



**QCRB** QUEZON CAPITAL RURAL BANK, INC. \_\_\_\_\_ BRANCH

DATE	TYPE OF ACCOUNT <input type="checkbox"/> ATM <input type="checkbox"/> SAVINGS <input type="checkbox"/> DEMAND <input type="checkbox"/> TIME DEPOSIT <input type="checkbox"/> CS PLUS <input type="checkbox"/> OTHERS
	ACCOUNT NUMBER

PHOTO
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Account Name: (Surname, First Name, Middle Name)

(Each Signature Must have 3 Specimens)	

Right Thumbmark (if unable to sign)
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Signature Required:

Any One       Any Two       All       Others \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Civil Status: \_\_\_\_\_ Name of Spouse, if Married: \_\_\_\_\_

Office / Business Name: \_\_\_\_\_

Office / Business Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Office Phone No.: \_\_\_\_\_

FOR ALIENS AND NON-RESIDENTS ONLY		INITIAL DEPOSIT		IDs PRESENTED	
A.C.R. OR PASSPORT NO.		<input type="checkbox"/> CASH		1.	
DATE OF ISSUE		<input type="checkbox"/> CHECK		2.	
PLACE OF ISSUE		Amount _____			
REFERENCE / REMARKS		DATE		REFERRED BY:	
ACCOUNT OPENING APPROVED BY:		DATE		OPENED BY:	
POST-OPENING CONFIRMATION BY:		DATE		SIGNATURE VERIFIED BY:	
				DATE	

I/We hereby agree to be governed by the general terms and conditions governing the establishment and operation of the account indicated on the face of this card and by the applicable rules and regulations of QCRB, Bangko Sentral ng Pilipinas and the Bankers Association of the Philippines, as well as subsequent amendment or change thereto.

I/We hereby instruct QCRB to recognize the signatures of the face of this card in all transactions pertaining to this account.

\_\_\_\_\_  
Depositor's Signature