

Corporate Name:					
Authorized Representatives Details <small>(For multiple items, please separate with a semicolon “;”) Sample: LAST NAME, FIRSTNAME (emailaddress@email.com); LAST NAME, 2ND NAME (emailaddress@email.com)</small>					
GCash Product / Service	Brand / Trade Name	Branch Name	Main Point of Contact (See Annex)	Downtime Advisory Recipient (See Annex)	Reversal Approver (See Annex)
Acknowledgement					
<p>I certify that all information I have provided in this form is true and correct. I hereby authorize GXI to verify all information provided herein. I agree to promptly notify GXI of any change in the information which I have provided after the date of this declaration. I fully understand that any misinterpretation of failure to disclose information on my part as required herein, may result in the disapproval of my application for GXI products and services, and that GXI is not under any obligation to share with me the reason/s or rationale for such disapproval.</p>					
Authorized Signature Above Printed Name <small>*Wet Signature only</small>		Date Signed		Authorized Signature Above Printed Name <small>*Wet Signature only</small>	