



PNB Global Remit

A Remittance Subsidiary of Philippine National Bank

Unit 104, 3050 Confederation Parkway
Mississauga, Ontario, Canada L5B 3Z6

Tel: (905) 896 9743; (905) 896 4840 ; (905) 897 9600
Fax: (905) 897 9601

APPLICATION FORM



LOCATION OF PROPOSED SITE/S OF AGENT

Business Name	
Complete Address	
Contact Info	
Business Name	
Complete Address	
Contact Info	
Business Name	
Complete Address	
Contact Info	

Please answer all questions, using 'No', 'None', or 'Not Applicable' where necessary

Full Name	_____	_____	_____
	First	Middle	Last
Email Address			
Social Insurance Number (SIN)			
Have you ever been known by, or used any other name? If so, list such name/s	_____	_____	_____
	First	Middle	Last
	_____	_____	_____
	First	Middle	Last

Home Address	
How long have you been living at this address? (years & months)	
Home Telephone Number	
Previous Home Address (most recent prior to present address)	

Occupation, if employed by another company	
Company or Employer's Name	
Company or Employer's Address	
Telephone Number	
Name of Immediate Supervisor	
Date Join the Company	
Present occupation	

Business Name, if you own the business	
Business Address	
Other position in the business, if applicable	
Telephone Number	
Date Business Opened	

Citizenship			
Are you allowed to work in Canada?			
Highest Educational Attainment			
If married, provide spouse name	_____	_____	_____
	First	Middle	Last
Name of three personal references (exclude relatives)	_____	_____	_____
	First	Middle	Last
	_____	_____	_____
	First	Middle	Last
Have you ever been convicted of any civil or criminal offense?			
If yes, please give details (provide separate sheet if necessary)			

List of Prospect Agent's PNB account(s) in the Philippines where the remittance fund shall be deposited (applicable only for ARS applicants)

PNB BRANCH	ADDRESS	ACCOUNT TITLE

The undersigned affirms, that the information given herein are accurate and complete. I hereby authorize PNB Global Remit to make inquiry it deems appropriate in connection with processing this questionnaire. Any false statements will be sufficient cause for denial of my application as an authorized agent of PNB Global Remit.

Signature

Date

Documents to be submitted:

Non-MSBs Corporation	Non-MSBs Partnership	Non-MSBs Single Proprietorship	Money Service Business (MSBs)
<ul style="list-style-type: none"> <input type="checkbox"/> Accomplished application for Accreditation of Overseas Remittance Consolidators <input type="checkbox"/> Copy/ies of the Identification of owner/s <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Corporate Resolution and List of the names, addresses, occupations and identification of all Directors of the Corporation <input type="checkbox"/> Fictitious Business Name ("Doing Business As" Name), registration <input type="checkbox"/> Business License <input type="checkbox"/> Income Tax Return <input type="checkbox"/> Minimum of 3 consecutive months bank statements for initial accreditation. Subsequent renewals may be limited to 1 month. <input type="checkbox"/> Must sign on the Credit Report Disclosure form 	<ul style="list-style-type: none"> <input type="checkbox"/> Accomplished application for Accreditation of Overseas Remittance Consolidators <input type="checkbox"/> Copy/ies of the Identification of owner/s <input type="checkbox"/> Fictitious Business Name ("Doing Business As" Name), registration <input type="checkbox"/> Business License <input type="checkbox"/> List of the Names, addresses, occupations and identification of all partners <input type="checkbox"/> Income Tax Return <input type="checkbox"/> Minimum of 3 consecutive months bank statements for initial accreditation. Subsequent renewals may be limited to 1 month. <input type="checkbox"/> Must sign on the Credit Report Disclosure form 	<ul style="list-style-type: none"> <input type="checkbox"/> Accomplished application for Accreditation of Overseas Remittance Consolidators <input type="checkbox"/> Fictitious Business Name ("Doing Business As" Name), registration <input type="checkbox"/> Business License <input type="checkbox"/> Copy of the Identification of business owner <input type="checkbox"/> Income Tax Return <input type="checkbox"/> Must sign on the Credit Report Disclosure form 	<ul style="list-style-type: none"> <input type="checkbox"/> Accomplished application form for Accreditation of Overseas Remittance Agents <input type="checkbox"/> Audited Financial Statements/Corporate Tax Return <input type="checkbox"/> Company Profile <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> List of Board of Directors/ Principal Owners and Executive Officers and copy/ies of their Identification/s <input type="checkbox"/> MSB/Remittance Service License <input type="checkbox"/> Certificate of Business License <input type="checkbox"/> Registration with the Financial Crimes Enforcement Network (FINCEN), Dept. of Treasury <input type="checkbox"/> KYC/AMLA Compliance Manual and Questionnaire (for licensed MSB or financial institution applicants only) <input type="checkbox"/> Minimum of 3 consecutive months bank statements or satisfactory bank reference <input type="checkbox"/> Must sign on the Credit Report Disclosure form