

SIGNATURE CARD - CORPORATE

Signature Over Printed Name/Date

	THE RESERVE OF THE PARTY OF THE			THE RESERVE OF THE PARTY OF THE		
(For Bank's use only) BRANCH		CIF	DATE.			
PRODUCT TYPE/COD	E		OUNT NO.:			
ACCOUNT TYPE	CORPORATION	□PARTNERSHIP	☐SINGLE PROPR	RIETORSHIP 0	THERS:	
ACCOUNT NAME				G	ROUP ID:	
BANK STATEMENT MA CONTACT PERSO		□E-CHANNELS MAIL ADDRESS	□PICK-UP OFFICE PHONE	ENO. MO	BILE PHONE NO.	
		DATE & APPROVING O	FFICER'S INITIALS			
OPENING		DORMANCY	REACTIVATION	N	CLOSURE	
For transactions on my/our acco	ounts, please recognize that () Any One, () Any Two, () All Sign	atories or () Others: (Please	e specify)	are the required signatories.	
CIF NO:						
Print full name here:						
Please sign on the boxes belo	w:					
1						
1						
For Corporate Account Opening	, each signatory must sign or	a separate signature card.				
By affixing the above specimer basis hereof, in relation to the	n signatures, I/we hereby auth Accounts/Investments I/we m	orize Rizal Commercial Banking C aintain with the Bank as well as oth	orporation to disburse funds ner Accounts/Investments I/v	as well as honor other relate we may establish in the future	ed banking transactions on the	
I/we likewise hereby acknowle future Accounts/Investments a	dge receipt of and agree to be s stated in the CRF which I/w	e bound by the appropriate Terms are signed and accepted on	and Conditions governing the	e operation of each of my/ou	r aforementioned present and	
Signature Authenticated By:		Approved/Verified By:		Relationship Manager:		

Signature Over Printed Name/Date

Signature Over Printed Name/Date
SC-CORP (JAN 2017)