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Registered Business Name:	
Trade Name:	

BUSINESS ADDRESS AND CONTACT INFORMATION

Rm./Floor/Unit No.	Building Name	House/Lot & Blk. No.	Street Name	Subdivision/Village
Barangay		District		Town/City/Municipality
Province		Country <input type="checkbox"/> Philippines <input type="checkbox"/> Others, _____		Zip Code
Office (Telepono sa Opisina)		Website or Facebook page		
Mobile (Cellphone)		Do you want to receive transaction notifications and promotional updates from PalawanPay and its affiliates? <i>Nais mo bang makatanggap ng mga abiso patungkol sa mga transaksyon at iba pang serbisyo ng PalawanPay at mga kaanib ng kumpanyang ito?</i>		
Email Address		<input type="checkbox"/> YES <input type="checkbox"/> NO		

FINANCIAL INFORMATION

Nature of Business (Likas na Katangian ng Negosyo)			Affiliated Companies
<input type="checkbox"/> Accounting Practices <input type="checkbox"/> Agriculture <input type="checkbox"/> Arts & Creatives <input type="checkbox"/> Automobile Dealer <input type="checkbox"/> Banking & Finance <input type="checkbox"/> Real Estate Broker <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Casinos/Internet Based Casino/Ship Based Casino <input type="checkbox"/> Construction & Engineering <input type="checkbox"/> Education & Research	<input type="checkbox"/> Food & Retail <input type="checkbox"/> Foreign Exchange Dealer <input type="checkbox"/> Insurance <input type="checkbox"/> Jewelry Dealer <input type="checkbox"/> Legal Practice <input type="checkbox"/> Media/Journalism <input type="checkbox"/> Medical/Healthcare Services <input type="checkbox"/> NGO/Charity/Social Work <input type="checkbox"/> Online Selling	<input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Remittance Agent <input type="checkbox"/> Security/Protective Services <input type="checkbox"/> Tourism/Hospitality Services <input type="checkbox"/> Transportation/Logistics <input type="checkbox"/> Web & Social Media <input type="checkbox"/> Others (Pls. specify) _____	
			1. _____
			2. _____
			3. _____
			4. _____
			5. _____

PARTNER'S AUTHORIZED SIGNATORY

Name: (Last Name, First Name, Middle)	Gov't Issued ID and Expiry:	TIN:
Position/Title:	Mobile No.:	Nationality:
Nature of Work:	Place of Birth:	
Date of Birth (mm/dd/yyyy):	Email Address:	
Address: (Building, Street No., Street Name, Village/Barangay, City/Province, Zip Code)		

*For companies with more than one (1) authorized representative, kindly attach additional sheet/s to this form.

PARTNER'S REPRESENTATIVE

Name: (Last Name, First Name, Middle)	Gov't Issued ID and Expiry:	TIN:
Position/Title:	Mobile No.:	Nationality:
Nature of Work:	Date of Birth: (mm/dd/yy)	Email:

SETTLEMENT INFORMATION

PALAWANPAY ACCOUNT NAME:	PALAWANPAY ACCOUNT NO.:
IF PREFERRED SETTLEMENT BANK ACCOUNT, PLEASE PROVIDE:	
BANK NAME:	MAINTAINING BRANCH:
ACCOUNT NAME:	ACCOUNT NUMBER:

AUTHORIZATION AND CONSENT TO COLLECTION AND PROCESSING OF PERSONAL INFORMATION

I hereby expressly allow and give my consent to PPS-PEPP Financial Services Corporation ("PalawanPay") to collect and process my personal information for the purpose of processing my request for their services, which may include cash-in, cash-out, and bills payment. Where necessary, I also hereby allow PalawanPay to disclose my personal information to its affiliates for the purpose of processing inter-branch transactions, to its partner agents/companies for the purpose of processing inter-company transactions, and to the BANGKO SENTRAL NG PILIPINAS ("BSP") or ANTI-MONEY LAUNDERING COUNCIL ("AMLC") for purposes associated with the BSP and AMLC rules and regulations for pawnshops and other non-bank financial institutions. I understand that at all times, my personal information will be used or disclosed by PalawanPay only in accordance with applicable law. I also understand and agree to the specific terms and conditions governing the collection and processing of my personal information set forth in PalawanPay's Data Privacy Notice provided in the PalawanPay mobile application or website.

Printed Name and Signature of Authorized Signatory/Date_____
Printed Name and Signature of Authorized Signatory/Date**DOCUMENTARY REQUIREMENTS (PalawanPay Personnel Only)**

<input type="checkbox"/> Corporation <input type="checkbox"/> Securities and Exchange Commission Registration <input type="checkbox"/> Mayor's Permit / Valid until _____ <input type="checkbox"/> Board Resolution or Secretary Certificate for Representative <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> General Information Sheet (GIS) <input type="checkbox"/> Secondary license or certificate of authority issued by the supervising authority or other government agency (i.e. BSP issued license, BIR Certificate)	ENHANCED DUE DILIGENCE NOTES		
<input type="checkbox"/> Partnership <input type="checkbox"/> Securities and Exchange Commission Registration <input type="checkbox"/> Mayor's Permit / Valid until _____ <input type="checkbox"/> Board Resolution or Secretary Certificate for Representative <input type="checkbox"/> Articles of Partnership <input type="checkbox"/> General Information Sheet (GIS) <input type="checkbox"/> Secondary license or certificate of authority issued by the supervising authority or other government agency (i.e. BSP issued license, BIR Certificate)	APPROVALS		
	B2B SPECIALIST	SIGNATURE	DATE
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Department of Trade and Industry Registration <input type="checkbox"/> Mayor's Permit / Valid until _____ <input type="checkbox"/> Special Power of Attorney (SPA) if transacting in behalf of owner <input type="checkbox"/> Secondary license or certificate of authority issued by the supervising authority or other government agency (i.e. BSP issued license, BIR Certificate)	VALIDATED BY	SIGNATURE	DATE
	APPROVED BY	SIGNATURE	DATE