| NAME OF DEPOSITOR(S)* : | | * REQUIRED FIELD DATE*: (MM / DD / YY) | |
|--|---|---|--|
| NOTHER'S MAIDEN NAME* : | MOBILE NUMBER* : | E-MAIL ADDRESS* : | |
| RESENT ADDRESS* : | | | |
| LECTRONIC BANKING FACILITY : | TYPE OF ACCOUNT : | ACCOUNT NUMBER : | |
| Internet/Mobile Banking | Savings Account (SA) Current Account (CA) | | |
| | O Others, pls. specify | (Branch should verify the Account Number) | |
| NINTENANCE | | | |
| Reactivate Facility Access | Change Email Address, pls. specify | | |
| Deactivate Facility Access Transfer of Maintaining Branch | | | |
| Reset Device (For Mobile Banking) | [e.g. 63 9171234567 Mobile number in the Philippines] | | |
| Remove Facility Access | | | |
| Regenerate SMS PIN | Country Code Mobile Nun | nber Country | |
| nsent to allow PNB to verify the informat | ffirm that the information given above is tr ion provided above. I agree to inform PNB o nd agreed to the Digital Banking Service Te n time to time. | f any change in the information provided. | |
| ith the consent of all co-depositors/co epositors/accountholders, the Bank shall | ns/requests/instructions by any one of the p-accountholders. In case of conflicting r act on the request/instruction received ear equest or instruction from the co-depositors | equests or instruction by any one of lier in time, without incurring any liability | |
| | Signatur | e of Depositor* | |
| | | | |
| | | | |
| | | | |
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| PROCESSD BY / DATE : | APPROVED BY / DATE : | ENCODED BY / DATE : |
|----------------------|--|---------------------|
| | | |
| BancNet | Note: Please present 1 Valid ID with picture for verification. | |