

I. MANDATORY INFORMATION

1. Name

Rosal

Kevin Louis

Mejia

Last Name

First Name

Middle Name

Suffix (Jr., III)

Other Name/AKA

2.a. Date of Birth (mm/dd/yyyy)

October

8

1995

2.b. Place of Birth

Taguig City

Philippines

3. With Beneficial Owner/Agent?

Yes

None

City/Municipality

Country

(Fill-out Part III. Beneficial Owner/ Agent Information)

4. Present Address

24 4th St. GHQ Brgy. Katuparan Taguig City Metro Manila

1633

House/Unit No.

Floor

Building Name

Street

Subdivision

Barangay

Municipality/City

Province

District

Country

Zip Code

5. Permanent Address (if not same as present address)

24 4th St. GHQ Brgy. Katuparan Taguig City Metro Manila

House/Unit No.

Floor

Building Name

Street

Subdivision

Barangay

Municipality/City

Province

District

Country

Zip Code

6.a. Mobile Number

09754629792

6.b. Residence Phone Number

N/A

6.c. Email Address

lauaanto@gmail.com

Enroll in Mobile Banking?

Yes

No

Enroll in Metrophone Banking?

Yes

No

a.

b.

c.

7. Nationality

Filipino

8.a. Nature of Employment/Business

Business Process Outsourcing (BPO)

8.b. Name of Employer/Business

Concentrix CVG Philippines

9. Source/s of Funds (Please check ALL that apply)

☒ Salary/Employment

Pension

Others (Please specify)

Business

Remittances (Please specify country of origin)

Commissions

10.a. TIN

10.b. SSS/GSIS/UMID No.

35-1305540-0

Reason for no TIN/SSS/GSIS/UMID No.

II. CLIENT PROFILING

11. Civil Status

☒ Unmarried

Widowed

Married

Divorced/Annulled

Separated

12. Spouse's Name (Last, First, Middle)

13. Mother's Maiden Name (Last, First, Middle)

Mejia Jean Dela Cruz

14. Gender

Male

Female

15. Type of ID Presented

Driver's License

16. ID Number

H03-15-002977

17. Purpose of Account Opening

Savings

Pension

Business

Remittance (Please specify country)

☒ Payroll

Origin

Destination

18. No. of Dependents

1

Others (Please specify)

19. No. of Children

20. Monthly Bank Statement for Pick-Up (For Checking Account only)

Yes

No

21. U.S. Address (if applicable) House/Floor No., Street, City, State, Postal Code

22. U.S. TIN

23.a. Employer/Business Address House/Floor No., Building Name, Street, Subdivision, Barangay, Municipality/City, Province, District, Country, Zip Code

23.b. Employer/Business Contact No.

Ayala north exchange 6796 Ayala Ave. cor Salcedo St. Legaspi Village Makati City

24. Job Title/Position

Top/Senior Management

Rank and File/Clerical

Overseas Filipino Worker

Self-employed

☒ Others (Please specify)

Manager/Middle Mgt

Professional/Consultant

Government Employee

Student

CSR

25. Expected Frequency of Transaction per Month (deposits, withdrawals, etc)

5x

10x

15x

☒ Others (Please specify)

2

26. Average Amount per Transaction

☒ Below P50K

P51K to P100K

P101K to P500K

P501K and above

27. Preferred Mailing Address

Permanent Address

☒ Present Address

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

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

☒ Savings Payroll Account/Prepaid/Debit Card Accounts

For Debit/Prepaid Card, ACTIVATE International Transactions?

Yes

No

Time Deposit/Trust or Treasury Products

Current/Checking Account

Auto Credit/Debit/Pension

Inward Remittance (specify country of origin)

Outward Remittance (specify country of destination)

Others (Please specify)

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

Yes

Government Office

Position

No

30. 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 of Relative

Gov't Office & Position

No

31. 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 of Official

Gov't Office & Position

No

III. 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

Last Name

First Name

Middle Name

Suffix (Jr., III)

Date of Birth (mm/dd/yyyy)

Place of Birth

Nature of Employment/Business

Nationality

City/Municipality

Country

Present Address

House/Unit No.

Floor

Building Name

Street

Subdivision

Barangay

Municipality/City

Province

District

Country

Zip Code

Source/s of Funds (Please check ALL that apply)

Salary/Employment

Commissions

Remittances (Please specify country of origin)

Others (Please specify)

Business

Pension

2		Beneficial Owner (e.g., TITF, ITF)		Agent (e.g., Attorney-in-Fact)		RM/Customer Number															
Last Name		First Name		Middle Name		Suffix (Jr., III)															
Date of Birth (mm/dd/yyyy)		Place of Birth		Nature of Employment/Business		Nationality															
		City/Municipality		Country		Money Changer (MNC)															
Present Address																					
House/Unit No.		Floor		Building Name		Street		Subdivision		Barangay		Municipality/City		Province		District		Country		Zip Code	
Source/s of Funds (Please check ALL that apply)																					
Salary/Employment				Commissions		Remittances (Please specify country of origin)				Others (Please specify)											
Business				Pension																	

DEPOSIT ACCOUNT AGREEMENT

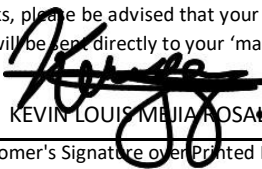
By signing below, I/we confirm that I/we have received and read the Deposit Terms and Conditions governing this account and have fully understood and agreed to be governed by the provisions thereof, including but not limited to, the provision on my/our obligations as a depositor should the Bank opt to 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/discard 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.

In compliance with the BSP Manual of Regulations for Banks, please be advised that your account may be selected in the regular generation of Confirmation Letters by our Audit Group to confirm account balances. The Confirmation Letter will be sent directly to your 'mailing address'.

  
KEVIN LOUIS MEJIA ROSAL  
Customer's Signature over Printed Name

11/27/2021  
Date

DATA PRIVACY AGREEMENT

By ticking this box, I/we hereby authorize Metrobank to share my personal information and/or sensitive personal information, and deposit details pertaining to this Account in order for the Bank, its affiliates and/or subsidiaries within the Metrobank Group to offer or to provide other related products and services to the Depositor, including but not limited to cross-referencing, cross-selling, status inquiry, and providing credit opinion and evaluation. I may revoke the authorizations at any time by notifying in writing my branch of account or by sending an email to [dataprotectiondept@metrobank.com.ph](mailto:dataprotectiondept@metrobank.com.ph)

  
KEVIN LOUIS MEJIA ROSAL  
Customer's Signature over Printed Name

11/27/2021  
Date

TO BE FILLED-OUT BY THE BANK			
Documents/Information to be obtained:			
Supporting information on the intended Nature of Business		Deed of Donation	
Relationship/Source of Funds/Source of Wealth		Deed of Sale	
		Loan Application	
		Others (Please specify)	
Reason for intended or performed transaction		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			
List of Banks where the individual has maintained or is maintaining an account		Bank Name/s	
		None	

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 by	Approved by (for High Risk)
SIGNATURE OVER PRINTED NAME OF BANK OFFICER	SIGNATURE OVER PRINTED NAME OF BANK OFFICER	BRANCH HEAD