Maybank

CUSTOMER INFORMATION FILE
(NON-INDIVIDUAL ACCOUNT)

CIF Number *(For Branch Use only)*

BASIC DATA

Full Business Name and Trade Name/s *(if any)*			
Company Type	☐ Single Proprietorship ☐ Partnership/Association/Club/Organization ☐ Cooperative ☐ Corporation (Private) ☐ Corporation - Foreign Firm ☐ Government - Corporation ☐ Corporation Financial Bank ☐ Corporation Financial Non-Bank ☐ Government - LGU/Others		
Date of Registration *(mm/dd/yyyy)*		**Country of Registration**	
Tax Identification Number		**Industry or Nature of Business**	
Firm Size	☐ Micro (up to 3M) - RSME ☐ Medium (more than 15M, up to 100M) - RSME ☐ Small (more than 3M, up to 15M) - RSME ☐ Large (more than 100M) - BB/GB		
Primary Purpose of Account Opening	☐ Savings ☐ Business ☐ Investment or Insurance ☐ Payroll ☐ Time Deposit ☐ Loans ☐ Remittance ☐ Automatic Debit Arrangement (ADA)		
Email Address		**Country of Funds**	
Mobile Number *(1)*		**Mobile Number** *(2)*	
Office Number *(1)*		**Office Number** *(2)*	

ADDRESSES *(House/unit no., Bldg. name, Street, Barangay, City, Province)*

Registered PH Business *(1)*	
Registered Foreign Business Address	☐ N/A
Registered PH Business *(2)*	☐ N/A
Alternate PH Business Address	☐ N/A
Send Mail to	☐ Business Address (1) ☐ Business Address (2) ☐ Alternate PH Address ☐ Email

CONTACT PERSONS

Contact Person(s) Name (Last Name, First Name, Middle Name)	**Position**	**Telephone/Mobile No.**

OTHER INFORMATION *(Use the back portion of the CIF form for the details, if needed)*

Account with Beneficial Owner/s	☐ Yes	Provide details in the Beneficial Owners Declaration Sheet.
Do you have existing accounts/loans with Other Maybank Entities (local or overseas)?	☐ Yes ☐ No	If YES, please provide the following details: Maybank Entity, Branch, Type of Account, and Account Number.
Does any of the beneficial owner, executive director or senior management hold a public or government position in the Philippines, foreign state, or international organization?	☐ Yes ☐ No	If YES, please provide details (Complete Name, Position, & Office).

ACCOUNT SERVICES

Bank Notification	☐ Yes ☐ No	Notification via call, SMS, or email includes, but, not limited to economic updates and other information on Maybank services and promotions.	
ATM/Debit Card	☐ Yes ☐ No	**Name to appear on the card** *(20 character limit)*	
		Account Number	

I/We declare that the above information provided by me/us is correct. I/We agree to abide by the Bank's terms and conditions governing accounts set forth in the Deposit Contract and the relevant rules and regulations governing the respective services linked to my/our account which have been furnished to me/us. I/We further unconditionally allow Maybank Philippines, Inc., to verify said information and/or secure other information as may be required by the Bank and to provide appropriate regulatory and administrative agencies and/or authorities and/or Malayan Banking Berhad, its affiliates or branches, any information pertinent to my/our account(s) and/or as may be stipulated under the applicable laws, regulations, guidelines, directives, or agreement. I/We allow Maybank Philippines, Inc. to provide to the appropriate regulatory agencies and/or authorities, and/or to Malayan Banking Berhad, its affiliates or branches, and/or any of Maybank Philippines, Inc.'s authorized agents any information pertinent to my/our account(s) and/or as may be stipulated under the applicable laws, regulations, guidelines, directives or agreement. For M2U Internet and mobile Banking Services, I/we further agree that by clicking the accept button on the online registration page, I/we am/are bound the Internet Mobile Banking Service Terms and Conditions which I/we fully read and understood, and acknowledged the obligations arising therefrom. Also, I/we understand that the M2U Internet Mobile Banking Terms and Conditions may be revised from time to time and that I/we can discontinue the use of service if I/we disagree with the M2U Internet Mobile Banking Service Terms and Conditions.

By acceding to the Bank's Terms and Conditions for account opening and accommodation for other financial products, I/we agree that Maybank may collect, hold, use, and share my/our Personal Information pursuant to the Data Privacy Act of 2012 (Republic Act 10173) for so long as I/we remain to be client and for as long my/our Records and Personal Information are required and/or allowed by law to be retained and processed, whether for my/our protection of for the protection and pursuit of legitimate interests and/or business purposes of Maybank.

Printed Name and Signature of the Authorized Signatory/Date

Printed Name and Signature of the Authorized Signatory/Date

ACCOUNT OPENING

SPECIMEN SIGNATURE OF CUSTOMER

I/we agree that my signatures appearing in this Card are my/our official signatures in the operation of the account/s and the Bank shall recognize these signatures in the payment of funds or in the transactions of other business of my/our account/s.

Date:		**Signing Condition:**	**Product Type:**
Branch Code:		☐ Any One	☐ Peso CASA
CIF Number:		☐ Any Two	☐ USD Savings
Account Number:		☐ All	☐ Others:
		☐ Others:	

Printed Name	**Printed Name**	**Printed Name**
1.	1.	1.
2.	2.	2.
3.	3.	3.

Referred/Solicited by	**Witnessed/Authenticated by**	**Posted by**	**Approved by**
Signature over printed name Name & Designation	**Signature over printed name Service Officer/Service Head**	**Signature over printed name Sales Associate**	**Signature over printed name Service Officer/Service Head**

INSIDERS CODE - FOR BANK'S USE ONLY

☐ Director ☐ Stockholder ☐ Officer ☐ Staff ☐ Bank Subsidiary ☐ Not an Insider
☐ Related to Director ☐ Related to Stockholder ☐ Related to Officer ☐ Related to Staff ☐ Other Related Interest

AVAILMENT OF SERVICES - FOR BANK'S USE ONLY

Signature Authenticated and Verified by	**Processsed by**	**Approved by**
Name & Designation	**Sales Associate**	**Service Officer/Service Head**

DEBIT CARD			**ACKNOWLEDGEMENT RECEIPT**
Debit Card Number	**PIN Mailer Release by/Date**	**Debit Card Released and Activated By/Date**	**I hereby acknowledge receipt of the Debit card and PIN Mailer.**
	Name & Designation/Date	**Name & Designation/Date**	**Name & Signature of Customer**

CUSTOMER VALIDATION RECORDS - FOR BANK'S USE ONLY

	VALIDATION	ACTION TAKEN	REMARKS
1	**Require Audited Financial Statement**		
2	**Inquire from supervising authority the status of the entity**	☐ Securities and Exchange Commission (SEC) ☐ Department of Trade and Industry (DTI) ☐ Others _____	Date:
3	**Obtain Bank Reference**	Bank/Branch: 1. _____ 2. _____ 3. _____	
4	**On-site visit**	Date visited	
5	**Contact the Customer**	Contacted by ☐ Telephone/Mobile Number: _____ ☐ Email: _____ ☐ Thank you letter/SMS (Centralized at head office)	Date Contacted
6	**Other validation**		

Prepared and Validated by	**Verified by**
Name & Signature - Sales Associate	**Name & Signature - Service Officer/Service Head**