DBP Internet Banking Enrollment Form

Servicing Branch: _____ Date: _____

A. Account and Contact Information

Name:

_____
(LASTNAME) (FIRST NAME) (MIDDLE NAME)

Home Address:

_____
(No.) (Street) (Brgy./Vill./Subdivision) (City/Municipality/Province)

_____
(Country) (Zip Code)

Telephone/Mobile No: _____

E-mail Address: _____

Profession: _____

Date of Birth (mm/dd/yy): _____

Gender: [ ] Male [ ] Female

Civil Status: [ ] Single [ ] Married
[ ] Separated [ ] Widow/Widower

TIN: [ ] [ ] [ ] – [ ] [ ] [ ] – [ ] [ ] [ ]

Spouse Name:

_____
(LASTNAME) (FIRST NAME) (MIDDLE NAME)

Date of Birth (mm/dd/yy): _____ **Profession:** _____

B. Register for Banks: DBP

Card Number	Card Alias	Account Type
1.) [2][0][0][0][5][9]- [ ] [ ] [ ] [ ] [ ]-[ ] [ ] [ ] [ ] [ ]- [8][8][8]		
Add ATM Card		
1.) [2][0][0][0][5][9]- [ ] [ ] [ ] [ ] [ ]-[ ] [ ] [ ] [ ] [ ]- [8][8][8]		
2.) [2][0][0][0][5][9]- [ ] [ ] [ ] [ ] [ ]-[ ] [ ] [ ] [ ] [ ]- [8][8][8]		

Reference Card Alias: ATM Card, EC Card, Wisdom Card, Premier Card

I hereby certify that the foregoing facts are true and correct. I have read and understood the Terms and Conditions printed at the back and I agree to be governed by them.

_____
Cardholder's Signature over Printed Name

For Bank use only:
Processed/Date: _____ Verified/Date: _____ Approved/Date: _____

Approved in MIB: _____ Noted by/Date: _____

MEGALINK iBank

TERMS AND CONDITIONS

1. The DBP Internet Facility shall also refer to Megalink's Shared Internet Banking (MSIB) services.

2. The DBP Internet Banking Facility shall be available to all personal savings account and current account depositors with ATM Cards.

3. The following transactions are available for twenty-four (24) hours a day, seven days a week at the DBP Internet Facility:

   a. **Balance Inquiry**. Allows the depositor to inquire for the current & available balances.
   b. **Fund Transfer.** Allows transfer of funds from one account to another.
   c. **Debit Bills Payment.** Allows the depositor to pay bills to accredited Megalink institutions following successful Biller registration.
   d. **Statement Request.** Allows special request for statement of account.
   e. **Checkbook Request.** Allows requisition for 1 checkbook per transaction request.

4. The depositor must not reveal the PIN or cause to reveal the PIN to any person under any circumstances.

5. The depositor must notify the Bank of any error in Internet Banking-related transactions within 15 days from the date the error occurred.

6. The Bank or the Depositor, may cancel this agreement at anytime even without prior notice, subject to the applicable laws and regulations.

7. The Bank reserves the right to amend any of the foregoing conditions or regulations and in the event of such amendment, the same will be posted in a conspicuous place in the Bank's premises.

8. All rules and regulations governing regular savings account or current accounts are deemed an integral part of this agreement.