

40. RELATIONSHIP TO BOC, SAN MIGUEL CORPORATION (SMC) AND ALL ITS SUBSIDIARIES (or collectively, the "SMC GROUP OF COMPANIES") AND AFFILIATES

Are you a Director, Officer, or Stockholder of BOC, the SMC Group of Companies, and/or any of its affiliates? YES NO

If yes, please specify the company and position. Please use another sheet if necessary.

| COMPANY | POSITION/ AFFILIATION |
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Are you related to a Director, Officer, or Stockholder of BOC, the SMC Group of Companies, and/or any of its affiliates (up to second degree of consanguinity or affinity, legitimate or common-law) ? YES NO

If yes, please specify the name/s and corresponding relationship/s, such as, but not limited to: (1) legal spouse and/ or common law spouse, (2) legally adopted children, (3) relative by consanguinity (blood relationship) (e.g. children, parents, sibling/s, grandparents, uncle, auntie, or cousin, etc.), (4) relative by affinity (relative by reason of marriage) (e.g. parents-in-law, brother-in-law, cousin-in-law, etc.), or (5) others (e.g. general partner, co-owner of collateral, etc.). Please use another sheet if necessary.

| NAME | RELATIONSHIP TO DIRECTOR, OFFICER, OR STOCKHOLDER | COMPANY | POSITION/ AFFILIATION |
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41. BUSINESS INTEREST (Please use another sheet if necessary)

| NAME | ADDRESS | PERCENTAGE OWNERSHIP | REG. NO./ EXPIRY | TIN |
|------|---------|----------------------|------------------|-----|
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III. FOR INDIVIDUAL ACCOUNT WITH TRUSTEE/ REPRESENTED BY AGENT/ NOMINEE/ INTERMEDIARY/ INSURANCE BENEFICIARY/ BENEFICIAL OWNER (AS APPLICABLE)

ACCOUNT TO BE OPENED THROUGH A TRUSTEE/ AGENT / NOMINEE ACCOUNT WITH INSURANCE BENEFICIARY

| | | | | |
|--|---------------|---|----------------|-------------------------------|
| 1. NAME OF BENEFICIARY | | | | |
| Last Name | | First Name | | Middle Name |
| 2. PRESENT ADDRESS | | | | |
| Bldg./ House No. | Street/ Brgy. | District/ Town | City/ Province | Country Zip Code |
| 3. PERMANENT ADDRESS | | | | |
| Bldg./ House No. | Street/ Brgy. | District/ Town | City/ Province | Country Zip Code |
| 4. RELATIONSHIP | | 5. TELEPHONE/ MOBILE NUMBER | | 6. DATE OF BIRTH (mm/dd/yyyy) |
| 7. PLACE OF BIRTH | | 8. NATIONALITY | | 9. CITIZENSHIP |
| 10. WITH LEGAL ARRANGEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO | | 11. NATURE/ DETAILS OF LEGAL ARRANGEMENTS | | |

IV. BUSINESS INFORMATION

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|--|--|---------------------------|---|------------------------------|--------------------------|
| PURPOSE OF ACCOUNT <input type="checkbox"/> BUSINESS <input type="checkbox"/> PAYROLL <input type="checkbox"/> INVESTMENT <input type="checkbox"/> OTHERS _____ | | | | | |
| EXPECTED NATURE/ TYPE OF TRANSACTION <input type="checkbox"/> CASH DEPOSIT <input type="checkbox"/> CHECK DEPOSIT <input type="checkbox"/> CHECK ISSUANCES <input type="checkbox"/> TRADE TRANSACTIONS <input type="checkbox"/> REMITTANCE <input type="checkbox"/> ENCASHMENT WITHDRAWALS <input type="checkbox"/> FOREIGN EXCHANGE <input type="checkbox"/> FUND TRANSFER <input type="checkbox"/> OTHERS _____ <input type="checkbox"/> DOMESTIC <input type="checkbox"/> INTERNATIONAL | | | | | |
| 1. BUSINESS TYPE <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> COOPERATIVE <input type="checkbox"/> REGISTERED ASSOCIATION <input type="checkbox"/> OTHERS _____ | | | | | |
| 2. BUSINESS NAME <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT (with Monetary Board approval) | | | | | |
| 3. PRINCIPAL ADDRESS | | | | | |
| Bldg./ House No. | | Street/ Brgy. | | District/ Town | |
| | | | | City/ Province | |
| | | | | Country | |
| | | | | Zip Code | |
| 4. NATURE OF BUSINESS | | | 5. REGISTERED WITH (including secondary licenses): <input type="checkbox"/> SEC <input type="checkbox"/> CDA <input type="checkbox"/> OTHERS <input type="checkbox"/> DTI <input type="checkbox"/> HLURB | | 6. PLACE OF REGISTRATION |
| 7. REGISTRATION NUMBER | | 8. EXPIRY DATE (mm/dd/yy) | | 9. TAX IDENTIFICATION NUMBER | |
| 10. CONTACT DETAILS | | | | | |
| CONTACT PERSON _____ | | OFFICE PHONE NO. _____ | | E-MAIL ADDRESS _____ | |
| POSITION OF CONTACT PERSON _____ | | MOBILE NO. _____ | | FAX NO. _____ | |
| 11. SOURCE OF FUNDS <input type="checkbox"/> PARTNER'S CONTRIBUTION <input type="checkbox"/> SALES/ SERVICE INCOME <input type="checkbox"/> DONATION <input type="checkbox"/> CAPITAL STOCK AMOUNT _____ <input type="checkbox"/> OTHERS _____ | | | 12. FUNDS/ AVERAGE MONTHLY INCOME <input type="checkbox"/> UNDER P10,000 <input type="checkbox"/> P20,000 TO P49,999 <input type="checkbox"/> P100,000 TO P249,999 <input type="checkbox"/> P10,000 TO P19,999 <input type="checkbox"/> P50,000 TO 99,999 <input type="checkbox"/> P250,000 AND ABOVE | | |
| 13. EXPECTED TOTAL AMOUNT OF TRANSACTIONS PER MONTH | | | 14. EXPECTED TOTAL NUMBER OF TRANSACTIONS PER MONTH | | |
| SME (ASSOCIATION/ COOPERATIVE/ PARTNERSHIP)/ SOLE PROPRIETORSHIP <input type="checkbox"/> UP TO P749,999.99 <input type="checkbox"/> P2,000,000 TO P4,000,000 <input type="checkbox"/> P750,000 TO P1,999,999.99 <input type="checkbox"/> ABOVE P4,000,000 | | | SME (ASSOCIATION/ COOPERATIVE/ PARTNERSHIP)/ SOLE PROPRIETORSHIP <input type="checkbox"/> 1 TO 25 <input type="checkbox"/> 26 TO 50 <input type="checkbox"/> MORE THAN 50 | | |
| CORPORATE <input type="checkbox"/> UP TO P999,999.99 <input type="checkbox"/> P3,000,000 TO P5,000,000 <input type="checkbox"/> P1,000,000 TO P2,999,999.99 <input type="checkbox"/> ABOVE P5,000,000 | | | CORPORATE <input type="checkbox"/> 1 TO 50 <input type="checkbox"/> 51 TO 100 <input type="checkbox"/> MORE THAN 100 | | |
| 15. RELATIONSHIP TO BOC, SAN MIGUEL CORPORATION (SMC) AND ALL ITS SUBSIDIARIES (or collectively, the "SMC GROUP OF COMPANIES") AND AFFILIATES | | | | | |
| Are you a Director, Officer, or Stockholder of BOC, the SMC Group of Companies, and/or any of its affiliates? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| If yes, please specify the company and position. Please use another sheet if necessary. | | | | | |
| COMPANY | | | POSITION/ AFFILIATION | | |
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Are you related to a Director, Officer, or Stockholder of BOC, the SMC Group of Companies, and/or any of its affiliates (up to second degree of consanguinity or affinity, legitimate or common-law)? YES NO

If yes, please specify the name/s and corresponding relationship/s, such as, but not limited to: (1) legal spouse and/ or common law spouse, (2) legally adopted children, (3) relative by consanguinity (blood relationship) (e.g. children, parents, sibling/s, grandparents, uncle, auntie, or cousin, etc.), (4) relative by affinity (relative by reason of marriage) (e.g. parents-in-law, brother-in-law, cousin-in-law, etc.), or (5) others (e.g. general partner, co-owner of collateral, etc.). Please use another sheet if necessary.

| NAME | RELATIONSHIP TO DIRECTOR, OFFICER, OR STOCKHOLDER | COMPANY | POSITION/ AFFILIATION |
|------|---|---------|-----------------------|
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V. FOR BUSINESS/ CORPORATE ACCOUNTS DISCLOSURE OF BENEFICIAL OWNER (Please use another sheet if necessary)

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|----------------------------------|--|---------------|--|----------------|--|--|--|
| BENEFICIAL OWNER'S NAME | | | | | | NATIONALITY | |
| Last Name | | First Name | | Middle Name | | | |
| PRESENT ADDRESS | | | | | | CITIZENSHIP | |
| Bldg./ House No. | | Street/ Brgy. | | District/ Town | | City/ Province | |
| | | | | | | Country | |
| | | | | | | Zip Code | |
| PERMANENT ADDRESS | | | | | | % OWNERSHIP | |
| Bldg./ House No. | | Street/ Brgy. | | District/ Town | | City/ Province | |
| | | | | | | Country | |
| | | | | | | Zip Code | |
| NATURE/ DETAILS OF ARRANGEMENT/S | | | | | | WITH LEGAL ARRANGEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| BENEFICIAL OWNER'S NAME | | | | | | NATIONALITY | |
| Last Name | | First Name | | Middle Name | | | |
| PRESENT ADDRESS | | | | | | CITIZENSHIP | |
| Bldg./ House No. | | Street/ Brgy. | | District/ Town | | City/ Province | |
| | | | | | | Country | |
| | | | | | | Zip Code | |
| PERMANENT ADDRESS | | | | | | % OWNERSHIP | |
| Bldg./ House No. | | Street/ Brgy. | | District/ Town | | City/ Province | |
| | | | | | | Country | |
| | | | | | | Zip Code | |
| NATURE/ DETAILS OF ARRANGEMENT/S | | | | | | WITH LEGAL ARRANGEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO | |

VI. MAILING DISPOSITION

MONTHLY STATEMENT OF ACCOUNT

MAIL TO PRESENT ADDRESS EMAIL TO PERSONAL
 PERMANENT ADDRESS BUSINESS

OTHER BANK NOTICES (such as but not limited to: Dormancy Letter, Letter of Updating, Promotional Materials)

MAIL TO PRESENT ADDRESS EMAIL TO PERSONAL SMS
 PERMANENT ADDRESS BUSINESS

VII. ACKNOWLEDGMENT

I confirm receipt of the copy of the Terms and Conditions governing deposit accounts as well as any supplemental Terms and Conditions for all applicable products, facilities or services rendered or to be rendered by Bank of Commerce, its subsidiaries or affiliates, including but not limited to electronic banking services and other banking products and services in connection therewith, I, in my own capacity/ for and on behalf of the entity have read, fully understood, agree and abide with the Terms and Conditions governing deposits version¹ _____ and the supplemental Terms and Conditions, and further agree that my continued use of the Bank's products and services will constitute acceptance of any subsequent amendment/s of the foregoing Terms and Conditions.

I also warrant that I am/ the entity is aware of the provisions of Republic Act No. 9160 (Anti-Money Laundering Act of 2001) as amended, its related rules and regulations, and I represent that my/ the entity's transaction herein are not among those classified as suspicious under the said law, rules, and regulations and that all the funds to be deposited in the account/s come from my/ the entity's legitimate undertakings. I authorized Bank of Commerce, on my/ the entity's behalf to make an such verification or reports in compliance with RA 9160, as amended, its rules and regulations including any subsequent amendments therein, as it may deem appropriate, for which acts I, in my own capacity/ for and on behalf of the entity, hold Bank of Commerce free and harmless from any liabilities and other claims and/ or damages.

I/ the entity further certify/ies that

For Individual

- I am a US citizen or US resident alien or I have spent more than one hundred eighty three (183) days in the US in the past three (3) years ("US Person") and that as a US Person, I have accomplished and submitted all the relevant documents as requested by the Bank.
- I am not a US Person, and that I have not spent more than one hundred eighty three (183) days in the US in the past three (3) years. In case that there are indicators² that suggest otherwise, I have attached to this form copies of all necessary documents to prove such status, wherein failure to submit these required documents entitles Bank of Commerce free and harmless from any liabilities and other claims and/ or damages.

For Entity

- The Entity is a US partnership/ corporation organized in the US under US laws; or a Trust company, where a court in the US is liable to exercise primary supervision over its administration or one or more US persons have the authority to control all its substantial decision³.
- The Entity is not a US entity and, in the case that there are indicia that suggest otherwise, has attached to this form copies of all necessary documents to prove such status, wherein failure to submit these required documents entitles Bank of Commerce to refuse the opening of the requested account.

For FFI

- The Foreign Financial Institution ("FFI") is registered with the United States' Internal Revenue Service ("US IRS") and has fulfilled all of the requirements of compliance with United States' Foreign Account Tax Compliance Act ("FATCA").
- The FFI is not a registered with the IRS, but is claiming exemption from the requirements of the FATCA as an Exempt Beneficial Owner.

Where I/ the entity have stated that I/ the entity am/is not a US Person, I, in my own capacity/ for and on behalf of the entity hereby affirm and confirm the truth of this declaration of non-US status and I, in my own capacity/ for and on behalf of the entity undertake to inform the Bank in writing of any change in circumstances that will affect the accuracy of declaration within thirty (30) calendar days from the occurrence of such change. Furthermore, the Bank shall operate my/ entity's account/s on the basis of such declaration. In the event that the Bank discovers that I/ the entity am/ is a US Person, (i) I, in my own capacity/ for and on behalf of the entity waive my/ its right to confidentially under bank secrecy laws including but not limited to Republic Act Number 1405 (The Law on Secrecy of Bank Deposits), Republic Act Number 6426 (The Foreign Currency Deposit Act) and Republic Act Number 8791 (General Banking Law of 2000), as amended in each case, and signify my agreement and consent to the processing and updating of all information relative to my/ the entity's Account under Republic Act Number 10173 or the Data Privacy Act of 2012; and (ii) the Bank, its subsidiaries and affiliates are hereby absolutely and unconditionally authorized to directly and indirectly report and disclose to the US IRS/ Philippines BIR details regarding my/ the entity's name, address, US TIN, account balance and transaction history with the Bank and for this purpose, I, in my own capacity/ for and on behalf of the entity undertake to provide the Bank with such information upon request.

By signing this acknowledgment, I, in my own capacity/ for and on behalf of the entity undertake to indemnify and hold the Bank, its directors, stockholders, officers, employees, representatives, agents or relevant units of the Bank, free and harmless from and against all liabilities, claims, demands, actions, proceedings, losses, expenses and all other liabilities of whatever nature or description that may be suffered or incurred by the Bank, its directors, stockholders, officers, employees, representatives, agents or relevant units of the Bank, arising from or in connection to the implementation of this acknowledgment.

I further confirm that I have read and understood this Acknowledgment or have had the same read and explained to me in a language known to me and have understood its import. I attest that all information voluntarily provided in connection with this form is true and correct. In case the account is held by an Entity, I make the same representations for the on behalf of the Entity further certify that I am duly authorized to do so as evidenced by the Authorization attached hereto.

Signature of Client Over Printed Name

Date

¹ Version code/ number is found at the lower left portion of this form.

² The following are considered US indicia: (i) US citizens or lawful permanent residents (i.e. Green Card holders); (ii) US birthplaces; (iii) A current US residence address or US mailing address (including a US P.O. Box); (iv) US telephone numbers (regardless of whether such number is the only telephone number associated with the account holder); (v) With standing instructions to pay amounts from the account to an account maintained in the US; (vi) Power of attorney or signatory authorities are granted to persons with US address; and (vii) A US "in-care-of" or "hold mail" address that is the sole address the Bank has identified for the account holder.

³ For the purposes of this Acknowledgment, entities in which US persons hold at least ten percent (10%) of the stock or profit interest of such entity ("US-owned entity") are included in the scope of the definition of a United States Person.

VIII. DATA PRIVACY CONSENT

Acknowledging and exercising my rights under Republic Act No. 10173, otherwise known as the Data Privacy Act and its Implementing Rules and Regulations, I hereby give my consent to Bank of Commerce and/or its branches, units, agents, authorized representatives, representative offices, affiliates, subsidiaries, and accredited third-party partners, counterparties, correspondent banks and service providers to process, use and share among themselves the personal information written on the application for the opening of my account/s as well as the information obtained in the course of my transactions with Bank of Commerce, its branches or units in relation to my account/s, or obtained from third parties for purposes of client identification, client risk profiling/assessment, product development and improvement, market research, communications relevant to the life cycle or usage of my account/s, compliance with BSP rules and regulations, anti-money laundering laws, rules and regulations, FATCA, and such other purposes as may be allowed or required by law.

I also acknowledge that my Personal Data (*refers to ALL types of personal information – personal, sensitive and privileged as defined under the Data Privacy Act and its Implementing Rules and Regulations*) shall be retained for a period of not less than five (5) years from the time any of my account is closed, cancelled or terminated as required or allowed under applicable laws, rules and regulations, unless a longer period is necessary in view of an investigation being conducted, or a criminal, civil, or administrative case has been filed in a competent judicial or administrative body where I or my account/s is/are is involved or impleaded as a party to the case or investigation, in which case/s, to the extent necessary, my Personal Data shall be preserved beyond the five (5) year period until such time that a final judgment has been reached by the judicial or administrative body.

I likewise hereby give my consent to Bank of Commerce and/or its branches, units, agents, authorized representatives, representative offices, affiliates, subsidiaries, and accredited third-party partners, counterparties, correspondent banks and service providers to offer especially selected products and services to me through mail, email, fax, SMS, or by telephone to ensure that I will have the opportunity to view of the a wide range of products, services and facilities of Bank of Commerce, its subsidiaries and affiliates, third party partners, counterparties, correspondent banks and service providers.

The foregoing constitutes my written, express, specific and informed consent for any transfer or disclosure of my name, address, contact details, account balances and numbers and other relevant information to and among Bank of Commerce and/or its branches, units, agents, authorized representatives, representative offices, affiliates, subsidiaries, and accredited third-party partners, counterparties, correspondent banks, service providers, and any government entity exercising executive, legislative, judicial, quasi-judicial, regulatory or administrative functions, such as but not limited to the Bureau of Internal Revenue, the Social Security System and other similar government agencies.

Signature of Client Over Printed Name

Date

IX. OTHER INFORMATION (optional)

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|--|---|--|--|---|
| RESIDENTIAL ADDRESS <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED | INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER _____ | DO YOU OWN A CAR? <input type="checkbox"/> YES <input type="checkbox"/> NO | INSURED <input type="checkbox"/> YES <input type="checkbox"/> NO | DO YOU HAVE CREDIT CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO |
|--|---|--|--|---|

FOR BANK'S USE ONLY

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|---|---|---|
| <input type="checkbox"/> CUSTOMER IS INCLUDED IN THE BANK'S WATCHLIST <input type="checkbox"/> YES _____ OFAC/ FATF/ OTHER SANCTION LIST INTERNAL LIST _____ PEP | <input type="checkbox"/> CUSTOMER IS A PEP <input type="checkbox"/> CUSTOMER IS A PEP-RELATIVE <input type="checkbox"/> CUSTOMER IS A PEP-AFFILIATE <input type="checkbox"/> CUSTOMER IS A PEP-CLOSE RELATIONSHIP <input type="checkbox"/> CUSTOMER IS A PEP-CLOSE ASSOCIATE <input type="checkbox"/> CUSTOMER IS A BANK OF COMMERCE RELATED PARTY | <input type="checkbox"/> CUSTOMER IS A RELATIVE OF A BANK OF COMMERCE EMPLOYEE (UP TO 2ND DEGREE OF CONSANGUINITY/ AFFINITY, LEGITIMATE/ COMMON-LAW) NAME OF EMPLOYEE _____ RELATIONSHIP _____ <input type="checkbox"/> CUSTOMER WAS RISK PROFILED: <input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH CRP NO.: _____ RISK SCORE: _____ |
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|-------------------------------|-------------------------------------|---|----------------------|----------------------|
| INSIDER CODE | REFERROR NAME AND BRANCH/ UNIT NAME | SOLICITING OFFICER NAME, SIGNATURE AND DATE | | |
| OPENED/ PROCESSED BY AND DATE | AUTHENTICATED BY AND DATE | SIGNATURE VERIFIED BY AND DATE | REVIEWED BY AND DATE | APPROVED BY AND DATE |