



PNB
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225 W. BROADWAY SUITE 301, GLENDALE, CA 91204, TEL. 213-401-1008, FAX. 213-401-1208

APPLICATION FOR AGENT

LOCATION OF PROPOSED SITE OF AGENT

APPLICANT'S BUSINESS NAME

APPLICANT'S BUSINESS ADDRESS

BUSINESS TELEPHONE

BUSINESS FAX

BUSINESS E-MAIL





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Please answer all questions, using "NO", "NONE", or "NOT Applicable" where necessary

1 Full Name: _____
First Middle Last

Soc. Sec. No. _____

Have you ever been known by, or used, any other name? If so, list such name(s):

First Middle Last

2 Home Address: _____

Home Telephone: _____

How long at this address _____

3 Previous Home Address (immediately prior to present address):

4 Present Occupation/Business Firm Name: _____

Business Address: _____

Title: _____

Telephone Number: _____

Name of Immediate Superior: _____

Date joined firm/open business: _____

Citizenship: _____ Right-to-work in USA: Yes () No ()

5 If married, give name of spouse, including maiden name: _____

Spouse's Social Security Number: _____

6 Highest Educational Attainment: _____



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7 List of Agent bank(s) of account(s) where the remittance fund shall be deposited.

Name of the Bank(s)	Address	Account Title

8 Name of three personal references: (exclude relatives)

9 Have you ever been committed of any civil or criminal offense?: Yes () No ()
If yes, please give details

The undersigned affirms that the statements made and answers given herein are accurate and complete, and hereby authorizes the PNB Remittance Centers, Inc. to make inquiry it deems appropriate in connection with processing this questionnaire and any false statements will be sufficient cause for denial to become an authorized agent of PNB Remittance Centers, Inc.

Signature	Title	Date

Documents to be submitted:

1. If Applicant is a Corporation: Articles of Incorporation & Corp. Resolution on authorized signatories
2. If Applicant is a Partnership: Partnership Agreement and Fictitious Business Name (DBA)
3. If Applicant is a Sole Proprietorship: Fictitious Name (DBA)
4. Business or State License
5. Authority to request confidential information for credit checking purpose (Attached Form)
6. Authority to conduct background check
7. Copy of owner/s any U.S. government issued I.D.



AGENT CREDIT REPORT DISCLOSURE

IN CONNECTION WITH YOUR APPLICATION FOR AGENT WITH PNB REMITTANCE CENTERS, INC. THE COMPANY WILL OBTAIN A REVIEW OF YOUR CONSUMER CREDIT REPORT FROM THE FOLLOWING CREDIT BUREAU(S):

EXPERIAN/TRW

UNDER CALIFORNIA LAWS, YOU HAVE THE RIGHT TO RECEIVE A COPY OF CREDIT REPORT DIRECTLY FROM THE CREDIT BUREAU FREE OF CHARGE BY CHECKING THE APPROPRIATE BOX BELOW. YOUR CREDIT REPORT WILL BE MAILED TO YOU BY THE CREDIT BUREAU

I have read and understand the above notice and give my consent to PNBRCI seeking such consumer credit report.

I () want () do not want (check one) a free copy of my credit report.

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NO.: _____

SOCIAL SECURITY NO: _____

DATE OF BIRTH: _____

SIGNATURE: _____

DATE: _____

FOR USE OF PNBRCI ONLY

REQUESTED BY: _____

BRANCH: _____

DATE: _____

Authorized Signature



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AUTHORIZATION TO RELEASE INFORMATION

I, _____

_____	_____	_____
Last Name	First Name	Middle Name

_____	_____
Current Address	Dates Lived Here
Addresses for the past seven years: (Include street, city, state, zip code)	Dates of Residence:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

_____	_____	_____
Date of Birth	Other Names Used (Including maiden name)	Years Used

_____	_____	_____
Social Security Number	Driver's License #	State

Email Address (may be used for official correspondence)

do hereby authorized verification of all information in my application for Agency from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and.

I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by IntelliCorp Records, Inc. for identification purposes and for the release information which will be considered in determining any suitability for my agency application. I certify that I have made true, correct, and complete answers and statements on my Agency application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for Agency. I agree to provide additional information that may be requested to process my application for being an agent of PNBRCI. I authorize without reservation, any party or agency contacted by IntelliCorp Records Inc. to furnish the above-mentioned information. This authorization is valid during the course of my Agency to the extent permitted by law.

I have the right to make a request to IntelliCorp Records Inc. upon proper identification, the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records Inc. has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of my application.

Printed Name

Applicant Signature

Date

() **CALIFORNIA, OKLAHOMA, AND MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

() **MASSACHUSETTS APPLICANTS ONLY:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.



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REQUIREMENTS

- Completed Agency Application
- Signed & completed Credit Report Disclosure (Principal Shareholders)
- Signed Background Check Authorization (Principal Shareholders)
- IRS Form W-9
- Copies of business licenses of branch offices
- Fictitious Business Name License (DBA), if applicable
- If a Corporation, Articles of Incorporation and Corporate Resolution on authorized signatories
- If a Partnership, Partnership Agreement
- Copy of any U.S. government issued Identification Card (Principal Shareholders)
- Short history, line of business, products, description of locations, Filipino establishments in the vicinity, if any, and possible competitors
- Income Tax return (ITR)
- 3 Months Bank Statement