BDO Rewards®

Member Data Update Form (MDUF)

Kindly submit this form if you need to update your personal information. Please note that we can only reflect updates in the bank's record if this form is personally submitted to your branch of account.

BDO Rewards Card Number 8880-5128-____-____

Name (First Name, Middle Name, Last Name)

Suffix (ex. Jr, r, III)

Present Home Address (Unit/House No., Street, Subdivision/Barangay, District, Town, City, Province, Country)

Zip Code

Office Address (Unit/House No., Street, Subdivision/Barangay, District, Town, City, Province, Country)

Zip Code

Gender: ☐ Male ☐ Female

Civil Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated

Birthday (mm/dd/yyyy) / /

Email Address

Citizenship: ☐ Filipino ☐ Others, please indicate: _____

Home Number (+63 + area code + telephone number)

TIN Number

Mobile Number (+63 + mobile number)

SSS Number

Office Number (+63 + area code + telephone number)

Confirmation of Information:

By signing below, I hereby certify that: 1) The contents and purpose of this form were explained to me in a language that I understand; 2) The information I have provided are all correct and complete; 3. I am authorizing BDO to use all of these information to update ALL my bank records; and 4) I also acknowledge to have read and understood the BDO Rewards Program Terms and Conditions.

Name _____ Signature _____ Date _____

FOR BRANCH USE ONLY

I. MDUF Received By:

Branch Code / Branch Name _____ Date of Receipt _____ Printed Name and Signature of Branch Officer _____

Note: If branch is the CIF owner, please proceed to part III - ICBS update

II. IF NON-CIF OWNER: Please forward MDUF to CIF owner for ICBS update

Forwarded to CIF owner:

Name of Branch / Head Office Unit _____ Date Forwarded _____ Printed Name and Signature of Branch Officer _____

Note: Always keep a copy for branch documentation before forwarding to CIF owner

III. ICBS UPDATE

Date MDUF received by CIF owner: _____

Member's CIF Number ____________

Signature verified by:	Updated in ICBS by:	Checked by:
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Designation: _____	Designation: _____	Designation: _____
Branch/Unit: _____	Branch/Unit: _____	Date checked: _____
Date forwarded: _____	Date updated: _____	

Note: Ensure to update all contact information and details in ICBS based on submitted MDUF. This form should be kept in the branch for reference. No need to forward to Rewards.