



# CARDSMEBANK

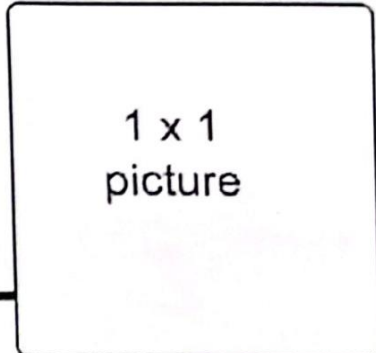
A THRIFT BANK

A member of CARD MRI

CID: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

Date Opened: \_\_\_\_\_



1 x 1  
picture

### ACCOUNT TYPE (check appropriate box)

- Individual       Special (Earn More)       Regular \_\_\_\_\_       Peso       Others: \_\_\_\_\_  
 Corporate       Checking       Micro-deposit \_\_\_\_\_       Dollar      \_\_\_\_\_  
 Joint Account

ACCOUNT NAME: \_\_\_\_\_ SSS/GSIS NO.: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ TIN NO.: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_ CONTACT NO.: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

Employed       Self-Employed      SOURCE OF FUND: \_\_\_\_\_

INITIAL DEPOSIT  CHECK  
 CASH

AUTHENTICATED BY: \_\_\_\_\_

RECOMMENDED BY: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

**PLEASE RECOGNIZE THE FOLLOWING SIGNATURES IN THE PAYMENT OF FUNDS AND OTHER TRANSACTIONS ON MY/OUR ACCOUNT (PLEASE SIGN THRICE BELOW)**

Depositors' Signature

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

NAME OF SIGNATORIES:

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

ID PRESENTED: \_\_\_\_\_

## **WAIVER AND CONSENT**

***I HEREBY AGREE TO BE GOVERNED BY THE TERMS AND CONDITIONS INCLUDING AMENDMENTS RELATIVE TO THIS ACCOUNT.***

***I SIGNIFY MY CONSENT AND AGREE THAT CARD SME BANK, INC., (A) MAY COLLECT, USE AND DISCLOSE MY PERSONAL DATA, AS PROVIDED IN THIS DOCUMENT, OR OBTAINED BY CARD SME BANK, INC. AS A RESULT OF BEING ITS CLIENT, FOR THE PURPOSE OF PROCESSING THIS DOCUMENT AND (B) TO THE DISCLOSURE AND SHARING OF SAID INFORMATION TO CARD SME BANK'S SUBSIDIARIES/AFFILIATES; AND FURTHER UNDERSTAND THAT I HAVE A RIGHT TO AMEND/REVISE THE INFORMATION THAT I HAVE PROVIDED INCLUDING DELETION OF THE SAID INFORMATION, IN ACCORDANCE WITH THE DATA PRIVACY ACT OF 2012 AND CARD SME BANK, INC. DATA PROTECTION POLICY.***

\_\_\_\_\_

SIGNATURE OF DEPOSITOR

*Introduced / Referred by: (Name, Address, Tel. No., Relationship)*