

<b>eGov Account Enrollment Form</b>	
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.	
<b>Employer Details</b>	
<b><u>Registered Employer Name</u></b>	
<b><u>Employer Address</u></b>	
<b><u>Telephone No.</u></b>	<b><u>Fax</u></b>
<b><u>Company Coordinator</u></b>	<b><u>e-Mail</u></b>
<b><u>Department</u></b>	<b><u>Designation</u></b>
<b>Depository Branch Details</b>	
<b><u>Branch Name</u></b>	<b><u>Mother account type</u></b> <input type="checkbox"/> Savings <input type="checkbox"/> Current
<b><u>Mother Account Number</u></b>	
<b><u>eGov Account Number</u></b>	<b><u>eGov ATM Card Number</u></b>

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.

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
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Signature over Printed Name	Position / Official Designation	Date
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