



SIGNATURE CARD (INSTITUTION)

ACCOUNT NO. *For PhilEquity Use Only*

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Type of Account	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association / Cooperative <input type="checkbox"/> Others _____		
Account Name			
Address			
Telephone No.		Email	
Signature Requirement	<input type="checkbox"/> Any One <input type="checkbox"/> Any Two <input type="checkbox"/> Others _____		

PLEASE SIGN THREE (3) TIMES

Authorized Signatory <i>First, Middle, Last Name</i>	Authorized Signatory <i>First, Middle, Last Name</i>	Authorized Signatory <i>First, Middle, Last Name</i>
1	1	1
2	2	2
3	3	3

PHILEQUITY USE ONLY

Signed in the presence of / Date	Verified By / Date	Approved By / Date
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