

BIZLINK ONBOARDING CONSENT FORM



Please supply the required information to enroll in BPI BizLink.

A. BUSINESS INFORMATION

NEW EXISTING: Corporate Code: _____

A1. Business Name _____

A2. Business Address _____ Zip Code _____

A3. Date of Incorporation or Registration _____ A4. Business TIN _____ A5. Business SSS _____

B. ACCOUNTS TO BE ENROLLED IN BIZLINK

B1. Account Name _____

B2. Accounts to be Enrolled in Bizlink

C. REQUIRED NUMBER OF APPROVAL/S FOR EVERY TRANSACTION IN BIZLINK FACILITIES

C1. Check only one: Any 1 Any 2 Any 3 Others, please specify: _____

D. NOMINATED SYSTEM ADMINISTRATORS (SA) IN BIZLINK

D.1. The System Administrators' functions include, but are not limited to, nomination, addition, modification and deletion of Transactional Users (Maker and Authorizer), editing of Government Payment details, enrollment to additional Facilities, and acceptance of terms and conditions governing the Facilities.

D.2. The System Administrator Encoder creates and submits the request for these functions. These requests shall be approved by the System Administrator Approver.

	SYSTEM ADMINISTRATOR ENCODER	SYSTEM ADMINISTRATOR APPROVER
Full Name <small>(Last Name, First Name, Middle Name)</small>		
Email Address		
Mobile Number		
Tax Identification Number		
<i>*If more than one System Administrator Encoder/Approver:</i>		
Full Name <small>(Last Name, First Name, Middle Name)</small>		
Email Address		
Mobile Number		
Tax Identification Number		

E. FACILITIES FOR ENROLLMENT

BUNDLE	Average Daily Balance (ADB) Requirement	FACILITIES	DESCRIPTION
BizLink Digital Access	FREE	Account Inquiry, Transaction History, Statement of Account	Allows you to inquire and view your account balances and transactions
		Transfer to Own Accounts	Allows you to transfer funds between your own accounts
		Pay Bills	Allows you to pay bills from over a thousand merchants

CONTACT PERSON - For bank notices (ex: Enrollment Reminders, Suspension Notice, etc.)	
Full Name <small>(Last Name, First Name, Middle Name)</small>	
Email Address	
Mobile Number	

F. CONSENT TO THE CASH MANAGEMENT AGREEMENT AND SUPPLEMENTAL TERMS AND CONDITIONS

By signing this Form:

- I/We confirm the validity and accuracy of all information provided to the BANK. I/We acknowledge that I/we understand the Facilities I/we have enrolled in and/or availed of on behalf of the COMPANY, and agree to pay the applicable fees imposed or that may hereinafter be imposed by the BANK for the COMPANY's use of such Facilities.
- I/We acknowledge that I/we have read, understood and accepted all the terms and conditions contained in all the pages of the Cash Management Agreement and Supplemental Terms and Conditions, including the annexes, if any, (and each amendment and supplement thereto) which govern the Company's use of the Facilities (copy/ies of which are readily viewable, made available and/or downloadable from the BANK's website (www.bpi.com.ph) and deemed incorporated herein by reference) (collectively, the "Agreement"), all of which accurately reflect the COMPANY's intent and agreement.
- The COMPANY's continued use and availment of the BANK's Facilities shall constitute its acceptance of any modifications, amendments, supplements or revisions to the Agreement.

For any Bizlink enrollment-related concerns, you may email us at bizlink@bpi.com.ph, or reach us by calling our official **Customer Care hotline at (02) 8790-1400 or (02) 7918-2000**.
Bank of the Philippine Islands is regulated by the Bangko Sentral ng Pilipinas (<http://www.bsp.gov.ph>)

Authorized Signatories:

Date Signed:

Name & Signature of Authorized Signatory* | Designation*

Name & Signature of Authorized Signatory* | Designation*