

TRUST AND INVESTMENTS DIVISION

 Date: _____ New Account Updating

Client Code _____

ACCOUNT NAME: _____
ADDRESS : _____

Type of Account <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others	Signature Requirements <input type="checkbox"/> Any one <input type="checkbox"/> Any two <input type="checkbox"/> All <input type="checkbox"/> _____	Tel. No. : _____ Email : _____ Fax No. : _____
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Printed Names	Authorized Signatures (Please sign thrice)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

The following individual(s) has (have) been designated as my (our) representative(s) to pick up/deliver checks and/ or documents:

Name of Representative	Signature of Representative
1. _____	_____
2. _____	_____

Signature(s) of Authorizing Person(s)

Referred By	Signature Authenticated By/Date	Processed By/Date	Approved By/Date
	(Signature over printed name)	(Signature over printed name)	(Signature over printed name)

TO: AB Capital and Investment Corporation (Trust and Investments Division)

I/We the undersigned represent(s) and warrant(s) that:

1. The person(s) whose signature(s) appear(s) on this card, has (have) been duly authorized to sign as evidenced by:
 - Special Power of Attorney, dated _____
 - Board Resolution/Secretary's Certificate, dated _____ hereto attached as Annex A
 - Other
2. I/We shall advise you in writing of any changes in said authority and you shall be free from any liability arising therefrom without said written advice;
3. I/We give you the complete authority to do the following:
 - a) To rely upon papers and documents which you believe to be genuine and have been signed or presented by the person(s) whose signature(s) appear(s) in this card;
 - b) To take or omit to take any action, upon the opinion and advice of your counsel, notwithstanding the provisions of the preceding paragraph.

Very truly yours,

 Signature of Client / Authorized Signatory/ies

FILLING INSTRUCTIONS

1. Authorized Signer(s)/Officer(s) should sign on space provided THRICE.
2. All Authorized Signer(s)/Officer(s) should affix their signatures to complete signature files.
3. Authorized representative(s)/Agent(s) should likewise sign on spaces provided.
4. Beside the signatures, the full name of the respective signatory should be typed or printed in ink.
5. All blank spaces should be blocked out/crossed out to prevent insertions of any unauthorized signature(s).