

**CANTILAN BANK, INC.****SIGNATURE CARD**

_____ Branch

ACCOUNT NUMBER

				-			-									-		
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1X1

Date Opened _____

 New Updating

ID Picture

ACCOUNT NAME (Last Name, First Name, Middle Name or Company Name)

PRESENT ADDRESS (No., Street, Purok, Barangay, City/Municipality, Province)

Mobile Phone No.

KIND OF ACCOUNT

 Checking
 Savings
 ATM
 MF
 Salary
 SSC
 TD
 PTD

TYPE OF ACCOUNT

 Individual
 Joint
 Proprietorship
 Partnership
 Corporation

SIGNATURE (3 specimen)

Please recognize ANY ONE ANY TWO ALL of the following autohized signatures in the payment of funds or in all transactions pertaining to this account.A. _____
(Printed Name)B. _____
(Printed Name)

(1) _____

(1) _____

(2) _____

(2) _____

(3) _____

(3) _____

Signatures Authenticated by:

Approved by:

(PRINTED NAME & SIGNATURE)_____
Date_____
(PRINTED NAME & SIGNATURE)_____
Date

IDs Presented

A. Name _____ B. Name _____

IF MINOR

Name of Guardian

Guardian's Contact No.

Guardian's Address

Relation to Minor

BENEFICIARY

Name (Last Name, First Name, Middle Name)

Relation to Depositor

Contact No.

Beneficiary's Nature of Work

 Employed
 Self-employed
 Student
 Others _____
CONDITIONS UNDER WHICH THE ACCOUNT IS OPENED

I/We hereby agree to be governed by the General Terms and Conditions, which is stated in the Customer Information Sheet, governing the establishment and operation of the account indicated on the face of this card and by the applicable rules and regulations of Cantilan Bank, Inc., Bangko Sentral ng Pilipinas and the Bankers Association of the Philippines, as well as any subsequent amendment or change thereto.

I/We hereby acknowledge receipt of the Terms and Conditions of Cantilan Bank, Inc. governing the establishment and operation of the account indicated on the face of this card.

I/We hereby instruct Cantilan Bank, Inc. to recognize the signatures on the face of this card in all transactions pertaining to this account.

Signature_____
Date_____
Signature_____
Date