



SIGNATURE CARD - CORPORATE

(For Bank's use only)

BRANCH: _____ CIF ID: _____ DATE: _____

PRODUCT TYPE/CODE: _____ ACCOUNT NO.: _____

ACCOUNT TYPE CORPORATION PARTNERSHIP SINGLE PROPRIETORSHIP OTHERS: _____

ACCOUNT NAME _____ GROUP ID: _____

BANK STATEMENT MAILING INSTRUCTION E-CHANNELS PICK-UP MAIL

CONTACT PERSON/S _____ E-MAIL ADDRESS _____ OFFICE PHONE NO. _____ MOBILE PHONE NO. _____

DATE & APPROVING OFFICER'S INITIALS			
OPENING	DORMANCY	REACTIVATION	CLOSURE

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

CIF NO: _____

Print full name here: _____

Please sign on the boxes below

1 _____

1 _____

1 _____

For Corporate Account Opening, each signatory must sign on a separate signature card.

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 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: <i>Signature Over Printed Name/Date</i>	Approved/Verified By: <i>Signature Over Printed Name/Date</i>	Relationship Manager: <i>Signature Over Printed Name/Date</i>
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