BIZLINK MAINTENANCE REQUEST FORM

Please supply the required information for your BPI BizLink maintenance request.

BUSINESS INFORMATION

Corporate Code: _____

Business Name _____

Business Address _____ Zip Code _____

A. ACCOUNTS TO BE ENROLLED IN BIZLINK (To be filled out only if request is *enrollment of **new/additional** account number, automatically tag to users and facilities indicated on B1, if applicable*)

_____

_____

_____

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: Viewer
Class*: A
*required for Authorizer role
User ID (if existing user): _____
Account number/s to be enrolled to the user:
1. _____
2. _____
3. _____

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

DISBURSEMENTS

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

OTHERS

- ☐ BizLink Foreign Exchange (FX)
- ☐ PDC Warehousing Inquiry
- ☐ Corporate e-Payment

- ☐ SSS
- ☐ PhilHealth
- ☐ Pag-IBIG
- ☐ BIR
- ☐ Prepaid Card Loading
- ☐ Check Disbursements
  - ☐ Corporate Check
  - ☐ Manager's Check
- ☐ Loans Inquiry

ACCOUNTS AND LIQUIDITY

- ☐ Account Sweeping
- ☐ Reverse Account Sweeping
- ☐ Transfer to Own Accounts
- ☐ e-Payroll
- ☐ Deposit Account Inquiry (e.g. Account Portfolio, Transaction History, Statement of Account)
- ☐ Customized SOA (e.g. MT940, Multicash)

COLLECTIONS

- ☐ Automatic Debit Arrangement
- ☐ Mobile Check Deposit
- ☐ Express Check Deposit
- ☐ Electronic Invoice Presentment and Payment
- ☐ Bills Collection (e.g. MPTJ, OCF)

USER INFORMATION

First Name: _____
Middle Name: _____
Last Name: _____
Mobile: _____
Email: _____
TIN (9 or 12-digit Tax ID No.):

Role: Viewer
Class*: A
*required for Authorizer role
User ID (if existing user): _____
Account number/s to be enrolled to the user:
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*Tick the **facilities** to be enrolled to the user* **(No need to fill-out for *System Administrator* enrollment)**

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

Request Type: (*Choose one*)
- ☐ 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 Employees
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ACCOUNTS AND LIQUIDITY

- ☐ Account Sweeping
- ☐ Reverse Account Sweeping
- ☐ Transfer to Own Accounts
- ☐ e-Payroll

COLLECTIONS

- ☐ Automatic Debit Arrangement
- ☐ Electronic Invoice Presentment and Payment

OTHERS

- ☐ BizLink Foreign Exchange (FX)
- ☐ Corporate e-Payment

D. GOVERNMENT IDs MAINTENANCE

Request Type: ☐ Add ☐ Delete ☐ 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)	

E. 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.

Authorized Signatories: **Date Signed:** _____

_____ _____

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