

## ACCOUNT INFORMATION

1

Individual ( Last Name, First Name, Middle Name)					Taxpayer Identification No. (TIN No.)	Social Security Identification No. (SSS No.)	
Permanent Address / Office Address (No., Street, City/Municipality/ Province) Zip Code					Birth Date	Birth Place	
Mailing Address:							
Home Ownership	Telephone Number	Civil Status	Nationality	Education	Mobile Number	Office Number/s	
Spouse's Name			No. of Dependent/s	Email Address			
Mother's Maiden Name			No. of Children	Business Contact Person & Telephone Number			
Employer's Name & Address					Job Title/Occupation/Profession  Monthly Statement Disposition __ Mail __ Pick-up: __ Personal ____ Representative	Employed Since	Salary Range  Audit Confirmation o Balances __ Agree __ Disagree

## 2

Individual ( Last Name, First Name, Middle Name)					Taxpayer Identification No. (TIN No.)		Social Security Identification No. (SSS No.)	
Permanent Address / Office Address (No., Street, City/Municipality/ Province) Zip Code					Birth Date		Birth Place	
Mailing Address:								
Home Ownership		Telephone Number	Civil Status	Nationality	Education	Mobile Number		Office Number/s
Spouse's Name				No. of Dependent/s	Email Address			
Mother's Maiden Name				No. of Children	Business Contact Person & Telephone Number			
Employer's Name & Address		Job Title/Occupation/Profession			Employed Since		Salary Range	

Card Number (To be filled out by the Bank) 1		Serial Number (To be filled out by the Bank) 2	
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I/We need this account because \_\_\_\_\_

I/We intend to deposit \_\_\_\_\_ times in a week, in amounts of not less than Php \_\_\_\_\_ and not more than  
Php \_\_\_\_\_. I choose to open this account with Producers Bank because \_\_\_\_\_

By signing below, I/we confirm that I/we have received a copy of the Terms and Conditions of the General Provisions on Deposits 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 obligations as a depositor should the Bank opt to purchase my checks; the survivorship agreement authorizing the Bank to release the balance of an "Or" account to the surviving co-depositor in the event of 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 authorizing the Bank to share with subsidiaries, affiliates, etc. my personal circumstances; the provisions any other Banking products and services and the provisions on the authority of the Bank to withhold, sell and/or set off bank deposit for any and all obligations with the Bank and any of its subsidiaries and affiliates. I/We fully understand the corresponding risks entailed in availing of such banking products, facilities or services. Further; my/our continued use and/or availment of such 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 the funds to be deposited in the account/s come from my/our legitimate undertakings. I/We authorize the Bank to make any such verification or report 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 Producers Savings Bank Corporation (Producers Bank) and its officers to obtain and disclose information about my/our deposits or other properties whether with Producers Bank or other banks.

IN WITNESS WHEREOF, I/we have affixed my/our signature(s) on \_\_\_\_\_ at \_\_\_\_\_

1

Authorized Signatory

Signed in the Presence of:

Authenticated by:

2

Authorized Signatory

Approved by:

### Witnessing Branch Personnel

Authorized Branch Officer

Authorized Branch Officer