

eGov Account Enrollment Form	
1. Supply all requested information by filling in the blanks. Write "N/A" whenever the item is not applicable.	
2. Accomplish the form in four (4) copies.	
3. Submit duly accomplished form to depository branch.	
Employer Details	
Registered Employer Name	
Employer Address	
<u>Telephone No.</u>	<u>Fax</u>
Company Coordinator	<u>e-Mail</u>
<u>Department</u>	<u>Designation</u>
Depository Branch Details	
Branch Name	Mother account type
	Savings Current
Mother Account Number	
eGov Account Number	eGov ATM Card Number

Please check the corresponding checkbox

This is to confirm the participation of our company in the BancNet's eGov System by applying for an eGov ATM Card and an eGov checking account. We agree to submit our payment files and remit the corresponding payment orders to the appropriate government agencies (SSS/Philhealth/Pag-IBIG) and PNB respectively, following the prescribed file formats, and that the information contained therein shall be accurate and complies with the appropriate agencies' requirements, and that we abide by the terms and conditions, including the procedures as may be required by BancNet, and that any documents transmitted for the implementation of the eGov System shall be considered if made in writing and shall have been approved by the authorized representatives of our company.

We hereby consent to the collection of any personal data provided herein which shall be processed by PNB in relation to this enrollment and for purposes related thereto. We acknowledged and understood the Data Privacy Statement of PNB posted in its website.

Finally, it is understood that the information contained herein is correct and true, as of date of enrollment and shall remain in effect until corrections or changes are transmitted in writing to all affected parties.

By: Authorized Signatories - Company Official(s)

Signature over Printed Name

Position / Official Designation

Date

Date