

Account Name

Account Number

	YES	NO
<p>1. Is your business classified under the online gaming industry?</p> <p>If yes, please identify the Appropriate Government Agency (AGA) that issued the license: <input type="checkbox"/> PAGCOR <input type="checkbox"/> CEZA <input type="checkbox"/> APECO <input type="checkbox"/> AFAB <input type="checkbox"/> Others, please specify: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Does your business provide service or have dealings/transactions with the online gaming industry?</p> <p>If yes, please specify which category it belongs to:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Customer Relations Provider <input type="checkbox"/> Gaming Software/Platform Provider <input type="checkbox"/> IT Support Provider <input type="checkbox"/> Live Studio & Streaming Provider </div> <div style="width: 45%;"> <input type="checkbox"/> POGO Hub/Real Estate <input type="checkbox"/> Special Class of BPO <input type="checkbox"/> Strategic Support Provider </div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Do you have related interest/relationship with any business or service provider under the online gaming industry?</p> <p>If yes, please specify your position/relationship:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 20% Stockholder <input type="checkbox"/> 20% Ultimate Beneficial Owner (UBO) <input type="checkbox"/> Others, please specify: _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Primary Officer (President, Treasurer, Secretary, etc.) <input type="checkbox"/> Employee </div> </div>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Do you process transaction related to the online gaming industry?</p> <p>If yes, please provide information:</p> <input type="checkbox"/> Remittance facilitation between online gaming business and its clients <input type="checkbox"/> Processing of pay-outs <input type="checkbox"/> Others, please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. What are the names of the clients and counter-parties that you are servicing?</p> <p>_____</p> <p>_____</p>		

By signing, I undertake to advise the bank if I will be directly/indirectly exposed to the online gaming industry.

Signature over Printed Name / Designation / Date Signed

For Business Account:

Name of Business: _____

Business Authorized Signatories

Signature over Printed Name

Designation / Date Signed

Signature over Printed Name

Designation / Date Signed

Signature over Printed Name

Designation / Date Signed