



FUND TRANSFER APPLICATION FORM

PNB

(Branch)

T.I.N. 000-188-200

N^o. _____

1# copy - Branch
2# copy - Client

DATE: _____

APPLICATION FOR:

- Peso Demand Draft
- FX Demand Draft
- Manager's Cashier's Check
- Gift Check
- Mabuhay Traveler's Check
- Peso Telegraphic Transfer
- FX Notes
- FX Telegraphic Transfer
- FX 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 causes 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 the Bank as a condition precedent for the issuance of a replacement for the lost instrument/s or refund of the value hereof.

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 or 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 account/s 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) _____ SIGNATURE

NAME OF APPLICANT: _____ TEL. NO.: _____

ADDRESS: _____ BIRTHDATE: _____

NATURE OF BUSINESS _____ PURPOSE: _____

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

ADDRESS / TEL. NO.: _____

BENEFICIARY'S BANK / BRANCH: _____

PNB LA

BANK ADDRESS (if available): _____

SPECIAL INSTRUCTION/S (if any): _____

AMOUNT (in words) THE RECIPIENT/S SHOULD RECEIVE:	AMOUNT (in figures)
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FOR BANK 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:	TELLER'S INITIAL:	
SIGNATURE/AVAILABLE BALANCE VERIFIED BY:	APPROVED BY:		

MEGALINK

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

FORM 2029 (Rev. Feb. 2007)

Signature Authenticated by:

Printed Name/Signature : _____
 PNB RCI Office : _____

ID presented (include ID#, DOB, Expiry Date): _____

SSA number (if request is \$2,000.00 & above): _____

Important:

You need to indicate your current address where we can mail your check payment once your remittance 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 payments and re-issuance of checks.