## *(continuation)* FINANCIAL INFORMATION OF DEPOSITOR

**FOR SOLE PROPRIETORSHIP ONLY**

Business Name:

| Business Address | ZIP Code | Country |
|---|---|---|
| | | |

| Business Phone (Area Code + Tel. No.) | Date Established (mm/dd/yyyy) | Years in Business | No. of Employees |
|---|---|---|---|
| | | | |

| Place of Registration | Registration Date | Registration Number | Registering Agency (CDA, DTI, SEC, etc.) |
|---|---|---|---|
| | | | |

### NATURE OF WORK/BUSINESS/ECONOMIC ACTIVITY

- ☐ 0100 - Agriculture, Hunting and Forestry
- ☐ 0200 - Fishing
- ☐ 0300 - Mining and Quarrying
- ☐ 0400 - Manufacturing
- ☐ 0500 - Electricity, Gas and Water Supply
- ☐ 0600 - Construction
- ☐ 0700 - Wholesale and Retail Trade
- ☐ 0800 - Hotel and Restaurant
- ☐ 0900 - Transportation
- ☐ 1000 - Financial Intermediation
- ☐ 1100 - Real Estate
- ☐ 1200 - Renting and Business Activities
- ☐ 1400 - Education
- ☐ 1500 - Health and Social Work
- ☐ 1600 - Other Community, Social and Personal Services (e.g.,Individual Service Provider)
- ☐ 1700 - Private Household with Employed Persons
- ☐ 1204 - Jewelry/ Precious Stones Dealer
- ☐ 1005 - Foreign Exchange Dealer/Money Changer/Remittance Agent
- ☐ 0021 - Others *(pls. specify)* _____

List of companies where depositor is a Director/Officer/Stockholder

| Existing Accounts With LBP | | | Existing Accounts With Other Banks | |
|---|---|---|---|---|
| | | | Bank / Branch name | Type of Account |
| ☐ SA/ATM | ☐ Trust | ☐ Treasury | | |
| ☐ CA/ATM | ☐ Loans | ☐ Credit Card | | |
| ☐ TD | ☐ Trade | | | |

### PHONE ACCESS & iAccess ENROLLMENT

Request for enrollment ☐ iAccess ☐ Phone Access ☐ Others *(pls. specify)*

| Account Number | Account Type* Individual (I)/Joint (J) | Account** Own | Account** 3rd Party | Fund Transfer** Source | Fund Transfer** Destination | Bills Payment |
|---|---|---|---|---|---|---|
| ☐☐☐☐ - ☐☐☐☐ - ☐☐ | | | | | | |
| ☐☐☐☐ - ☐☐☐☐ - ☐☐ | | | | | | |
| ☐☐☐☐ - ☐☐☐☐ - ☐☐ | | | | | | |

* Indicate (I) if individual account or (J) if joint account. For joint "and"account, only inquiry services can be enrolled. ** Put a check (✓) mark to whichever is applicable.

**Bills Payment** (Limited to individual/joint "or" accounts) Note: All enrolled deposit accounts will be activated for Bills Payment feature

| Merchant/Agency | Subscriber's Name | Reference Number* |
|---|---|---|
| | | |
| | | |

*For verification of your reference number, please present your latest Billing Statement from your merchant.

Note: Please indicate "NOT APPLICABLE" or "NA" for fields with no applicable data and "Nothing Follows" immediately after the last item.

I certify that the above information are true and correct.

_____

*Signature Over Printed Name*

SIGNATURE VERIFIED

### FOR BANK USE ONLY

*Please put check (✓) and indicate details, whenever applicable*

BE [ ] RBE [ ] Name of BE _____

PC [ ] WPR [ ] Name of PC _____

OFC [ ] Match [ ] No Match

FATF [ ] Match [ ] No Match

CPRR Points [ ] LR [ ] NR [ ] HR [ ]

Validated/Assessed/Authenticated and Opened By:

_____

Signature Over Printed Name

DATE : _____

Approved By:

_____

Signature Over Printed Name

DATE : _____

### ATM CARD/PASSBOOK/CHECKBOOK ACKNOWLEDGEMENT SECTION

| APPROVED FOR RELEASE: | RELEASED BY: | RECEIVED BY: |
|---|---|---|
| _____ | _____ | _____ |
| Customer Associate/Date/Time | Immediate Supervisor/Alternate | Signature over printed name |

SIGNATURE VERIFIED

### PIN MAILER ACKNOWLEDGEMENT SECTION

| RELEASED BY: | RECEIVED BY: |
|---|---|
| _____ | _____ |
| Branch Head/Alternate/Date/Time | Signature over printed name |

SIGNATURE VERIFIED