



# LTNCD ACCOUNT OPENING CHECKLIST

ACCOUNT NAME		DATE	
ADDRESS		CONTACT NOS.	
DOCUMENTS CHECKLIST	REMARKS	DATE RECEIVED	RECEIVED BY
<input type="checkbox"/> Application to Purchase			
<input type="checkbox"/> FATCA Questionnaire			
<input type="checkbox"/> Risk Disclosure Statement			
<input type="checkbox"/> Investor's Suitability Assessment Form			
<b>FOR INDIVIDUALS</b>			
<input type="checkbox"/> Valid IDs			
<input type="checkbox"/> Signature Cards			
<b>ADDITIONAL REQUIREMENTS FOR FOREIGN INDIVIDUALS</b>			
<input type="checkbox"/> Consularized Proof of Tax Domicile issued by relevant tax authority			
<b>FOR CORPORATE AND INSTITUTIONAL APPLICANTS</b>			
<input type="checkbox"/> Certified True Copy of Articles of Incorporation			
<input type="checkbox"/> Certified True Copy of By-Laws			
<input type="checkbox"/> Certified True Copy of SEC Registration			
<input type="checkbox"/> Updated or Current General Information Sheet			
<input type="checkbox"/> Notarized Board Resolution / Secretary's Certificate authorizing the purchase of LTNCD			
<input type="checkbox"/> Specimen Signatures of designated signatories			
<input type="checkbox"/> Indemnity for changes of Corporate Signatories			
<input type="checkbox"/> Photocopy of Valid IDs of each designated signatory			
<input type="checkbox"/> Other requirements as required by the Issuer / Selling Agent			
<b>ADDITIONAL REQUIREMENTS IF CLAIMING TAX EXEMPT STATUS</b>			
<input type="checkbox"/> Certified True Copy of Current BIR Ruling / Certificate			
<input type="checkbox"/> Original duly-notarized undertaking declaring its tax exempt status			
<b>ADDITIONAL REQUIREMENTS FOR FOREIGN CORPORATE ACCOUNTS</b>			
<input type="checkbox"/> Notarized Power of Attorney in favor of the person authorized to open the bank account in the Philippines, executed by the officers of the corporation designated in the Board Resolution on account opening			
<input type="checkbox"/> List of Incumbent Principal Officers			
<input type="checkbox"/> License to do business in the Philippines			
<input type="checkbox"/> Name and address of Resident Agent in the Philippines			
<b>ADDITIONAL REQUIREMENTS FOR TRUST DEPARTMENTS INVESTING IN BEHALF OF THEIR INDIVIDUAL CLIENTS</b>			
<input type="checkbox"/> Certification of Third Party Reliance of the Trust Department			
<b>FOR BRANCH USE ONLY</b>		<b>FOR TREASURY OPS USE ONLY</b>	
VALIDATED BY / DATE	CONFIRMED BY / DATE	VALIDATED BY / DATE	
_____	_____	_____	
Signature over Printed Name	Signature over Printed Name	Signature over Printed Name	