



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

ACCOUNT HOLDER 1	ACCOUNT HOLDER 2
CIF NO: _____	CIF NO: _____
<i>Print full name here:</i> _____	<i>Print full name here:</i> _____
<i>Please sign on the boxes below:</i>	<i>Please sign on the boxes below:</i>
1 _____	2 _____
1 _____	2 _____
1 _____	2 _____

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

By affixing the above specimen signatures, I/we hereby authorize Rizal Commercial 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: <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>
--	--	--