

Savings Account No.: _____

RURAL BANK OF SANCHEZ MIRA (CAGAYAN), INC.

Centro 1, Sanchez Mira, Cagayan

APPLICATION FOR OPENING AND AGREEMENT FOR DEPOSIT ACCOUNTS

| New Account | Individual (Single) | | |
|--|--|---|----------------------|
| Updating | Joint Account (And, An | d (On Dry) | |
| Products: Savings Regular Pa | schools Note: For joint accounts | s, each depositor is require Agreement for Deposit Accou | |
| Special Savings (Go | old) Organization/Instituti | on | |
| | | | |
| Date: | | | |
| Name of Organization (if the o | account is an institutional) | | |
| | | 2x2 | |
| | | ID Pictu | ire |
| | | | |
| | | | |
| | | | |
| | | | |
| ERSONAL INFORMATION | | | |
| | | | |
| | | Last Name | Appellation (if any) |
| me:First Name | | Last Name | Appellation (if any) |
| me: First Name Date of Birth: | Education: | Last Name | Appellation (if any) |
| me: First Name Date of Birth: Gender: | Education: No. of Children: | | |
| me: First Name Date of Birth: Gender: Height: | Education: No. of Children: No. of Dependent | | |
| me: First Name Date of Birth: Gender: Height: Weight: | Education: No. of Children: No. of Dependent Mobile Phone No | | |
| me: First Name Date of Birth: Gender: Height: Weight: Civil Status: | Education: No. of Children: No. of Dependent Mobile Phone No | | |
| Date of Birth: Gender: Height: Weight: Civil Status: Nationality: Place of Birth: | Education: No. of Children: No. of Dependent Mobile Phone No Telephone No.: | | |
| me: First Name Date of Birth: Gender: Height: Weight: Civil Status: Nationality: Place of Birth: | Education: No. of Children: No. of Dependent Mobile Phone No Telephone No.: | | |
| me: First Name Date of Birth: Gender: Height: Weight: Civil Status: Nationality: Place of Birth: | Education: No. of Children: No. of Dependent Mobile Phone No Telephone No.: | :: | |
| me: First Name Date of Birth: Gender: Height: Weight: Civil Status: Nationality: Place of Birth: Permanent Address: | Education: No. of Children: No. of Dependent Mobile Phone No Telephone No.: Email Address: | Zip Code | |
| me: First Name Date of Birth: Gender: Height: Civil Status: Nationality: Place of Birth: Permanent Address: Home: | Education: No. of Children: No. of Dependent Mobile Phone No Telephone No.: Email Address: | :: | |
| me: First Name Date of Birth: Gender: Height: Weight: Civil Status: Nationality: Place of Birth: | Education: No. of Children: No. of Dependent Mobile Phone No Telephone No.: Email Address: | Zip Code | |

| EMPLOYMENT AND FINANCIA | | | | |
|---|-------------------------------------|---|--|--------|
| Job Title/Profession | | | | |
| Employed Since | | | | |
| Name of Employer | | | | |
| Employer Address | | | | |
| Office Phone No. | | Zip | Code | |
| | | | | |
| BUSINESS (if self-employed) | | | | |
| Type of Business | | | | |
| Name of Business | | | | |
| Business Address | | | Zip Code | |
| OTHER SOURCE OF INCOME (if | unemployea | | | |
| CDOSS ANNUAL INCOME (in page |) | | | |
| GROSS ANNUAL INCOME (in pes | :08) | | | |
| Below 250,000 | 250,000-499,999 | 500,000-999,999 1 | ,000,000-1,499,999 Abo | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marr | 250,000-499,999 | 500,000-999,999 1 | ,000,000-1,499,999 Abo | ve 1.5 |
| Below 250,000 | 250,000-499,999 |] 500,000-999,999 | ,000,000-1,499,999 Abo Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marr | 250,000-499,999 [| | | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marriname: Firstname | 250,000-499,999 | Last Name | Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marr name: Firstname Date of Birth: | 250,000-499,999 | Last Name Occupation: | Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marriame: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY | 250,000-499,999 | Last Name Occupation: | Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marriame: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY | 250,000-499,999 | Last Name Occupation: | Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marrivame: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY Name: | 250,000-499,999 ried) Middle Name | Last Name Occupation: Income: Last Name | Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marrivame: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY Name: Firstname | 250,000-499,999 ried) Middle Name | Last Name Occupation: Income: | Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marriname: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY Name: Firstname Date of Birth: | 250,000-499,999 ried) Middle Name | Last Name Occupation: Income: Last Name | Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marriname: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY Name: Firstname Date of Birth: Place of Birth | 250,000-499,999 ried) Middle Name | Last Name Occupation: Income: Last Name | Appellation (if any) Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marriname: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY Name: Firstname Date of Birth: Place of Birth Address | 250,000-499,999 ried) Middle Name | Last Name Occupation: Income: Last Name | Appellation (if any) Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marriname: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY Name: Firstname Date of Birth: Place of Birth Address Occupation | 250,000-499,999 ried) Middle Name | Last Name Occupation: Income: Last Name | Appellation (if any) Appellation (if any) | ve 1.5 |
| Below 250,000 SPOUSE INFORMATION (if marrivame: Firstname Date of Birth: Mobile Phone No.: BENEFICIARY Name: Firstname Date of Birth: Place of Birth Address Occupation Business | 250,000-499,999 ried) Middle Name | Last Name Occupation: Income: Last Name | Appellation (if any) Appellation (if any) | ve 1.5 |

Manager

| 1 | 2 | 3 | |
|--|--|---|---|
| For Anti-Money Launderin | g Act purposes, I declare that: | | |
| times in a week w | unt because times in a weel choose to open | k, in amounts not less th | I intend to do nan P and not more with RBSM be |
| which are or may be applic or affiliates, including but and services. I fully unde services. Further, my cont conformity to any and all s | I confirm that I have fully underst cable to products, facilities, or serv not limited to electronic, internet, erstand the corresponding risks e tinued use and/or availment of su supplement(s), modification(s), or ces within the Bank's premises or w | ices rendered / to be re and telephone banking s ntitled in availing of so uch banking products, f amendment(s) of such T | endered by the Bank, its subside service, and other banking pro- uch banking products, faciliti facilities or services shall mea Ferms and Conditions which m |
| amended and I represent to be deposited in their accoverification or reports in the Bank free and harmless IN WITNESS WHI | t I am aware of provision of Republication transactions herein are not count(s) come from my legitimate compliance with RA No. 9180 as a s from any and all liabilities, claims EREOF, I have affixed my signatu | et among those covered te undertakings. I auth mended, as it may deen s, and/or damages. | under said law that all the fu lorize the bank to make any n appropriate, for which acts |
| amended and I represent to be deposited in their according verification or reports in the Bank free and harmless IN WITNESS WHI | that my transactions herein are no count(s) come from my legitimat compliance with RA No. 9180 as a s from any and all liabilities, claims | et among those covered te undertakings. I auth mended, as it may deen to, and/or damages. re on | under said law that all the fur lorize the bank to make any n appropriate, for which acts |
| amended and I represent to be deposited in their accoverification or reports in on the Bank free and harmless IN WITNESS WHIT Cagayan. | that my transactions herein are no count(s) come from my legitimat compliance with RA No. 9180 as a s from any and all liabilities, claims | ot among those covered the undertakings. I author mended, as it may deen to and/or damages. The on | under said law that all the function of the bank to make any mappropriate, for which acts at Centro 1, Sanchez |
| amended and I represent to be deposited in their accoverification or reports in on the Bank free and harmless IN WITNESS WHITCAGAYAN. | that my transactions herein are no count(s) come from my legitimat compliance with RA No. 9180 as a s from any and all liabilities, claims EREOF , I have affixed my signatu | ot among those covered the undertakings. I author mended, as it may deen to and/or damages. The on | under said law that all the function of the bank to make any mappropriate, for which acts at Centro 1, Sanchez e over printed name of Depositor |
| amended and I represent to be deposited in their accoverification or reports in on the Bank free and harmless IN WITNESS WHIT Cagayan. Signed in Opening of Regular Sa | that my transactions herein are no count(s) come from my legitimat compliance with RA No. 9180 as a s from any and all liabilities, claims EREOF, I have affixed my signature in the presence of: | ot among those covered the undertakings. I authorized mended, as it may deem to and/or damages. The on | under said law that all the full corize the bank to make any mappropriate, for which acts at Centro 1, Sanchez e over printed name of Depositor Authorized Officer |
| amended and I represent to be deposited in their accoverification or reports in on the Bank free and harmless IN WITNESS WHIT Cagayan. Signed in Opening of Regular Sapproved/disapproved became account of the second sec | that my transactions herein are not count(s) come from my legitimate compliance with RA No. 9180 as a s from any and all liabilities, claims EREOF, I have affixed my signature in the presence of: Savings Clerk Evings/Special Savings Account No. | st among those covered the undertakings. I authorized mended, as it may deem to and/or damages. The on | under said law that all the full corize the bank to make any mappropriate, for which acts at Centro 1, Sanchez e over printed name of Depositor Authorized Officer (type of account & number) |