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|--|--|--|--|
| Account Number | | CIF Number (For Non-Personal) | |
| Account Name | | Date Opened (DD/MM/YYYY) | |
| Cellphone Number | Landline | Email Address | |
| Signature Requirements <input type="checkbox"/> Any one <input type="checkbox"/> Any two <input type="checkbox"/> All <input type="checkbox"/> Others _____ | | Mail to: <input type="checkbox"/> P/P Address <input type="checkbox"/> Others _____ | |
| Mother Account Statement <input type="checkbox"/> Pick up <input type="checkbox"/> eSOA | | | |
| Name | CIF Number | Name | CIF Number |
| Signature | Please insert 1" x 1" photo here | Signature | Please insert 1" x 1" photo here |
| Signature | | Signature | |
| Signature | | Signature | |
| Type of ID/ID No./Expiry Date | | Type of ID/ID No./Expiry Date | |
| By affirming my/our signatures above, I/we hereby authorize the bank to disburse funds as well as honor other related banking transactions on the basis thereof, in relation to the account/investment. I/we maintain with the Bank. I/we hereby agree to be governed by the rules and regulations relative to this account. | | | |
| FOR BANK'S USE ONLY | | | |
| Signed authenticated/Verified by | Approved by | Date approved | |

[BACK]

| | | | |
|---|--|-----------------|--|
| Account Number | <input type="checkbox"/> Savings <input type="checkbox"/> Time Deposit | Currency | <input type="checkbox"/> Peso <input type="checkbox"/> U.S. Dollar |
| | <input type="checkbox"/> Current <input type="checkbox"/> Others _____ | | <input type="checkbox"/> Others _____ |
| Account Classification | <input type="checkbox"/> Individual <input type="checkbox"/> Joint "AND" <input type="checkbox"/> Corporation <input type="checkbox"/> ATF | | |
| | <input type="checkbox"/> Partnership <input type="checkbox"/> Joint "OR" <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> ITF <input type="checkbox"/> Others _____ | | |
| I/We agree to be governed by the following regulations: | | | |
| <ol style="list-style-type: none"> Partner Rural Bank shall have no option but to return/dishonor any check drawn against the account of the available balance in the Savings Account is insufficient to cover the overdraft. Partner Rural Bank will not be held liable for any claims arising from the dishonor of said check. All transactions made shall be honored only at the branch where both Savings and Current Accounts are maintained. Partner Rural Bank shall not be held liable for any damage caused by any error in the transfer, or for errors committed in good faith that may cause the return of a check. | | | |
| Disposition of Monthly Statement of Account | | | |
| Mail/Delivery | | | |
| Statement of Account and negotiated checks for Current Account and other deposit products, if applicable, shall be mailed/delivered to the mailing address preferred by the client. | | | |
| Pick up | | | |
| Statement of Account and negotiated checks for Current Account and other deposit products, if applicable, shall be picked up by the client at the branch account. SOAs and negotiated checks not claimed within a period of six months will be disposed by Partner Rural Bank. However, these may be available upon request by client subject to corresponding fees prescribed by Partner Rural Bank. If the SOAs for six (6) consecutive months were not claimed, Partner Rural Bank shall no longer print succeeding SOAs. | | | |
| eSOA | | | |
| Electronic copy of the Statement of Account and images of negotiated checks for Current Account and other deposit products if applicable, shall be outset available for RIB clients only. | | | |
| | | | _____ Client's Signature |