO CODE	
REMARKS					
IDENTIFIED AND SIGNATURE VERIFIED BY				DATE	
PROCESSED BY				DATE	
APPROVED BY				DATE	
APPROVED BY (FOR EDD)				DATE	