

BUSINESS INFORMATION

Business Name

Business Address

Zip Code

A. ACCOUNTS TO BE ENROLLED IN BIZLINK (enrollment of new account number)


B. USER ENROLLMENT AND MAINTENANCE

B1. ENROLLMENT

USER INFORMATION

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
TIN (9 or 12-digit Tax ID No.):  
  
Role: \_\_\_\_\_  
Class\*: \_\_\_\_\_  

\*required for Authorizer role

  
User ID (if existing user): \_\_\_\_\_

Tick the facilities to be enrolled to the user (No need to fill-out for System Administrator enrollment)

Account number/s to be enrolled to user: \_\_\_\_\_

DISBURSEMENTS

☐ Pay BPI  
☐ Pay Non-BPI Account (PESONet)  
☐ Pay to Other Banks via RTGS  
☐ Pay to Other Banks via GSRT  
☐ Pay Foreign Accounts  
☐ Pay Employees

☐ SSS  
☐ PhilHealth  
☐ PAG-IBIG  
☐ BIR  
☐ Prepaid Card Loading  
☐ Check Disbursements  

☐ Corporate Check  
☐ Manager's Check

ACCOUNTS AND LIQUIDITY

☐ Account Sweeping  
☐ Reverse Account Sweeping  
☐ e-Payroll  
☐ Customized SOA (e.g. MT940, Multicash)

COLLECTIONS

☐ Automatic Debit Arrangement  
☐ Electronic Invoice Presentment and Payment  
☐ Bills Collection (e.g. MPTJ, OCF)

OTHERS

☐ BizLink Foreign Exchange (FX)

USER INFORMATION

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
TIN (9 or 12-digit Tax ID No.):  
  
Role: \_\_\_\_\_  
Class\*: Choose an item.  

\*required for Authorizer role

  
User ID (if existing user): \_\_\_\_\_

Tick the facilities to be enrolled to the user (No need to fill-out for System Administrator enrollment)

Account number/s to be enrolled to user: \_\_\_\_\_

DISBURSEMENTS

☐ Pay BPI  
☐ Pay Non-BPI Account (PESONet)  
☐ Pay to Other Banks via RTGS  
☐ Pay to Other Banks via GSRT  
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OTHERS

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B2. TRANSFER, DELETION, REACTIVATION, SUSPENSION, OR UPDATE OF BIZLINK ACCESS

Request Type:

☐ Transfer of Access  
☐ Deletion of User  
☐ Reactivation  
☐ Suspension  
☐ Update of User Information\*

Existing User Information:

Full Name: \_\_\_\_\_  
User ID: \_\_\_\_\_  

\*Required for updating of user information. Please fill-out whichever is applicable.

  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
TIN: \_\_\_\_\_

New User Information (required for Transfer of Access only)

First Name: \_\_\_\_\_  
Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_

Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_  
TIN: \_\_\_\_\_

C. CHANGE OF APPROVAL TRANSACTION MATRIX IN BIZLINK

Workflow Model: ☐ Maker-Authorizer ☐ Maker-Verifier-Authorizer

Required number/s of Approval: ☐ Any 1 ☐ Any 2 ☐ Any 3

Tick the facilities where the new workflow model will be applied:

DISBURSEMENTS

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☐ Pay to Other Banks via RTGS  
☐ Pay to Other Banks via GSRT  
☐ Pay Foreign Accounts  
☐ Pay Employees

☐ SSS  
☐ PhilHealth  
☐ PAG-IBIG  
☐ BIR  
☐ Prepaid Card Loading  
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☐ Corporate Check  
☐ Manager's Check

ACCOUNTS AND LIQUIDITY

☐ Account Sweeping  
☐ Reverse Account Sweeping  
☐ e-Payroll

COLLECTIONS

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☐ Electronic Invoice Presentment and Payment

OTHERS

☐ BizLink Foreign Exchange (FX)

D. GOVERNMENT IDs MAINTENANCE

Request Type: <input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Update			
EMPLOYER NAME: _____		PhilHealth (12-digit Employer ID No.)	
SSS (10-digit Employer ID No.)		Pag-Ibig (12-digit Employer ID No.)	
BIR (12-digit Tax ID No.)		+ Pag-Ibig MSB Code (4-digit code)	

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

By signing this form:

1. 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.

2. 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.

3. 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 (+632) 8790-1400. For concerns beyond office hours (8:30 AM - 8:30 PM) you may send us a message at <https://www.bpi.com.ph/contactus> or call our 24-hour BPI Contact Center at (+632) 889-10000 and press 4-4 after the welcome message.

Bank of the Philippine Islands is regulated by Bangko Sentral ng Pilipinas. <https://www.bsp.gov.ph>

Authorized Signatories:

Date Signed: \_\_\_\_\_

Name & Signature of Authorized Signatory\* | Designation\*

Name & Signature of Authorized Signatory\* | Designation\*