Annex 2



BENEFICIAL OWNER INFORMATION FORM

NOTE: All fields are mandatory. Please fill-out all fields and do not leave any field blank. Put N.A.where it is not applicable.

CUSTOMER INFORMATION I	NUMBER			
BENEFICIARY 1				
Customer Name (Last Name, First Name,		Nationality		
Present Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)				Zip Code
Date of Birth (MM/DD/YYYY)	Place of Birth	Email Address	Mobile Number	
I hereby certify that all information herein is true and correct based on my own personal knowledge and confirm that I fully understand and agree to be governed by the rules and regulations of Equicom Savings Bank.				
j , j		GENTAURE VERBILLE		
Poneficial Owner/Authorized Person Signature Above Printed Name				
Beneficial Owner/Authorized Person Signature Above Printed Name Date (MM/DD/YYYY) Date (MM/DD/YYYY)				
Customer Name (Last Name, First Name, Middle Name)			Nationality	
Customer Name (Last Name, First Name, Middle Name)			- radionality	
Present Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)		Zip Code		
Date of Birth (MM/DD/YYYY)	Place of Birth	Email Address	Mobile N	lumber
I hereby certify that all information herein is true and correct based on my own personal knowledge and confirm that I fully understand and agree to be governed by the rules and regulations of Equicom Savings Bank.				
		GENATURE VERIFIED		
		- BY Shiften a state of		
Beneficial Owner/Au	thorized Person Signature Above I	Printed Name	Date (MM/DD/YYYY)
	BENI	EFICIARY 3		
Customer Name (Last Name, First Name,		EFICIARY 3	Nationality	
·			Nationality	Zip Code
·	Middle Name)		Nationality Mobile N	
Present Address (Lot/Blk No., House/Unit Date of Birth (MM/DD/YYYY)	Middle Name) No., Floor No./Building Name, Subdivision/Village Place of Birth nerein is true and correct based on m	e, City/Province) Email Address	Mobile N	lumber
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