



ENROLLMENT AND MAINTENANCE FORM
CORPORATE INTERNET BANKING FACILITY

Please accomplish and tick the applicable box

New Enrollment Modification Termination Others

CLIENT INFORMATION

Company Name: _____
Address: _____
Date of Incorporation/Registration: _____ Tax Identification Number: _____
Company/Organization Type:
 Sole Proprietorship Corporation Government
 Partnership Association Others: _____
Contact Person: _____ E-mail Address: _____
Contact No.: _____

LIST OF CORPORATE ACCOUNT(S) TO BE ENROLLED

ACCOUNT TYPE: Savings Account(SA) Current Account(CA) Others (specify) _____

| Account Name: (Alias) | Account Number | Enable | Disable |
|-----------------------|---|--------------------------|--------------------------|
| _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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LIST OF AUTHORIZED USERS

Add Modify Delete

1. Name: _____ Mr. Mrs. Ms. Others: _____
Mobile Number: _____ E-mail: _____

One Time Password (OTP) To Be Received via :
 Mobile Phone E-mail Both

Add Modify Delete

2. Name: _____ Mr. Mrs. Ms. Others: _____
Mobile Number: _____ E-mail: _____

One Time Password (OTP) To Be Received via :
 Mobile Phone E-mail Both

Add Modify Delete

3. Name: _____ Mr. Mrs. Ms. Others: _____
Mobile Number: _____ E-mail: _____

One Time Password (OTP) To Be Received via :
 Mobile Phone E-mail Both

Add Modify Delete

4. Name: _____ Mr. Mrs. Ms. Others: _____
Mobile Number: _____ E-mail: _____

One Time Password (OTP) To Be Received via :
 Mobile Phone E-mail Both

FUNCTIONALITY

Financial Transaction:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Own Account Fund Transfer | <input type="checkbox"/> Transfer via PESONet | <input type="checkbox"/> Account Sweeping | <input type="checkbox"/> Payroll Service |
| <input type="checkbox"/> Third Party Fund Transfer | <input type="checkbox"/> Bulk Fund Transfer | <input type="checkbox"/> AllBank Check Now | <input type="checkbox"/> Others (specify): _____ |
| <input type="checkbox"/> Transfer via Instapay | <input type="checkbox"/> Bills Payment (Internal Biller) | | |

Non-Financial Transaction:

- | | | | |
|------------------------------------|---|--|--|
| <input type="checkbox"/> View Loan | <input type="checkbox"/> Checkbook Re-order | <input type="checkbox"/> Account Information Details | <input type="checkbox"/> SOA/Balance Inquiry |
|------------------------------------|---|--|--|

I/We, the representative(s) of the Company, hereby confirm the designation and authority of the Authorized User/s of AllBank's Corporate Internet Banking Facility.

I/We understand that the Corporate Internet Banking Facility shall only be made available to the Company upon receipt of an official notice of approval from AllBank. I/We acknowledge the right and authority of AllBank to suspend or cancel the approval with or without prior notice to the Company, upon reasonable suspicion of fraud or irregularity in the utilization of AllBank's Corporate Internet Banking Facility. Accordingly, the Company agrees to indemnify AllBank upon demand, for any claims, costs, damages, or penalties suffered or incurred by the bank arising from the Company's misuse of AllBank's Corporate Internet Banking Facility.

I/We further agree to be unconditionally bound by the Terms and Conditions of AllBank's Corporate Internet Banking Facility, including any amendments or modifications made thereon from time to time. I/We hereby authorize AllBank to automatically debit the Company's deposit account for any service or administrative charge/s that may be incurred in connection with the utilization of AllBank's Corporate Internet Banking Facility.

| | | |
|--|--|--|
| Authorized Signatory | Authorized Signatory | Authorized Signatory |
| Name: _____ | Name: _____ | Name: _____ |
| Position: _____ | Position: _____ | Position: _____ |
| Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

*If necessary, use additional form for multiple signatories

FOR BANK USE ONLY

| | |
|--|--|
| <p>BRANCH _____</p> <p>Date of Enrollment <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CIS No. _____</p> <p>Received by _____ Reviewed by _____</p> <p style="text-align: center;">BOO BM</p> <p>Approved _____ Date Sent to CMS & E-Banking _____</p> <p style="text-align: center;">BOSD <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | <p>CMS & E-BANKING DEPARTMENT</p> <p>Received by _____ Date Received <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Processed by _____ Date Processed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Checked by _____ Date Checked <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Approved by _____ Date Approved <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> |
|--|--|