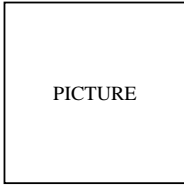




# CBN REMITTANCE CENTER SA.

CALLE PELAYO 56, 1-1  
08001 BARCELONA, SPAIN  
TEL# (93) 4123952

CALLE SOR ANGELA DE LA CRUZ 36  
28020 MADRID, SPAIN  
TEL# (91) 5671533



ID NO:

## CLIENT INFORMATION SHEET

PLEASE FILL UP ALL FIELDS AND WRITE IN CAPITAL BLOCK LETTERS

|              |                            |                    |                     |
|--------------|----------------------------|--------------------|---------------------|
| FIRST NAME   | FATHER FAMILY NAME         | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS      |                            |                    |                     |
|              |                            |                    |                     |
| PHONE NUMBER | MOBILE NUMBER              | EMAIL              |                     |
| GENDER       | DATE OF BIRTH (MM/DD/YYYY) | PLACE OF BIRTH     | CIVIL STATUS        |
| NATIONALITY  | NIF NUMBER                 | DATE ISSUED        | EXPIRY DATE         |

### BENEFICIARY 1

|            |                    |                    |                     |
|------------|--------------------|--------------------|---------------------|
| FIRST NAME | FATHER FAMILY NAME | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS    |                    |                    | TELEPHONE #         |
|            |                    |                    |                     |
| BANK       | BRANCH             |                    | ACCOUNT NUMBER      |

### BENEFICIARY 2

|            |                    |                    |                     |
|------------|--------------------|--------------------|---------------------|
| FIRST NAME | FATHER FAMILY NAME | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS    |                    |                    | TELEPHONE #         |
|            |                    |                    |                     |
| BANK       | BRANCH             |                    | ACCOUNT NUMBER      |

I declare that all the information in this application form has been completed to the best of my knowledge and belief and I will notify **CBN Remittance Center SA** promptly of any changes. I have also carefully read and understood the section headed "Client Information" in the accompanying Terms and Conditions overleaf.

\_\_\_\_\_  
Signature of Client

**Client Information:**

CBN REMITTANCE CENTER S.A. is registered in the Banco de España for the exchange of foreign currencies and/or management of money transfers under registration number 1757 and we operate Anti-Money Laundering Controls. It is part of our standard policies and procedures to identify all our clients by collecting valid proof of identity (i.e.: passport, driver's license) , their images and/or proof of address (i.e. utility bills, bank statements, credit card bills).

If in any case, our client intends to send a single transaction greater than 3,000 Euros or an amount, which we think is more than their monthly income, we will check the client's remittance activity and inquire the source and purpose of the remittance. Depending on the company's discretion, we have the right to refuse or accept the transaction provided that the client submits copies of either monthly pay slip; 3 months bank statement, or loan agreement.

We also require all clients to inform us of any changes in their name, address, and contact numbers to avoid delays and problems in processing their remittance. Amended proof of identification and address should be submitted as soon as it is available.

In accordance with the LO 15/99 we inform that your personal files and images that you provide us, will be part of an account computer file. We will be the responsible of this file whose utility is to check the relations and the transfer. We inform that your information has been transfer to PIRCUS CORPORATION, whose address appears in the calling card. You expressly allow to the international transmission of this information to PIRCUS CORPORATION, for doing your transfer in Philippines.

Your information will also be transfer to the public administrations when needed, to the Banco de España if requires and to the financial institutions for accountancy effects.

You have the right to the access, rectification, opposition and cancellation of this information and images doing so in our offices.

**Terms and conditions:**

1. It is the client's responsibility to provide the correct information of their beneficiary in the Philippines. We will not be held liable for delays due to incorrect details (i.e. invalid account numbers, incorrect account name, incomplete address), bank delays (i.e. Bank/SMART is offline due to system upgrade) or the absence of the person receiving the money (for door-to-door delivery)
2. If in any case, we cannot deliver or deposit the remittance due to certain problems with the beneficiary's details in the Philippines, and the client wishes to refund the remittance, we will only refund the remitted amount NET of service charge.
3. SMART MONEY is a product of SMART TELECOMS which is endorsed by our company. It is only our responsibility to deposit the client's remittance to his/her SMART MONEY CARD. Any problem that arises concerning SMART MONEY has to be relayed to SMART TELECOMS directly by calling their 24-hr customer service hotline in the Philippines at 00632-8457777.

**For Walk-in Clients:**

1. It is imperative that the client reads all the details stated in the receipt before signing it. Once the client signed the receipt and he/she finds an error on the details stated after we have sent the remittance to Manila, it is not our responsibility to retrieve or refund the money to the client.

**For Phone-in Clients:**

1. It is the client's responsibility to call CBN REMITTANCE CENTER S.A. and inform us of any deposit made to our account. We cannot send the money deposited in our account unless we are given instructions by the sender.
2. The remittance rate to be used is the rate on the day the client called our office us of his/her remittance unless the deposit did not appear in our bank statement or the client advise us to hold the transaction.
3. We do not automatically send remittance receipts to our clients due to confidentiality reasons; therefore receipts will only be mailed upon request. You expressly renounce to the regular sending of that receipts although you keep the right to have them mailed upon request.

USE THIS FORM IF YOU HAVE MORE THAN 2 BENEFICIARIES

**BENEFICIARY 3**

|            |                    |                    |                     |
|------------|--------------------|--------------------|---------------------|
| FIRST NAME | FATHER FAMILY NAME | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS    |                    |                    | TELEPHONE #         |
| BANK       | BRANCH             |                    | ACCOUNT NUMBER      |

**BENEFICIARY 4**

|            |                    |                    |                     |
|------------|--------------------|--------------------|---------------------|
| FIRST NAME | FATHER FAMILY NAME | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS    |                    |                    | TELEPHONE #         |
| BANK       | BRANCH             |                    | ACCOUNT NUMBER      |

**BENEFICIARY 5**

|            |                    |                    |                     |
|------------|--------------------|--------------------|---------------------|
| FIRST NAME | FATHER FAMILY NAME | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS    |                    |                    | TELEPHONE #         |
| BANK       | BRANCH             |                    | ACCOUNT NUMBER      |

**BENEFICIARY 6**

|            |                    |                    |                     |
|------------|--------------------|--------------------|---------------------|
| FIRST NAME | FATHER FAMILY NAME | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS    |                    |                    | TELEPHONE #         |
| BANK       | BRANCH             |                    | ACCOUNT NUMBER      |

**BENEFICIARY 7**

|            |                    |                    |                     |
|------------|--------------------|--------------------|---------------------|
| FIRST NAME | FATHER FAMILY NAME | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS    |                    |                    | TELEPHONE #         |
| BANK       | BRANCH             |                    | ACCOUNT NUMBER      |

**BENEFICIARY 8**

|            |                    |                    |                     |
|------------|--------------------|--------------------|---------------------|
| FIRST NAME | FATHER FAMILY NAME | MOTHER FAMILY NAME | HUSBAND FAMILY NAME |
| ADDRESS    |                    |                    | TELEPHONE #         |
| BANK       | BRANCH             |                    | ACCOUNT NUMBER      |