BDO

Please fill-out information as applicable, otherwise indicate "None" or "Not Applicable".

CLIENT INFORMATION

Company Business Name **KOLIN MARKETING INC.**	Type of Company **X** Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Others_____
Business Address 1854 STA. RITA ST. GUADALUPE NUEVO, MAKATI CITY	
	Tax Identification Number (TIN) **004-661-920-00000**

Contact Number/s (02) 8852-6473	Fascimile	CorpID **M2180077KMI**

UPDATE OWN ACCOUNTS/ INTER-COMPANY ACCOUNTS INFORMATION
(Company's Account/s maintained with BDO)

	Account/s for Enrollment			Account/s for Dis-enrollment	
	Account Type	Account Number		Account Type	Account Number
1	CHECKING	0 1 1 8 0 8 0 0 2 3 0 7	1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		

Note: For Account Type, please indicate either Peso SA, Peso CA or USD SA

UPDATE OTHER PARTY ACCOUNTS INFORMATION
(Accounts that the Company intends to enroll as recipient of third party fund transfer)

	Account/s for Enrollment			Account/s for Dis-enrollment
	Account /Cash Card Number	Account name		Account/Cash Card Number
1			1	
2			2	
3			3	
4			4	
5			5	
6			6	
7			7	
8			8	
9			9	

UPDATE PREFERRED WORKFLOW MODEL
(Company's preferred type of access authority to the Accounts & Financial Services enrolled in CIB)

☐ NO WORKFLOW   ☐ MAKER-AUTHORIZER (M-A)   ☐ MAKER-VERIFIER-AUTHORIZER (M-V-A)

UPDATE SERVICE AVAILMENT INFORMATION
(Preferred services to be availed in CIB. Some services need separate arrangement before it can be enrolled in CIB.
Please verify with BDO TBG-Sales Officer-in-charge to your Company)

CIB NON-FINANCIAL SERVICES

X	ASV	Account Summary Viewing
X	THV	Transaction History Viewing
☐	CCS	Corporate Collection Report Viewing
☐	FM SOA	Fund Manager SOA Viewing & Downloading
☐	PDCW	Postdated Check Warehousing Status Viewing

CIB FINANCIAL SERVICES			WORKFLOW PREFERENCE PER SERVICE (Should be accomplished only by clients with M-A or M-V-A Workflow Model)	
☐	FTO	Fund Transfer – Own	☐ No Workflow	☐ Follow Preferred Workflow
☐	FTT	Fund Transfer – Other Party	☐ No Workflow	☐ Follow Preferred Workflow
☐	BPT	Bills Payment	☐ No Workflow	☐ Follow Preferred Workflow
☐	OPR	Outward Payment	☐ No Workflow	☐ Follow Preferred Workflow
☐	PYR	Payroll	☐ No Workflow	☐ Follow Preferred Workflow
☐	WTR	Wire Transfer	☐ No Workflow	☐ Follow Preferred Workflow
☐	CRO	Checkbook Reorder	☐ No Workflow	☐ Follow Preferred Workflow
☐	ACA	Automatic Credit Arrangement	☐ No Workflow	☐ Follow Preferred Workflow

Note: If your preferred workflow model is either M-A or M-V-A, you may still opt for a particular financial module/s to have "No Workflow", otherwise non-indication would mean that all financial module will follow your preferred "Workflow" Model

UPDATE BILLS PAYMENT INFORMATION

New Merchant/s for Enrollment

	Name of Merchant	Name of Subscriber	Subscriber's Number	Other Reference Number
1				
2				
3				
4				

Merchant/s for Dis-enrollment

	Name of Merchant	Name of Subscriber	Subscriber Number	Other Reference Number
1				
2				
3				

UPDATE CLIENT SYSTEM ADMINISTRATOR INFORMATION
(Authorized person assigned by the company to maintain/assign and manage the company's users classified as Maker or Verifier)

Add as additional System Administrator

Last Name	First Name	Middle Name: Mother's Maiden Name:
Email Address: Landline No.:	TIN No. Mobile No.:	SSS No.:	User ID:

☐ Dis-enroll existing System Administrator

Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

Note: Client System Administrator is NOT applicable to clients with "NO WORKFLOW" model. Please do not forget to tick-mark the nature of updating of the System Administrator, i.e. Dis-enrollment of existing or as an additional client System Administrator

AUTHORIZER/S INFORMATION
(Authorized person assigned by the company to approve CIB Financial Transactions)

LIST OF AUTHORIZERS FOR DIS-ENROLLMENT

Last Name	First Name	Middle Name
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name
Last Name	First Name	Middle Name

LIST OF ADDITIONAL USERS FOR ENROLLMENT

Please affix signatures of Signatories here for control purposes

Maker __	Last Name :		First Name	Middle Name Mother's Maiden Name:
	Email Address: Landline No.:	TIN No.: SSS No.: Mobile No.:		Signing Limit (should be consistent with Board Resolution or Secretary Certificate) PhP USD

Accessible CIB Services to this Authorizer

☐ All enrolled services indicated in page 1
X Selected Services only, please indicate accessible services by using the service abbreviation in page 1

(1) _____ ACA _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

Accessible enrolled Accounts to this Authorizer

☐ All enrolled Accounts indicated in page 1
☐ All enrolled Accounts indicated in page 1 plus all previously enrolled accounts
X Selected Accounts only, please indicate account number accessible to the this user including previously enrolled, if applicable

(1) 007388008109 (2) 007730037401 (3) 007380011178 (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

Maker __	Last Name		First Name	Middle Name: Mother's Maiden Name:
	Email Address: Landline No.:	TIN No.: SSS No.: Mobile No.:		Signing Limit (should be consistent with Board Resolution or Secretary Certificate) PhP USD

Accessible CIB Services to this Authorizer

☐ All enrolled services indicated in page 1
☐ Selected Services only, please indicate accessible services by using the service abbreviation in page 1

(1) _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

Note: Please re-print this page should you need to update more Merchant for Bills Payment or update more Authorizers

	Last Name		First Name		Middle Name: Mother's Maiden Name:
Verifier __	Email Address:	TIN No.: SSS No.:		Signing Limit (should be consistent with Board Resolution or Secretary Certificate)	
	Landline No.:	Mobile No.:		PhP	USD

Accessible CIB Services to this Authorizer

☐ All enrolled services indicated in page 1
☐ Selected Services only, please indicate accessible services by using the service abbreviation in page 1

(1) _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

Accessible enrolled Accounts to this Authorizer

☐ All enrolled Accounts indicated in page 1
☐ All enrolled Accounts indicated in page 1 plus all previously enrolled accounts
☐ Selected Accounts only, please indicate account number accessible to the this user including previously enrolled, if applicable

(1) _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

	Last Name :		First Name		Middle Name: Mother's Maiden Name:
Authorizer __	Email Address:	TIN No.: SSS No.:		Signing Limit (should be consistent with Board Resolution or Secretary Certificate)	
	Landline No.:	Mobile No.:		PhP	USD

Accessible CIB Services to this Authorizer

☐ All enrolled services indicated in page 1
☐ Selected Services only, please indicate accessible services by using the service abbreviation in page 1

(1) _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

Accessible enrolled Accounts to this Authorizer

☐ All enrolled Accounts indicated in page 1
☐ All enrolled Accounts indicated in page 1 plus all previously enrolled accounts
☐ Selected Accounts only, please indicate account number accessible to the this user including previously enrolled, if applicable

(1) _____ (2) _____ (3) _____ (4) _____

(5) _____ (6) _____ (7) _____ (8) _____

DECLARATION

I/We hereby declare that I/we have the necessary power, authority and consent to name and designate the Users and the Accounts, to define the Authorization Matrix, and provide all the information above. I/We hereby certify that all the information provided above are true and correct. I/We hereby authorize the User/s to use and access the BDO Corporate Internet Banking (CIB) facility and do CIB transactions on my/our behalf and the Company, with respect to the Accounts. I/We have read and hereby agree to be bound by the terms and conditions governing CIB as stated in the succeeding pages of this Enrollment Form. Furthermore, I/We declare that any and all communications and transactions done by the Users through the CIB are deemed official, valid and binding upon me/us and the Company. In addition, I/We understand that BDO shall not be responsible for the CIB transactions done by the Users and I/we together with the Company, shall jointly and severally indemnify and render BDO free and harmless from and against any and all claims, liabilities, causes of action, suits (including attorney's fees and costs of suit) which may arise as a result of or in connection with the use and availment of the CIB and the transactions done by the Users through the CIB, with respect to the Accounts. The enrollment of the Company, the Users and the Accounts in the CIB shall remain valid and effective until and unless the same is cancelled in accordance with the provisions of the CIB Terms & Conditions and following BDO's prescribed enrollment cancellation procedures.

SIGNATORIES	NAME	SIGNATURE	TITLE/POSITION
Signatory 1	TIFFANY CHUA SIY	✓ *signature*	PRESIDENT
Signatory 2	TONG YONG TSENG	✓	CONSULTANT
Signatory 3	OLIVER M. FILOTEO	✓ *signature*	CONSULTANT
Signatory 4			
Signatory 5			

Note: SIGNATORIES refer to the authorized approving body of the company as stated in the Board Resolution/Secretary Certificate or of the Account/s being enrolled to CIB

FOR BANK'S USE ONLY

FOR ACCOUNT OFFICER/ BRANCH: Signatories' Signature Verified by:

	Designation	Unit/Branch
SIGNATURE OVER PRINTED NAME/ DATE		

FOR TRANSACTION BANKING GROUP BUSINESS SUPPORT – FULFILLMENT UNIT – ENROLLMENT SECTION

Processed by:	Validated/ Verified by:	Approved by:
SIGNATURE OVER PRINTED NAME/ DATE	SIGNATURE OVER PRINTED NAME/ DATE	SIGNATURE OVER PRINTED NAME/ DATE

Enrollment Reference Number: | | Corporate ID:

Remarks: