BIZLINK ONBOARD																						3	PI
Please supply the required information to enroll in BPI BizLink. A. BUSINESS INFORMATION							□ NEW □										EXISTING: Corporate Code:						
A1. Business Name		_																			•		
A2. Business Address	_												Zip Code										
A3. Date of Incorporation or A6. City of Incorporation	n <u>-</u>	A4. Business TIN A7. Country of Incorporation											A5. Business SSS										
B1. Account Name	IROLLED II	N BIZL	INK																				
B2. Accounts to be Enrolled in]								
C. REQUIRED NUMBER (OF APPRO	VAL/S		RY TRA	ANSA	CTION II	N BIZLIN		ACILI	TIES			Othou	s, plea	200	enocif							
D. NOMINATED SYSTEM	_ ′	DATO	_	•	NIK.		ШАП	уз				ш,	Oute	s, piec	ase :	specii	у						
D.1. The System Administrator	rs' functions i	include	, but are not l	imited to	o, nomi	nation, ac	dition, mo	difica	ation ar	nd dele	etion o	f Tra	nsac	ional l	User	s (Ma	ker ar	nd Aut	thorize	er), e	editing of Gove	ernm	ent Payment
details, enrollment to additiona D.2. The System Administrator			nd submits th	e reque	est for th	nese func	tions. The	se re	equests	shall b	oe app	roved	d by	he Sy							R APPROVE	2	
Full Name (Last Name, First Name,	SYSTEM ADMINISTRATOR ENCODER											SYSTEM ADMINISTRATOR APPROVER											
Email Address																							
Mobile Number	\longrightarrow											┞											
Tax Identification Number *If more than one System Administrato	r Encoder/Appro	over:										_											
Full Name (Last Name, First Name,	Middle Name)											\Box											
Email Address											┞												
Mobile Number Tax Identification Number																							
E. FACILITIES FOR ENRO	OLLMENT											_											
Please choose one (1) bund																			_	Fee per			
BUNDLES	BUNDLES Average Balance (Requires				(ADB) FACILITIES								RIPT							1	Transaction in Excess of Entitlement	'''	Transaction Entitlements Per Month
			Account Inq History, Sta	<i>P</i>	Allow	s you t	to inqu			ew yo		cour	nt bal	ances	and		Τ	Free	\neg	Unlimited			
BizLink Digital Access	FREE		Transfer to		Allows you to transfer funds fr					from one company account to another						土	Free	1	Unlimited				
			Pay Bills				Allows	you 1	, ,		over Iment						nline v	vith n	o pre	-	Free		Unlimited
			BizLink Digi												- 4					士	Free	⇉	Unlimited
		(refer to the table below for the required information)						s you to pay dues owing to BIR, SSS, Philhealth, and Pag-ibig											┸	Free		Unlimited	
BizLink Core			Pay BPI Ac	Allows you to electronically								pay your service providers and suppliers in BPI accounts									Php 10.00		50 transactions
	Php 100,	,000	Pay Non-BF	PI Acco	unt (Pe	sonet)	Allows	othe	other local banks within the day, for up to						to	Php 50.00		0 transactions					
									a limited transaction amount ou to transfer funds to foreign accounts anywhere in the wor								world	+	\$14	٦,	0 transactions		
			Pay to Other Banks via RTGS Allows you to transfer funds								o other local banks within the hour, without							ut	Php 400.00	7	0 transactions		
								action amount limit ads to dollar accounts in other local banks							(S	\$10	٦,	0 transactions					
¹Government Payment De	tails							1	BPI Ac	coun	t Numl	ber v	vhere	appli	cable	e fees	s, serv	ice fe	es an	d ma	aintenance fee	es wil	I be debited if
BIR (12-digit Tax ID No.)	T								require													_	T T
SSS (10-digit Employer ID N		┧上	CONTACT DEDCON For all billions and book of the													_	- B::::						
PhilHealth (12-digit Employer											PERSON - For all billings and bank notices (ex: Statement of Account, Billing nd Suspension Notice)												
Pag-Ibig (12-digit Employer ID				Full Na		Name. N	liddle l	le Name)															
+ Pag-Ibig MSB Code (4-digit			1 -	Email Address																			
BIZLINK ENROLLMENT AND The COMPANY authorizes the the BANK in accordance with	e BANK to de	ebit or	cause the de					LEMI	Mobile ENT A	Num	ber INT for												
for a particular facility in any gi	ven month, tl	he BAN	NK shall colle	ct the a	applicat	ole mainte	enance fe	e in a	additior	n to the	e servi	ce fe	es fo	r trans	sact	ion co	ounts i	n exc	ess o	f mo	onthly entitlem	ents	
fees, including the service fee (Illustration: Monthly Mainte									ed from	tne S	EIILE	=IVIE	NI A	CCOL	JNI	on tr	ie 25 ^{tr}	day	of the	e suc	cceeding mon	itn.	
 Actual MTD ADB = (Day 1 e The applicable fees, service fees 																						cabl	a faas sarvice
fees, maintenance fees, requi												DAI	VIX.	iic bi	MIN	1030	1403 (no n	jiit to	ona	inge the appli	Cabi	C 1003, 301 VIOL
HANDLING OF TAXES Withholding tax obligations, if	any, on the	amour	nts payable t	to the B	BANK s	hall be th	ie respon	sibili	ity of th	e CO	MPAN	Y. Ir	the	event	tha	t the	COMF	PANY	' is re	quin	ed by law to r	nake	a withholding
or deduction, the COMPANY law and pertinent regulations	will make re	elevant	payments to	the B	ANK no	et of the	withholdir	ng or	r dedu	ction,	which	with	holdi	ng or	ded	uctio	n shal	l be a	at the	time	e and in the n	nanr	er required by
Where applicable the COMPA	ANY shall pro	ovide tl	he BANK wit	h the a	ppropri	ate certif	icate of ta	x wit	thheld,	in acc	cordan	ice w	/ith th	ne exis	sting	rule	s of th	e BIF	R, as p	proo	f of withholdir	ng of	the applicable
tax. The certificate will be proif the withholding or deduction														e BAN	VK n	nay re	equire	the r	eturn	of a	any amount wi	ithhe	eld or deducted
F. CONSENT TO THE CA														IONS	<u>s</u>								
By signing this form: 1. I/We confirm the of the COMPANY 2. I/We acknowledg Terms and Condi viewable, made a	/, and agree ge that I/we∃ itions, includ available and	to pay have re ling the	the applica ead, unders annexes, if wnloadable f	ble fees tood an any, (ar from the	s impos nd acce nd eacl e BANK	sed or that epted all n amendi	at may he the terms ment and	reina and supp	after be d condi plemen	impo tions o	sed by contain eto) wh	y the ned i nich	BAN in all gove	NK for the p m the	the age CO	COM s of t MPA	IPAN he Ca NY's u	ish Muse o	se of s lanag f the F	such jeme Facil	n Facilities. ent Agreemer lities (copy/ies	nt an	d Supplemen vhich are read
accurately reflect 3. The COMPANY's						Facilities	shall con	stitu	ite its a	ccepta	ance o	f any	/ mo	dificati	ions	, ame	ndme	nts, s	supple	eme	nts or revision	ns to	the Agreeme
		t-related		ou may	email ı	us at bizl i	ink@bpi.c	com.	.ph, or	reach	us by o	callin	g oui	officia	al Cı	uston	ner Ca				02) 8790-1400		
Authorized Signa	tories:	В	ank or the Pl	ppilie	, isiailU	o io regula	atou by till	o Dgl	_	Sign	_	hiild	י נווננ	,.,, WWW	vv.DS	μ.gu\	.pii)						

Name & Signature of Authorized Signatory* | Designation*