

**NEW BENEFICIARY FORM**

**Additional Beneficiary Data: \* Required Information**

**Remitter's PIN**

Surname*		First Name*		Middle Name	Date of Birth: (DD/MM/YY)*	Relation to Remitter *
Address *					Nationality *	Contact Number
Bank/Mode of Payment *		Account Number (if applicable)			Bank Branch and Address (if applicable)	
<input type="checkbox"/> Metrobank <input type="checkbox"/> Cash-pick up <input type="checkbox"/> Others Specify _____						
Name of Company/Instution *					Philippines Address	
Contact No.		Account Number: (if any)			Reference: (if any)	
Adv/Pay					Branch Name/Address	
<input type="checkbox"/> Metrobank <input type="checkbox"/> Other Bank (specify)_____						
Remitter's Signature *						Date Signed (DD/MM/YY) *

**FOR OFFICE USE ONLY:**

Encoded By:	Approved By:	Compliance Check:
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