



BANK INFORMATION FORM

Bank Account Name <i>(Bank Account Name must exactly match bank records.)</i>	For Account under a corporation	
	For Individual Account	
	<i>First</i>	<i>Middle</i>
	For Joint Account	
	<input type="checkbox"/> And	<input type="checkbox"/> Or
	<input type="checkbox"/> And/Or	
	<i>First</i>	<i>Middle</i>
	<i>First</i>	<i>Middle</i>
	<i>First</i>	<i>Last</i>
Present Address		
Currency		
Bank Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking
Beneficiary Bank Name		
Bank Account Number <i>(Payroll accounts, e-wallets, and digital-only accounts such as GCash, Maya, PayPal are not allowed.)</i>		
Beneficiary Bank Identifier Code <i>(Applicable for wire or international transfers. Please coordinate with your bank if you are unsure which code applies.)</i>	USA - ABA / Routing Number	
	Australia - BSB Number	
	Canada - Institution Code	Transit Number
	Europe / Middle East - IBAN	
	All other Countries - SWIFT / BIC Code	
Beneficiary Bank Address <i>(City, State/Province, Zip Code and Country)</i>		

I/We certify the accuracy of the above details and hereby hold SMPHI, SMDC and/or its subsidiaries / affiliates free and harmless from any misrepresentation, misdeclaration, or misappropriation related to this instruction.

I/We further certify that my/our other co-buyers if any, have signed and confirmed to the Disposition letter.

I/We ensure that the designated local or foreign bank account is active, valid, and registered under my/our name. Additionally, I/we confirm that I/we have coordinated with my/our branch of account regarding the incoming deposit to avoid any issues or delays in the crediting of funds and confirm that I/we will shoulder any bank fees related thereto.

I/We further acknowledge that SMPHI, SMDC and/or its subsidiaries / affiliates are authorized to accept instructions from scanned documents, which instructions I/we affirm to have originated from me/us, provided that the email address used in said instruction is the official email address registered with the company.

By filling out this form, I/we authorize SMPHI, SMDC and/or its subsidiaries / affiliates to disclose information necessary for the execution of the transaction, and I/we agree that the company shall not be liable for any loss or damage that I/we may suffer or incur arising from or in connection with the disclosure of any such information. Any charges due to erroneous information shall be for my/our account.

Principal Buyer:

Signature Over Printed Name / Date Signed

If Corporation

Name of Authorized Signatory / ies / Date Signed

Position:

Co-Buyer:

Signature Over Printed Name / Date Signed

Signature Over Printed Name / Date Signed

Position: