

SPECIMEN SIGNATURES

Print your name below:

Please sign in the boxes below:

1. ✓

2. ✓

3. ✓

CONFORME

ATM Card & PIN Mailer

Received By: ✓



SIGNATURE OVER PRINTED NAME / DATE

Approved By:

SIGNATURE OVER PRINTED NAME / DATE

FOR BANK USE ONLY

FATCA Status

U.S. Person Pending Documents Others _____
 Non-U.S. Person Recalcitrant

Is client an RCBC employee or related to an RCBC employee? Yes No
Name of RCBC Employee _____ Employee ID _____ Relationship with RCBC Employee _____

Bank Relationship

NON-DOSRI DOSRI If DOSRI, what position/s: _____

Identification Documents (IDs) Submitted

Validation Procedure/s Conducted

I/We hereby certify that the account opening and other related/required information and documents are complete and compliant with the Bank's MLPP requirements, including Face-to-Face verification.

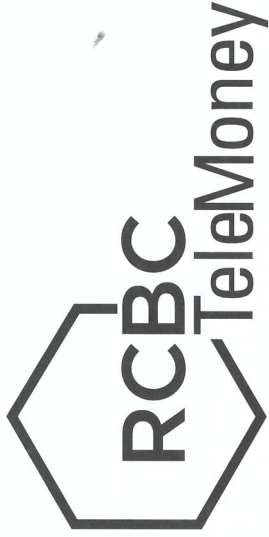
SIGNATURE OVER PRINTED NAME / DATE SIGNATURE OVER PRINTED NAME / DATE

CIF Created by: CIF Approved by:

SIGNATURE OVER PRINTED NAME / DATE SIGNATURE OVER PRINTED NAME / DATE

Relationship Manager

SIGNATURE OVER PRINTED NAME / DATE



Remittance Services

TeleMoney Remitter's Information Profile