

Account Number

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PRIMARY APPLICANT

First Name		M.I	Surname		Alternate Name/Alias			
Present Address				Zip Code	Home Telephone No.			
Permanent Address				Zip Code	Mobile Telephone No.			
Tax Identification No.				SSS or GSIS No.		Gender	Male	Female
Nature of Work				Name of Employer		Civil status		
Business Address				Date of Birth		Place of Birth		
Annual Income (Php)				Nationality		Sources of Funds		
<input type="checkbox"/> 5K and less <input type="checkbox"/> 5,001 – 50,000 <input type="checkbox"/> 50,001 – 100,000 <input type="checkbox"/> 100,001 – 250,000 <input type="checkbox"/> 250,001 – 500,000 <input type="checkbox"/> 500,001 – 1,000,000 <input type="checkbox"/> 1M and up				Beneficiaries				
Name of Spouse			Date of Birth		Occupation			
Deposit Type								
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Corporate								

FOR JOINT ACCOUNT ONLY

JOINT APPLICANT

First Name		M.I	Surname		Alternative Name/ Alias			
Present Address				Zip Code	Home Telephone No.			
Permanent Address				Zip Code	Mobile Telephone No.			
Tax Identification No.				SSS or GSIS No.		Gender	Male	Female
Nature of Work				Name of Employer		Civil Status		
Business Address				Date of Birth		Place of Birth		
Annual Income (Php)				Nationality		Sources of Funds		
<input type="checkbox"/> 5k and less <input type="checkbox"/> 5,001 – 50,000 <input type="checkbox"/> 50,001 – 100,000 <input type="checkbox"/> 100,001 – 250,000 <input type="checkbox"/> 250,001 – 500,000 <input type="checkbox"/> 500,001 – 1,000,000 <input type="checkbox"/> 1M and up				Beneficiaries				
Name of Spouse			Date of Birth		Occupation			
Deposit Type								
<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Corporate								

As joint account holders, we agree with each other/one another and with Caritas Banco ng Masa that all moneys to be deposited by us or either of us to this account without reference to previous ownership, including all interest, dividends, and credit thereon shall be the property of all/both of us joint owners, and that we shall be jointly and severally liable for payment of any obligations to the Bank in connection with the operation of the account. For Joint (AND) Account, the signatures of all account holders are required to operate the account. Upon death of any one of us the balance shall be divided equally between among us, with the share of the deceased depositor's payable to his/their heirs upon submission of the required documents. For Joint (EITHER OR SURVIVOR) Account, either of us is authorized to do whatever he so desires with the funds without the consent of the other depositor(s). Upon death of any one of us, any of the survivors may withdraw the entire balance on the deposit. The bank shall freeze the account upon notice of death of one depositor until necessary legal documents are presented. We further agree that the receipt or check of any one of us, or of any joint attorney-in-fact appoint until actual notice of death for any payment made from this account shall be valid and sufficient discharge of the bank. This Joint Agreement shall be binding on each and all of us our heirs executors, administrators and assigns. The Bank is hereby authorized to accept for our account all checks made payable to all or any of us with or without endorsement by any of us or the other.

It is hereby acknowledged that I/We have the duty to disclose my/our real identity, residence, qualifications, and other personal circumstances herein called for, as they are one of the material and principal considerations for the Bank to agree to this contract. I/We agree that any of non-disclosure or misrepresentation of any matter shall be considered a serious, fraudulent act, giving the Bank the right to extra judicially rescind or cancel this contract at any time without notice whatsoever. In the event of said closure of the account, the Bank is totally relieved of any and all obligations other than returning whatever balance appears to my/our credit minus usual charges, and upon surrender of the unused checks or deposit passbook.

AUTHORITY TO DEBIT AND TRANSFER FUNDS (For ATA only)

I/We authorize Caritas Banco ng Masa to debit and transfer funds from my/our Savings Account No. _____ to my/our Current Account No. _____ to cover any drawings/overdrawing/shortages that I/We may incur in my/our said current account from time to time.

This instruction shall remain in force unless sooner revoked in writing. I/We hold the bank free and harmless for any liability in case of dishonor of any of my/our checks drawn against my/our above- stated current account for the reason of insufficiency or lack of funds in said account resulting from Bank's failure to make such debits or transfer from my/our savings due to inadvertence, oversight or any other cause.

It is agreed that this authority shall be subject to the terms and conditions governing automatic transfer accounts which may be amended by the Bank at any time and without need of prior notice.

This written authority shall furthermore constitute an assignment of the funds in my/our savings account in the Bank's favor to the extent that is necessary to cover my/our said drawings/over drawings/shortages.

I/we hereby confirm that all data and information given by me/us on this New Accounts Record are true and correct. I/We agree to be bound by the Rules and Regulations governing the opening and maintenance of the Current Account/Savings Account/ATM. I/We also agree to be bound by other additional regulations as the Bank may subsequently impose from time to time covering the Current Account/Savings Account/ATM.

Signature of Depositor	Signature of Joint Depositor	Date
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