

op Banking Netw

BILLS PAYMENT FACILITY APPLICATION FORM

	-					
Name of Biller						
Corporate Name						
Nature of Business						
Purpose/use for BP Facility						
Brief Description of Business						
Corporate Address						
Corporate TIN						
CTC No./Date & Place Issued						
Authorized Signatories for MOA						
Name Position					Competent Evidence of Identity	
1.						
2.						
Depository Bank						
Bank and Branch Name of Bran		nch Head Landline/Mobile Pho		ie	E-mail Address	
			Short Name			
Applicable Channel/s On Scre			On Screen	On Receipt (One line, max of 10 characters)		
 BancNetOnline (BOL) Maximum of twenty-five (25) characters 						
BancNet Mobile Banking (BMB) Maximum of five (5) characters						
Member Banks' Proprietary Channels*						
Phone Banking Internet Banking						
Mobile Banking *Subject to approval of member banks						
Transaction Information To commence one (1) year from MOA notarization date			Minimum Volume Requirement	Fee per Transaction		
BOL			N/A	P10		
BMB			N/A	P7		
Programming Fee: PHP 56,000 to be charged to:						
□ Biller			Others (pls.specify)			
Subscriber Reference Code/Name (For BOL only)						
Subscriber A	ccount No.	Credit Card No.				
 Reference No. 			=			
Customer No.		Student No.				
ATM Reference No. Others (Pls. specify)						
Contact Information						
Department Operations		Finance/Accounting			Systems/Technical	
Name						
Office Landline						
MobilePhone						
Fax						
E-mail Address						
Signature				_		
		FOR BANC	NET USE ONLY			
Date Remarks				Received by:		
Endorsed by:				Ар	Approved by:	
Head, Business Development Relationship Manager Division					Aristeo P. Zafra, Jr. General Manager	
Relationship Manager Division General Manager						

Please submit the following documents together with this application form. Incomplete application will not be processed.

- Copy of SEC documents
 Company Profile
- 3. Bank Certification from settlement account