



# SIGNATURE CARD - RETAIL

(For Bank's use only)

BRANCH \_\_\_\_\_ CIF ID: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRODUCT TYPE/CODE \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

ACCOUNT TYPE  INDIVIDUAL  JOINT AND  JOINT OR  OTHERS: \_\_\_\_\_

ACCOUNT NAME  \_\_\_\_\_

CONTACT PERSON  \_\_\_\_\_

CONTACT NUMBERS  HOME \_\_\_\_\_  BANK STATEMENT MAILING INSTRUCTION  
 OFFICE \_\_\_\_\_  E-STATEMENT  MAIL TO:  Present Address  
 MOBILE \_\_\_\_\_  PICK-UP  Permanent Address  
 FAX \_\_\_\_\_  Office/Business Address

### DATE & APPROVING OFFICER'S INITIALS

OPENING	DORMANCY	REACTIVATION	CLOSURE

For withdrawal on my/our accounts, please recognize that ( ) Any One, ( ) Any Two, ( ) All Signatories or ( ) Others: (Please specify) \_\_\_\_\_ are the required signatories.

ACCOUNT HOLDER 1	ACCOUNT HOLDER 2
CIF NO: _____ Print full name here: _____	CIF NO: _____ Print full name here: _____
Please sign on the boxes below: <input checked="" type="checkbox"/> 1	Please sign on the boxes below: 2
<input checked="" type="checkbox"/> 1	2
<input checked="" type="checkbox"/> 1	2

(For joint accounts, please use additional Signature Cards, if necessary.)

By affixing the above specimen signatures, I/we hereby authorize Rizal Commercial Banking Corporation to disburse funds as well as honor other related banking transactions on the basis hereof, in relation to the Accounts/Investments I/we maintain with the Bank as well as all other Accounts/Investments I/we may establish in the future.

I/we likewise hereby acknowledge receipt of and agree to be bound by the appropriate Terms and Conditions governing the operation of each of my/our aforementioned present and future Accounts/Investments as stated in the CRF which I/we signed and accepted on \_\_\_\_\_

Signature Authenticated By: _____  Signature Over Printed Name/Date	Approved/Verified By: _____  Signature Over Printed Name/Date	Relationship Manager: _____  Signature Over Printed Name/Date
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