



MANAGER'S CHECK BENEFICIARY FORM

CIS Number

Name					<input type="radio"/> Individual <input type="radio"/> Corporate		
Place of Birth / Place of Incorporation					Date of Birth / Incorporation		
Present Address							
<small>House/Floor/Unit No. Block/Lot/Phase/Bldg. Name Street/Subdivision/Village/Purok Barangay City/Municipality/District Province/Region/State Country Zip Code</small>							
CONTACT INFORMATION		Mobile Number		Landline		Email Address	
CUSTOMER UNDERTAKING By signing this form, I hereby certify that the information provided for the MC beneficiary herein is true, accurate and complete to the best of my knowledge and I agree to be governed by the rules and regulations of Luzon Development Bank. <div>Signature of MC Applicant</div>							
FOR BANK'S USE ONLY		Date:		Processed by: <i>Signature over Printed Name</i>		Approved by: <i>Signature over Printed Name</i>	