

TO BE ACCOMPLISHED BY UCPB SAVINGS ASSOCIATE

<input type="checkbox"/> New	<input type="checkbox"/> Updating	Branch/Unit	Date (mm-dd-yyyy)	Customer ID Number
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FOR INDIVIDUAL CLIENT

CLIENT NAME

Title Before Name	Last Name	First Name	Middle Name	Title After Name
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PERSONAL INFORMATION

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm-dd-yyyy)	Place of Birth	Nationality	Country of Citizenship
If Filipino Citizen <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident		If Foreigner <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien/Alien Certificate of Reg. No. _____		
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Religion	
SSS/GSIS Number (if none, indicate reason)		TIN (if none, indicate reason)		

CONTACT INFORMATION

Present Address (House Number, Street, Barangay, Town/City, Province)	Zip Code	Length of Stay ____ Years ____ Months
Permanent Address (House Number, Street, Barangay, Town/City, Province)	Zip Code	Length of Stay ____ Years ____ Months
Contact Number <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Mobile	Mailing Instruction <input type="checkbox"/> Branch Pick-up <input type="checkbox"/> via Email <input type="checkbox"/> No printing	Email Address
Preferred Mailing Address <input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address <input type="checkbox"/> Business Address	Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Owned by Parents <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Others _____	

EMPLOYMENT/OCCUPATION/SOURCE OF FUNDS

Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> OFW <input type="checkbox"/> Freelancer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker	Occupation/Job Title	Job Title Rank / Level <input type="checkbox"/> Contractual <input type="checkbox"/> Staff <input type="checkbox"/> Supervisory <input type="checkbox"/> Middle Mgt <input type="checkbox"/> Top Mgt. <input type="checkbox"/> Others _____
Name of Employer/Company	Nature of Business	Tenure with Employer ____ Years ____ Months
Employer's Address (Number, Street, Brgy., Town/City, Prov.)	Zip Code	Telephone Number
Sources of Funds (choose all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Commission/Incentives <input type="checkbox"/> Remittances <input type="checkbox"/> Inheritance <input type="checkbox"/> Income from Business <input type="checkbox"/> Sale of Property <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Prize <input type="checkbox"/> Support from Relatives <input type="checkbox"/> Donations <input type="checkbox"/> Investments <input type="checkbox"/> Personal Savings <input type="checkbox"/> Campaign Funds <input type="checkbox"/> Others _____		Monthly Expected Income

BUSINESS DATA

Business Name	Nature of Business	Number of Years in Business
Business Address (Number, Street, Brgy., Town/City, Prov.)	Zip Code	Telephone Number
Type of Business <input type="checkbox"/> DTI Registered (DTI Registration No. _____) / Expiration Date (mm-dd-yyyy) _____ <input type="checkbox"/> Freelance		

GROSS ANNUAL SALARY / INCOME

In pesos or peso equivalent
 250,000 and below
 more than 250,000 to 500,000
 more than 500,000 to 1,000,000
 more than 1,000,000

PARENTS INFORMATION

Father's Name (Last Name, First Name, Middle Name)	Mother's Maiden Name (Last Name, First Name, Middle Name)
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SPOUSE INFORMATION

Title Before Name	Last Name	First Name	Middle Name	Title After Name
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> OFW <input type="checkbox"/> Freelancer <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker		Occupation/Job Title		Job Title Rank / Level <input type="checkbox"/> Contractual <input type="checkbox"/> Staff <input type="checkbox"/> Supervisory <input type="checkbox"/> Middle Management <input type="checkbox"/> Top Management <input type="checkbox"/> Others _____
Name of Employer / Company			Nature of Business	
Sources of Funds (choose all that apply) <input type="checkbox"/> Salary <input type="checkbox"/> Commission/Incentives <input type="checkbox"/> Remittances <input type="checkbox"/> Inheritance <input type="checkbox"/> Income from Business <input type="checkbox"/> Sale of Property <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Prize <input type="checkbox"/> Support from Relatives <input type="checkbox"/> Donations <input type="checkbox"/> Investments <input type="checkbox"/> Personal Savings <input type="checkbox"/> Campaign Funds <input type="checkbox"/> Others _____				

FOR JURIDICAL AND FIDUCIARY ACCOUNT

CORPORATE INFORMATION

<i>Company Name (No Acronym or Abbreviation)</i>		<i>Nature of Business</i>	<i>Sources of Funds</i> _____ _____ _____		
<i>Date of Incorporation (mm-dd-yyyy)</i>	<i>Place of Incorporation</i>	<i>Resident</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>SSS/GSIS Number</i>	<i>Company TIN</i>	<i>Position of Signatory/ies</i>

CONTACT INFORMATION

<i>Official Address (House Number, Street, Barangay, Town/City, Province)</i>		<i>Zip Code</i>	<i>Length of Stay</i> ____ Years ____ Months
<i>Principal Address - Head Office (House Number, Street, Barangay, Town/City, Province)</i>		<i>Zip Code</i>	<i>Length of Stay</i> ____ Years ____ Months
<i>Website</i>	<i>Company Telephone Number/s</i>	<i>Email</i>	
<i>Preferred Mailing Address</i> <input type="checkbox"/> Official Address <input type="checkbox"/> Principal Address-Head Office		<i>Mailing Instruction</i> <input type="checkbox"/> Branch Pick-up <input type="checkbox"/> via Email <input type="checkbox"/> No printing	

ULTIMATE BENEFICIAL OWNERS

<i>BENEFICIAL OWNER OF ACCOUNT</i>	<i>PERCENTAGE OF OWNERSHIP</i>

Note: Authorized signatories and beneficial owners of corporate accounts shall accomplish Individual Client CIS and submit KYC documents to support the information indicated in the CIS. Should Beneficial Owner for whatever reason cannot accomplish the individual CIS, the Corporate Secretary must issue a certification of its absence and indicate therein the information required subject to verification/Enhanced due diligence of the branch.

OTHER INFORMATION

RELATIVES WORKING IN THE GOVERNMENT

Choose all that apply
 Spouse Parent Sibling Offspring Parent-in-Law Grandparent Grandchild
Position (choose all that apply)
 Government Employee/Official Appointee Elected Official

RELATIVES WORKING WITHIN THE UCPB GROUP (UCPB, UCPB Savings, UCPB Leasing and Finance Corporation, UCPB Securities, Inc.)

<i>NAME</i>	<i>DESIGNATION</i>	<i>DEPARTMENT/UNIT</i>	<i>RELATIONSHIP</i>

BENEFICIARY INFORMATION

<i>RELATIONSHIP</i>	<i>LAST NAME</i>	<i>FIRST NAME</i>	<i>MIDDLE NAME</i>	<i>GENDER</i>	<i>DOB (mm-dd-yyyy)</i>	<i>CONTACT NOS.</i>

MANDATORY INFORMATION AS REQUIRED BY THE AMLC

MONTHLY ESTIMATED VOLUME OF TRANSACTION: Transaction Frequency: _____ Expected Transaction Amount: _____

OTHER BANKING RELATIONSHIPS

<i>BANK</i>	<i>BRANCH</i>	<i>ACCOUNT TYPE</i>	<i>DATE/YEAR OPENED</i>

SPECIAL INFORMATION

NUMBER OF CHILDREN: _____ **SPECIAL INTERESTS/HOBBIES:** _____

<i>EMPLOYMENT HISTORY (Employer Name/Start Date/End Date) / School (if student)</i>	EDUCATIONAL BACKGROUND / ATTAINMENT <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Vocational
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REASON FOR BANKING WITH UCPB SAVINGS (check all that apply)

Location/Proximity Service Efficiency Reasonable Requirements ATM/Branch Network
 Referral Bank Image Interest Rates Others: _____

TIME DEPOSIT / DISPOSITION OF CTD PROCEEDS

Automatic Renewal of Principal + Interest Automatic Renewal of Principal only; Interest for credit to CASA Account others (please specify)

FATCA INFORMATION (FOREIGN ACCOUNT TAX COMPLIANCE REQUIREMENTS)

CLIENT INFORMATION-INDIVIDUAL ACCOUNT

ARE YOU A US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, ARE YOU A CITIZEN OF ANY OTHER COUNTRY? <input type="checkbox"/> Yes (specify) _____ <input type="checkbox"/> No	US TIN/SSN
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US ADDRESS (House Number, Street, Apartment No., City, State, Country)

FATCA STATUS (Confirm your FATCA Status and indicate the date the IRS Form is signed)

US INDICIA	DATE OF IRS FORM (mm-dd-yyyy)	YES	NO	IF YES, PROVIDE THE FOLLOWING:	REMARKS
1. US Citizenship				1. IRS Form W-9 and 2. US Passport or other Identification 3. Signed Confirmation, Consent and Waiver	
2. US Resident-Green Card					
3. US Resident-residing in the US for 183 days or more				1. IRS Form W-9 and 2. US or non-US Passport or other identification 3. Signed Confirmation, Consent and Waiver	

If any of your answers from 1 to 3 is YES, do not answer numbers 4 to 8

4. US Place of Birth (state)				Any of the following: 1. IRS Form W-9 and 2. Copy of Individual's Certificate of Loss of Nationality of the US (passport, driver's license, etc.) and 3. Identification Documents 3.1 US Identification documents (passport, driver's license, etc.) or 3.2 Non-US Identification documents (passport, driver's license, etc.) and written explanation of your renunciation of US citizenship or the reason you did not obtain US citizenship at birth	
5. US Resident/Mailing Address (residence, correspondence or PO Box)				1. IRS Form W-8BEN and 2. Non-US Identification Document (Tax Certificate or ID issued by the government or an identification document based on KYC as approved by the IRS in the Q1 system) 3. Signed Confirmation, Consent and Waiver	
6. US Telephone Number					
7. Standing instruction to transfer funds to an account maintained in the US					
8. Power of Attorney or signatory authority granted to a person with a US address or "in care of" or "hold mail" address				Any of the following: 1. IRS Form W-8BEN and 2. Non-US Identification Document (Tax Certificate or ID issued by the government or an Identification Document based on KYC as approved by the IRS in the Q1 system)	

IRS Form W-9 is the Request for Taxpayer Identification and Certification. This is used by the US Person.
 IRS Form W-8BEN is the Certificate of Foreign Status and Beneficial Owner for US Tax Withholding and Reporting. This is used by a Non-US Person.

FATCA INFORMATION (FOREIGN ACCOUNT TAX COMPLIANCE REQUIREMENTS)

CLIENT INFORMATION - JURIDICAL/CORPORATE

ARE YOU A JURIDICAL ENTITY OF THE US?
 Yes (US TIN/SSN _____) No (specify other country juridical entity is registered with _____)

US Address (House Number, Street, Apartment No., City, State, County)

FATCA STATUS (Confirm your FATCA Status and indicate the date the IRS Form is signed)

US INDICIA	DATE OF IRS FORM (mm-dd-yyyy)	YES	NO	IF YES, PROVIDE THE FOLLOWING:	REMARKS
1. Is your entity a US-specified entity (organized and created under the US laws)?				1. IRS Form W-8BEN 2. Signed Confirmation, Consent and Waiver	
2. With US residence address/ mailing address (including US PO Box)					
3. With US Contact Number					
4. Is your entity owned by 1 or more substantial US owners (more than 10% of stock)?					

IRS Form W-8BEN is the Certificate of Foreign Status and Beneficial Owner for US Tax Withholding and Reporting. This is used by Non-US Person.

FOR JOINT "AND" / "OR" ACCOUNTS

JOINT ACCOUNT AGREEMENT (with Survivorship)

KNOW ALL MEN BY THESE PRESENTS:

That we, the undersigned, hereby agree with each other and with UCPB SAVINGS BANK (herein after called the "Bank"), that all moneys which may hereafter be deposited by us, or either of us, to credit our savings/current/time deposit account with the Bank, shall be received and held by the Bank with the understanding and upon the condition that said moneys so deposited, without reference to previous ownership, and all interests, dividends and credit thereon, shall be the property of all/both of us as joint owners, and shall be payable to and collectible by either of us during our lifetime, and upon the death of anyone of us, shall be payable to the surviving accountholders.

This Joint Account Agreement with right of survivorship shall be binding on each and all of us, our heirs, executors, administrators and assigns. No changes or modification of this agreement shall be effective unless done in writing, and signed by all of us and by the Bank.

In witness whereof, we have hereunto set our hands in _____, Philippines, this ____ day of _____.

I acknowledge having read and clearly understood the foregoing Joint Account Agreement

REQUEST FOR ACCEPTANCE OF CHECK DEPOSIT/S TO JOINT "OR" ACCOUNTS

Please accept checks payable to the order of either one of us for deposit to our joint "OR" account even without an endorsement from the payee, unless the contrary is clearly stated in writing by both/all of us.

I/We agree to hold the Bank and its officers and employees free and harmless from any and all liabilities, claims and demands of whatever kind and nature in connection with or arising from the Bank's implementation of this request.

CERTIFICATION

By signing below, I/We hereby certify and attest to the fact that all information represented and given by me/us are true and correct. Any changes in the foregoing information shall be promptly communicated to the Bank. I/We hereby allow UCPB Savings Bank to investigate said information and/or secure other information as may be required by UCPB Savings Bank. Further, I/we hereby authorize UCPB Savings Bank or its duly authorized representative/s to ascertain and all information of concern relative to the investigation of my character, general reputation, business operation, employment record, bank records and credit history.

For the purpose of remitting funds to my deposit account in the Philippines with UCPB Savings Bank-

- I/We hereby waive my/our rights under the provision of R.A. 1405, otherwise known as the Law on Secrecy on Bank Deposits, and hereby authorize the Bank, its branches, affiliates, agencies or correspondent banks to gain access and inquire into my deposit account/s and to disclose such data and papers as required by regulatory agencies conformably with the "Know Your Customer Policy" principles, without incurring any criminal, civil or administrative liability thereto.
- I/We further certify that I/ we have read and understood the Terms and Conditions on Deposit Products and Services and hereby accept them. I/ we further acknowledge receipt of a copy of said Terms and Conditions.

DATA PRIVACY CONSENT

DATA PRIVACY. By signing below, I/We hereby certify that the information stated above are true and correct. I/we acknowledge that I/we are aware of our rights as data subject under the Data Privacy Act of 2012 and its implementing rules and regulations. Pursuant thereto, I/we hereby authorize any affiliate or subsidiary under the UCPB Group (UCPB Group) the general use of the personal information, sensitive personal information, and privileged information obtained during the course of my/our transaction with UCPB Savings Bank.

I/we further authorize the sharing of my/our personal information, sensitive personal information, and privileged information with UCPB Group and authorized data recipients including credit bureaus/entities, financial institutions, counterparties, underwriters, facility/collateral agents, custodians, accredited insurers, trustees, assignees, buyers, subrogees, or transferees or those involved in the product, service, facility or transaction. I/we also consent UCPB Group to collect, process, access, use, disclose, retain for five (5) years or for as long as necessary for the fulfillment of the transaction herein my/our personal information, sensitive personal information, and privileged information, or other acts necessary for the execution of the transaction herein or other transaction that I may authorize; to offer, cross-sell, and provide new or related products and services of UCPB Group; and to comply with reporting obligations to government agencies by USB.

Likewise, I/we consent that my/our information may be collected and processed by USB for the purposes of marketing and advertising its products and services, handling bank-client relationships and transactions, business development, analysis and management, supporting and enhancing its policies, operations, controls and internal systems, and fulfilling its regulatory obligations and government reporting requirements.

I/We acknowledge that should I/we wish to access, update or correct certain information or dispute or withdraw consent to the use of any of the information provided herein, I/we may communicate with UCPB Savings Bank's Data Protection Officer by emailing dpo@ucpbsavings.com.



Signature of Accountholders/Date



TO BE ACCOMPLISHED BY UCPB SAVINGS BANK ASSOCIATE ACCOUNT INFORMATION

TYPE OF CLIENT

Walk-in Referred Solicited (Solicited by: _____)

EXISTING ACCOUNTS WITH THE BANK

ACCOUNT TYPE	ACCOUNT NUMBER

BACKGROUND VERIFICATION

Account Verification	Date Done	Remarks	Done by:
<i>Personal Interview</i>			
<i>Neighborhood Check</i>			
<i>Telephone / Business call</i>			
<i>Sending of "Thank You" Letter (Centralized thru H.O.)</i>			
<i>Watchlist Screening</i>			

IDENTIFICATION CARD PRESENTED

TYPE OF ID	ID NUMBER	EXPIRATION

Signature Verified by	CIS Encoded by	CIS Creation Approved by	Acct Opening/Updating Approved by
_____ <i>Signature over Printed Name/Date</i>	_____ <i>Signature over Printed Name/Date</i>	_____ <i>Signature over Printed Name/Date</i>	_____ <i>Signature over Printed Name/Date</i>

All existing T&C of the deposit accounts not inconsistent with the provisions stipulated under the foregoing additional T&C shall remain in force and effect.

4. Dormant Account

The Account shall be considered DORMANT when it becomes inactive (no deposits

or withdrawals) for a period of Account and two (2) years for Savings one (1) year for Current Account.

The Bank shall impose a monthly service charge on dormant account if the balance falls below the required minimum balance.

The Account may further be reported to the Treasurer of the Philippines as an unclaimed balance under the Unclaimed Balances Law (Republic Act No. 3936, as amended) whereit becomes inactive for ten (10) consecutive years. The dormant account thereafter shall be escheated in favor of the Philippine Government upon order of the Court. For the avoidance of doubt, accounts subject to rollover may be considered inactive for purposes of the Unclaimed Balances Law even in cases where a previous authority to have it automatically rolled over was issued to UCPBS for as long as no deposits or withdrawals have been made at the instance of the Depositor.

5. Lien on the Account

UCPBS shall have a lien and authority to debit from my/our Account for the satisfaction of any obligation owed by me/us due to UCPBS, its subsidiaries and affiliates (including but not limited to any applicable service charges, fees, and penalties) without prior written notice.

6. Interest Rate

Subject to applicable withholding taxes, the Account shall earn interest at such rate which UCPBS may compute based on its cleared balance on a monthly or quarterly basis, at UCPBS's option. UCPBS may, from time to time, amend the applicable interest rate without prior notice. The Account shall not be entitled to interest where it is closed prior to an interest crediting date.

INTEREST – Deposits with a minimum balance as prescribed by the Bank shall earn interest based on the prevailing rates.

However, the amount of said minimum balance that will earn interest and interest rates are subject to change in accordance with the regulations issued or promulgated by the BANK.

Interest will be computed based on the average daily balance of the deposit credited to the account and shall become part of the principal. All interest earned shall be subject to the prevailing withholding tax except those with BIR Certificate of Exemption.

SERVICE FEES / PENALTY CHARGES – In accordance with existing bank regulations, a fee shall be charged on the following:

- a. Accounts closed within a month after opening
- b. Accounts falling below the required minimum Monthly Average Daily Balance (MADB), applicable for active and dormant accounts.
- c. Request for the issuance of certification of account balances
- d. Replacement of lost passbook
- e. Return checks in accordance with PCHC
- f. Other fees and charges which the BANK may impose depending on whatever policy it may adopt in the future

7. Statement of Account

I/We acknowledge that a Statement of Account (SOA) shall be regularly provided to me/us via email or sent to me/us via postal service at my/our last given address unless the same is picked-up by my/our authorized representative from UCPBS Servicing Branch.

Unclaimed bank statements of accounts including the cancelled/negotiated checks and client's copies of debit and credit memos shall be disposed of by shredding six (6) months from statement date.

8. Updating of Account and Notification by Depositors

I/We shall promptly notify UCPBS in writing of any change in official mailing/ e-mail address, contact number/s or source of funds whenever necessary, and shall personally fill out a new Specimen Signature Card as may be required by UCPBS.

The DEPOSITOR shall also advise the BANK in writing of:

- a. Change in authorized signatories to the account - also submit sworn certification by the Corporate / Association's Secretary or by all the partners in a partnership regarding the approval of the appropriate resolution authorizing such change/s in form and tenor acceptable to BANK. Pending acceptance by BANK of such certification, BANK may at its exclusive option continue to recognize existing signatories to the Account
- b. Lost passbook - the Depositor shall also submit a duly notarized affidavit of loss to which the Bank, upon receipt of same shall facilitate closure of the deposit account

9. Anti-Money Laundering

I/We warrant that the funds deposited are not proceeds of any criminal or illegal activity. The Bank reserves the right to close my/our Account without prior notice or consent if there is reasonable ground to believe that the funds are proceeds of a criminal or other illegal activity.

I/We hold UCPBS, its officers and employees free and harmless from whatever liability that may arise should I/we and/or the account be made subject to the applicable provisions of the Anti-Money Laundering Law, as amended, such as but not limited to transaction reporting, investigation, prosecution, asset preservation and/or forfeiture by applicable government authority, as the case may be.

I/We hereby agree to hold UCPBS free and harmless from any and all damages and liabilities arising from technical errors committed by UCPBS in the processing of transactions except if the same is due to the gross negligence of UCPBS or any of its employees.

10. Deposit Insurance

My/Our Account or Accounts shall be insured against such risks and to such extent as may be prescribed under the applicable PDIC laws, rules and regulations, and any and all amendments thereof that may be issued in the future.

11. Closing of Account

I/We acknowledge that UCPBS has the right to close the account at its sole discretion, without need of prior notice, at any time if the Account is without any outstanding balance, or that the depositor turns out to be a fictitious/false individual, the deposit is used for fraudulent purposes, or any reason that UCPBS

deems necessary to protect its interest.

For Current Account (CA), closure may be effected if the account is mishandled by the issuance of (3) unfunded or insufficiently funded checks in a period of 90 days or less whichever comes first.

The BANK is authorized to report such closure and reasons thereto to the Bankers Association of the Philippines (BAP), Bankgo Sentral ng Pilipinas (BSP), Anti-Money Laundering Council or to any monitoring body established by BAP/BSP. The Depositor shall hold the BANK free and harmless from all liabilities, claims and demands arising from the above actions by the Bank.

Voluntary closure of deposit account shall be allowed at the branch where the account is maintained by the depositor himself subject to:

SA & SSD- presentation of Passbook and duly signed withdrawal slip

TD- surrender of duly signed Certificate of Time Deposit (CTD)

CA- issuance of check for the account balance, surrender of all unissued checks and proper accounting of all checks drawn by the depositor against the account to the satisfaction of the Bank.

The current account Depositor shall:

- a. Be held liable for any damage or liability which the Bank may incur or suffer in view of his failure to surrender all unused checks.
- b. Hold the Bank and its officers and employees free and harmless from any liabilities, claims and demands of whatever kind in nature in connection with or arising from (i) the closing of the account and/or (ii) the dishonor of any check thereunder which may be presented to the Bank after closure of the account.

12. Miscellaneous

I/We attest that the information provided herein are true, correct and voluntarily given. UCPBS is authorized to give information on the Account to appropriate agencies in case of questionable implementation thereof, and represent and warrant that the opening of the Account and all transactions made thereon are not in violation thereof. I/We acknowledge that UCPBS is duly bound to comply with certain requirements under the law such as records management, reportorial requirements, disclosure of certain information about the Account and transactions pertaining thereto, and in connection therewith, hereby holds UCPBS free and harmless from any and all liabilities, claims and/or damages that may arise therefrom.

I/We hereby authorize UCPBS, a banking institution duly organized and existing under and by virtue of the Provision of RA 3844, as amended, to inquire and make verification with any bank, financial or lending institution whether juridical or otherwise as to the state and condition of any and all kinds of accounts I/we keep and maintain with any or all of them, and I/we hereby waive my/our rights to the secrecy thereof.

I/We hereby read, understood and agreed to be governed by the foregoing T&C and the attached Deposit Account Information.

Where an Account is opened jointly with another, my/our rights and obligations therein shall be jointly and not solidary.

Signature Over Printed Name

Date

Signature Over Printed Name

Date

Account Number:

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Distribution: 1 - Branch's copy 2 - Client's copy