



FUND TRANSFER APPLICATION FORM

T.I.N. 000-188-209

(Branch)

No. _____

1st copy - Branch
2nd copy - Client

DATE: _____

APPLICATION FOR:

- Peso Demand Draft Peso Telegraphic Transfer
- FX Demand Draft FX Notes
- Manager's/Cashier's Check FX Telegraphic Transfer
- Gift Check FX Traveler's Check
- Mabuhay Traveler's Check Others, *pls specify* _____

MODE OF PAYMENT:

- Cash
- Debit Account No. _____

CONDITIONS:

FUND TRANSFER

It is distinctly understood that the issuing Bank shall assume no responsibility whatsoever for delay in the execution of this payment resulting from errors and/or delay in the transmission of the Bank's relative instruction to its paying branch/office or correspondent or for any other cause beyond its control.

PESO / FX DRAFT / MC / CC / GC / TC / FX NOTES

It is hereby agreed that in case of loss or destruction of the original of any instrument issued by the Bank pursuant to this application, this Bank reserves the right to require from the Applicant/Purchaser and/or the Payee, an Affidavit of Loss and Surety Bond or any other sufficient security acceptable to this Bank as a condition precedent for the issuance of a replacement for the lost instruments or refund of the value thereof.

I further bind myself to be responsible for any fraudulent or erroneous instructions regarding any transfer of funds involving my deposit account with the Bank and agree to hold the Bank free and harmless from any liability arising therefrom.

Furthermore, for purposes of remitting funds to my PNB deposit account in the Philippines, I hereby waive my rights under the provisions of R.A. 1405, otherwise known as the Law on Secrecy of Bank Deposits, and hereby authorize the Bank, its branches, agencies or any of its subsidiaries or correspondent banks to gain access and inquire into my PNB deposit accounts and to disclose such data and papers as are required by said regulatory agencies conformably with the "Know Your Customer Policy" principles, without incurring any criminal civil or administrative liability therefor.

CONFORME: (Signature of Applicants/Depositors)

SIGN HERE

NAME OF APPLICANT:	TEL. NO.:
ADDRESS:	BIRTHDATE:
NATURE OF BUSINESS	PURPOSE: PERSONAL USE

Member: PDC

THIS SERVES AS YOUR RECEIPT WHEN MACHINE VALIDATED / INITIALED BY TELLER

FORM 2029 (Rev. 06-2010)

NAME OF BENEFICIARY(IES) / PAYEE(S):

ADDRESS / TEL. NO.:

BENEFICIARY'S BANK / BRANCH:

PNB LOS ANGELES

BANK ADDRESS (if available):

LOS ANGELES, CA

SPECIAL INSTRUCTIONS (if any):

AMOUNT (in words) THE RECIPIENT/S SHOULD RECEIVE:

AMOUNT (in figures)

FOR BANK'S USE ONLY	
SELLING RATE:	Amount / Face Value \$ P
BOOKING RATE:	Bank Commission
TEST CODE:	Doc. Stamps
DRAFT/CHECK NO(S):	Others
DELIVERY PERIOD TO RECIPIENT/BENEFICIARY	Total Charges
	TOTAL \$ P
ID(S) PRESENTED:	PROCESSED BY:
SIGNATURE/AVAILABLE BALANCE VERIFIED BY:	APPROVED BY:
	TELLER'S INITIAL:

Signature Authenticated by:

Printed Name / Signature : _____
 PNB RCI Office : _____

Instructions for Official Check:

- PICK - UP** AT PNB LA Branch
- MAIL CHECK** to above address

Important: You need to indicate your current address where we can mail your check payment once your request is approved by the branch in the Phils. Failure to notify us of any changes in your address will result in additional fees for stop payment and re-issuance of checks

ID presented (include ID#, DOB, Expiry Date): _____
 SSA number (if request is \$2,000.00 & above): _____

APPLICATION TO PURCHASE FOREIGN EXCHANGE*

Reference No. _____

TO: PHILIPPINE NATIONAL BANK

 (Name of AAB/AAB-forex corp)
D. MACAPAGAL BLVD PASAY CITY

 (Address)

I/We hereby apply to purchase foreign exchange with the following details:

APPLICANT:

- Name** : _____
- Address** : _____
- Tel. No./Fax No. /Email Address** : _____
- Tax Identification No. : _____
- SSS/ GSIS/ Voter's ID No./ Driver's License No.** : _____
 (For individuals; please underline the appropriate ID used)
- Residency (please check appropriate box) : Resident Non-resident
- AMOUNT (in words) APPLIED FOR** (Indicate foreign currency) : _____
- AMOUNT (in figures)** : _____
 PURPOSE: (please check appropriate box)

<ul style="list-style-type: none"> <input type="checkbox"/> Trade (payment for importations) <input type="checkbox"/> Inward Foreign Investments by Non-Residents¹ <ul style="list-style-type: none"> <input type="checkbox"/> Repatriation of Capital <input type="checkbox"/> Remittance of Profits/Dividends/Earnings <input type="checkbox"/> Remittance in foreign exchange equivalent of peso funds (funded by foreign exchange remittance) in excess of investments made in the Philippines <input type="checkbox"/> Outward Investments by Residents: <ul style="list-style-type: none"> <input type="checkbox"/> Direct Investment (Equity Capital) <input type="checkbox"/> Debt Securities <input type="checkbox"/> Equity Securities <input type="checkbox"/> Mutual Funds (MFs) / Unit Investment Trust Funds (UITFs) <input type="checkbox"/> Intercompany Loans² <input type="checkbox"/> Purchase of real property abroad, including condominium units <input type="checkbox"/> Foreign currency-denominated investment instruments issued onshore by non-residents <input type="checkbox"/> Resident to resident transactions: <ul style="list-style-type: none"> <input type="checkbox"/> Obligations payable to residents <input type="checkbox"/> Resident investments in instruments (including time deposits with at least 90-day maturity but excluding other bank deposits such as savings and demand): <ul style="list-style-type: none"> <input type="checkbox"/> Issued by other residents Please specify: _____ <input type="checkbox"/> Held for sale/trading by banks operating in the Philippines, regardless of issuer <input type="checkbox"/> Others (Please specify) _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Foreign/foreign currency loans¹ <ul style="list-style-type: none"> <input type="checkbox"/> Owed to Non-residents <input type="checkbox"/> Owed to Offshore Banking Units <input type="checkbox"/> Owed to residents (FCDUs/EFCDUs) <ul style="list-style-type: none"> <input type="checkbox"/> Prepayment <input type="checkbox"/> Regular Payment Debit Account No.: _____ <input type="checkbox"/> Principal _____ <input type="checkbox"/> Interest _____ <input type="checkbox"/> Fees _____ <input checked="" type="checkbox"/> Others <ul style="list-style-type: none"> <input type="checkbox"/> Services <ul style="list-style-type: none"> <input type="checkbox"/> Others (Please specify) <u>PERSONAL USE</u>³ <input type="checkbox"/> Non-merchandise Insurance <ul style="list-style-type: none"> <input type="checkbox"/> Premiums <input type="checkbox"/> Claims/payables <input type="checkbox"/> Passenger Tickets <input type="checkbox"/> Travel Expenses <input type="checkbox"/> Commissions <input type="checkbox"/> Professional/Management Fees <input type="checkbox"/> Royalties <input type="checkbox"/> Income Payment⁴ <input type="checkbox"/> Transfers (e.g., grants, donations) <input type="checkbox"/> Conversion to foreign exchange of peso deposit accounts of non-residents
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FOREIGN EXCHANGE DISPOSITION: (please check appropriate box)

<ul style="list-style-type: none"> <input type="checkbox"/> FOR CREDIT TO FCDU ACCOUNT <ul style="list-style-type: none"> <input type="checkbox"/> Full Amount: _____ <input type="checkbox"/> Partial Amount: _____ 	<ul style="list-style-type: none"> FOR REMITTANCE <ul style="list-style-type: none"> <input type="checkbox"/> Direct Remittance <input type="checkbox"/> Other Bank <input type="checkbox"/> Full <input type="checkbox"/> Partial Name of Maintaining Bank _____ Amount _____ FCDU Account No. _____
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BENEFICIARY: (Except for travel purpose, medical expenses not yet incurred and sales proceeds of emigrant's domestic assets if emigrant is still in the country)

- Name : _____
- Address : _____
- Intended Date for Remittance to onshore / offshore Beneficiary:** _____
- For Trade Transactions under Open Account (O/A):**
- Name of O/A Reporting Bank: _____ Date Reported: _____ BRN: _____

I hereby certify that no foreign exchange has been purchased either on spot or deliverables forward basis and/or no swap contract/s has/have been entered into covering the same underlying transaction and that the foregoing information are true and correct.

 Date of Application

 Signature Over Printed Name

* To be accomplished for each purpose to which FX shall be purchased from AABs/AAB-forex corps

¹ For BSP-registered loans/investments

² Loans of residents to offshore parent companies/subsidiaries of residents with an original tenor of at least one (1) year

³ Such as Communication, Manufacturing, Maintenance and Repairs, Postal and Courier, Computer and Information, Research and Development, Advertising, Market Research, Technical, and Other Business Services

⁴ Other than those related to loans and investments