ACCOUNT OPENING FORM - NON-INDIVIDUAL

Sterling Bank of Asia
A Savings Bank

Please complete in CAPITAL LETTERS. Put a tick mark (✓) in the appropriate box and cross out or indicate NA where not applicable.

Product Type
☐ Savings Account ☐ Checking Account ☐ Placement ☐ Other _____

Currency
☐ Peso ☐ FCDU ☐ Other _____

A. BUSINESS INFORMATION

Form of Organization
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Association ☐ Other _____

Name of the Entity

Short Name

Business Address

Postal Code

Date of Incorporation / Registration *(MM/DD/YYYY)*
___ / ___ / ___

Contact Details

Telephone Number | Fax Number | Mobile Number | Company Email

Tax Identification Number (TIN) | **Country of Incorporation/ Place of Registration** | **Nature of Business** | **Ownership**
☐ Private ☐ Government ☐ Foreign

Source of Wealth *(please check applicable source/s)*
☐ Sale of assets *(not in normal course of business)*
☐ Income Range:
　☐ Below Php50,000
　☐ Php50,000 to Php100,000
　☐ Php100,001 to Php500,000
　☐ Over Php500,000
☐ Public Offering
☐ Additional Capitalization from Investors
☐ Operating Income
☐ Contributions / Donations
☐ Remittance *(please specify remitter, location, and reason)* _____
☐ Other _____

Source of Funds *(please check applicable source/s)*
☐ Cash on Hand ☐ Safety Deposit Box with Covered Person ☐ Particular Bank or Investment Account ☐ Other _____

Purpose of Opening an Account *(please check applicable purpose/s)*
☐ Second Bank or Diversification ☐ Investment ☐ Operations Disbursement ☐ Other _____
☐ Savings ☐ Loan Disbursement ☐ Remittance (Inward or Outward)

B. ULTIMATE BENEFICIAL OWNER (AS APPLICABLE)

Name _____ **Nationality** _____
　First Name　*Middle Name*　*Last Name*　*Suffix*

Date of Birth *(MM/DD/YY)* ___ / ___ / ___ **Place of Birth** _____

Address _____ **Nature of Work** _____

Source of Funds *(please check applicable source/s)*
☐ Cash on Hand ☐ Safety Deposit Box with Covered Person ☐ Particular Bank or Investment Account ☐ Other _____

Source of Wealth *(please check applicable source/s)*
☐ Employment/Salary
☐ Sale of assets *(not in normal course of business)*
☐ Inheritance
☐ Monthly Salary/Income Range:
　☐ Below Php50,000　☐ Php100,001 to Php500,000
　☐ Php50,000 to Php100,000　☐ Over Php500,000
☐ Business *(specify name and nature)* _____
☐ Allowance *(from parents/relatives)* _____
☐ Remittance *(please specify remitter, location, and reason)* _____
☐ Pension *(please indicate from what country)* _____
☐ Other _____

Name _____ **Nationality** _____
　First Name　*Middle Name*　*Last Name*　*Suffix*

Date of Birth *(MM/DD/YY)* ___ / ___ / ___ **Place of Birth** _____

Address _____ **Nature of Work** _____

Source of Funds *(please check applicable source/s)*
☐ Cash on Hand ☐ Safety Deposit Box with Covered Person ☐ Particular Bank or Investment Account ☐ Other _____

Source of Wealth *(please check applicable source/s)*
☐ Employment/Salary
☐ Sale of assets *(not in normal course of business)*
☐ Inheritance
☐ Monthly Salary/Income Range:
　☐ Below Php50,000　☐ Php100,001 to Php500,000
　☐ Php50,000 to Php100,000　☐ Over Php500,000
☐ Business *(specify name and nature)* _____
☐ Allowance *(from parents/relatives)* _____
☐ Remittance *(please specify remitter, location, and reason)* _____
☐ Pension *(please indicate from what country)* _____
☐ Other _____

Name _____ **Nationality** _____
　First Name　*Middle Name*　*Last Name*　*Suffix*

Date of Birth *(MM/DD/YY)* ___ / ___ / ___ **Place of Birth** _____

Address _____ **Nature of Work** _____

Source of Funds *(please check applicable source/s)*
☐ Cash on Hand ☐ Safety Deposit Box with Covered Person ☐ Particular Bank or Investment Account ☐ Other _____

Source of Wealth *(please check applicable source/s)*
☐ Employment/Salary
☐ Sale of assets *(not in normal course of business)*
☐ Inheritance
☐ Monthly Salary/Income Range:
　☐ Below Php50,000　☐ Php100,001 to Php500,000
　☐ Php50,000 to Php100,000　☐ Over Php500,000
☐ Business *(specify name and nature)* _____
☐ Allowance *(from parents/relatives)* _____
☐ Remittance *(please specify remitter, location, and reason)* _____
☐ Pension *(please indicate from what country)* _____
☐ Other _____

C. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

	No	Yes
Is the entity a corporation or partnership created or organized in the United States (U.S.) or under the law of the U.S. or of any state (excluding U.S. Territories)?	☐ No	☐ Yes
Is the entity a trust which meets both of the following requirements:		
• a court within the U.S. is able to exercise primary supervision over the administration of the trust; and	☐ No	☐ Yes
• one or more U.S. persons have the authority to control all substantial decisions of the trust	☐ No	☐ Yes
Is the entity an estate that is treated as a U.S. person?	☐ No	☐ Yes
Does the entity have stockholders who are U.S. citizens and own, directly or indirectly, more than 10% of the stock of the entity?	☐ No	☐ Yes
Does the entity have partners who are U.S. citizens and own, directly or indirectly, more than 10% of the profits interests or capital interests in such partnership?	☐ No	☐ Yes
For trusts, does the entity have U.S. citizens who hold, directly or indirectly, more than 10% of the beneficial interests of such trust?	☐ No	☐ Yes
Does the entity have an office in the U.S.?	☐ No	☐ Yes
Does the entity have a U.S. mailing address (including U.S. P.O. box)?	☐ No	☐ Yes

If any of the answers to questions stated above is YES, please fill out the FATCA Form for Non-Individual.

AGREEMENT

I/We have certified that the above information and all documents submitted to Sterling Bank of Asia Inc. (A Savings Bank) ("Sterling Bank") relative to this account opening form are true, complete and correct.

I/We hereby confirm that the signature/s appearing herein as account holder/s is/are the authorized signature/s which Sterling Bank of Asia Inc., (the "Bank") will recognize with respect to all of my/our account/s and/or investment/s that I/we opened and will open with the Bank and with respect to the other services to be furnished by the Bank.

I/We hereby agree to have my/our account with the Bank to be governed by the terms and conditions set forth by the Bank as well as rules and regulations of the Bangko Sentral ng Pilipinas and the Banker's Association of the Philippines relative to the opening and operation of deposit accounts.

I/We authorize Sterling Bank to make any such verifications, reports or acts of compliance with Republic Act No. 9160 (Anti-Money Laundering Act of 2001), as amended, as it may deem appropriate, for which acts I/we hold the Sterling Bank free and harmless from any and all liabilities, claims and/or damages.

In case I/we apply for credit accommodation, I/We hereby authorize Sterling Bank to inquire with other banking institutions regarding information on deposits and other properties under the custody of other banking institutions. I/We likewise authorize Sterling Bank to disclose to other banking institutions any of my/our availment of bank products and services, regardless of whether or not the said accounts, products and services are maintained in, or obtained from, Sterling Bank. All information received or disclosed pursuant to this provision shall be kept strictly confidential between Sterling Bank and the disclosing or receiving banking institution.

I/We confirm that I/we have received a copy of, have read, understood and agree to be bound by SBA's general terms and conditions. I/We further agree that the construction, validity, as well as the exercise, performance and discharge, of all rights and obligations relative to the opening of this account are governed by the terms and condition set forth by the Bank, and subject to the laws of the Republic of the Philippines, applicable rules and regulations of the Bangko Sentral ng Pilipinas, Banker's Associate of the Philippines, and other competent governmental agencies now or hereinafter in effect.

I/We shall promptly notify the Bank in writing of any change in the information I/we supplied in this account opening form.

Name	Signature	Designation/Position/Rank
1.		
2.		
3.		
4.		
5.		

FOR BANK USE ONLY

Client Type: ☐ Existing Client ☐ New Client ☐ Walk-in ☐ Referred/Introduced By (name & signature) _____

Client Risk Classification: ☐ Low ☐ Medium ☐ High

Account Opened By / Date:	Witnessed/Verified By / Date:	Approved By / Date:	Account No. ☐☐☐ - ☐☐ - ☐☐☐☐☐ - ☐☐

Pre-Account Opening Checklist:
☐ Watch List Checking ☐ With OFAC/UNSC/EU/OFSI/ATC Match
☐ Negative Result ☐ With CMAP/NFIS Match

Conducted By / Date:

Remarks: