BIZLINK MAINTENANCE REQUEST FORM

BPI

Please supply the required information to enroll in BPI BizLink.

BUSINESS INFORMATION Corporate Code: _____

Business Name _____

Business Address _____ Zip Code _____

A. ACCOUNTS TO BE ENROLLED IN BIZLINK (*enrollment of **new** account number*)

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B. USER ENROLLMENT AND MAINTENANCE

B1. ENROLLMENT

USER INFORMATION	Tick the **facilities** to be enrolled to the user (**No need to fill-out for *System Administrator* enrollment**)
First Name: _____ Middle Name: _____ Last Name: _____ Mobile: _____ Email: _____ TIN (9 or 12-digit Tax ID No.): ☐☐☐☐☐☐☐☐☐☐☐☐ Role: Choose an item. Class*: Choose an item. ***required for Authorizer role** User ID (if existing user): _____	**Account number/s to be enrolled to user:** _____ **DISBURSEMENTS** ... **ACCOUNTS AND LIQUIDITY** ☐ Pay BPI ☐ SSS ☐ Account Sweeping ☐ Pay Non-BPI Account (PESONet) ☐ PhilHealth ☐ Reverse Account Sweeping ☐ Pay to Other Banks via RTGS ☐ PAG-IBIG ☐ Transfer to Own Accounts ☐ Pay to Other Banks via GSRT ☐ BIR ☐ e-Payroll ☐ Pay Foreign Accounts ☐ Prepaid Card Loading ☐ Deposit Account Inquiry (e.g. Account Portfolio, Transaction History, Statement of Account) ☐ Pay Employees ☐ Check Disbursements ☐ Pay Bills ☐ Corporate Check ☐ Customized SOA (e.g. MT940, Multicash) ☐ Manager's Check **OTHERS** **COLLECTIONS** ☐ BizLink Foreign Exchange (FX) Loans Inquiry ☐ Automatic Debit Arrangement ☐ PDC Warehousing Inquiry ☐ Electronic Invoice Presentment and Payment ☐ Bills Collection (e.g. MPTJ, OCF)
USER INFORMATION	Tick the **facilities** to be enrolled to the user (**No need to fill-out for *System Administrator* enrollment**)
First Name: _____ Middle Name: _____ Last Name: _____ Mobile: _____ Email: _____ TIN (9 or 12-digit Tax ID No.): ☐☐☐☐☐☐☐☐☐☐☐☐ Role: Choose an item. Class*: Choose an item. ***required for Authorizer role** User ID (if existing user): _____	**Account number/s to be enrolled to user:** _____ **DISBURSEMENTS** ... **ACCOUNTS AND LIQUIDITY** ☐ Pay BPI ☐ SSS ☐ Account Sweeping ☐ Pay Non-BPI Account (PESONet) ☐ PhilHealth ☐ Reverse Account Sweeping ☐ Pay to Other Banks via RTGS ☐ PAG-IBIG ☐ Transfer to Own Accounts ☐ Pay to Other Banks via GSRT ☐ BIR ☐ e-Payroll ☐ Pay Foreign Accounts ☐ Prepaid Card Loading ☐ Deposit Account Inquiry (e.g. Account Portfolio, Transaction History, Statement of Account) ☐ Pay Employees ☐ Check Disbursements ☐ Pay Bills ☐ Corporate Check ☐ Customized SOA (e.g. MT940, Multicash) ☐ Manager's Check **OTHERS** **COLLECTIONS** ☐ BizLink Foreign Exchange (FX) Loans Inquiry ☐ Automatic Debit Arrangement ☐ PDC Warehousing Inquiry ☐ Electronic Invoice Presentment and Payment ☐ Bills Collection (e.g. MPTJ, OCF)

B2. TRANSFER, DELETION, REACTIVATION, SUSPENSION, OR UPDATE OF BIZLINK ACESS

Request Type:	Existing User Information:	New User Information (**required for Transfer of Access only**)
☐ Transfer of Access ☐ Deletion of User ☐ Reactivation ☐ Suspension ☐ Update of User Information*	Full Name: _____ User ID: _____ *Required for updating of user information. Please fill-out whichever is applicable. Mobile: _____ Email: _____ TIN: _____	First Name: _____ Mobile: _____ Middle Name: _____ Email: _____ Last Name: _____ TIN: _____

C. CHANGE OF APPROVAL TRANSACTION MATRIX IN BIZLINK

Workflow Model: ☐ Maker-Authorizer ☐ Maker-Verifier-Authorizer

Required number/s of Approval: ☐ Any 1 ☐ Any 2 ☐ Any 3

*Tick the facilities where the **new workflow model** will be applied:*

DISBURSEMENTS
☐ Pay BPI
☐ Pay Non-BPI Account (PESONet)
☐ Pay to Other Banks via RTGS
☐ Pay to Other Banks via GSRT
☐ Pay Foreign Accounts
☐ Pay Employees
☐ Pay Bills
☐ SSS
☐ PhilHealth
☐ PAG-IBIG
☐ BIR
☐ Prepaid Card Loading
☐ Check Disbursements
 ☐ Corporate Check
 ☐ Manager's Check

ACCOUNTS AND LIQUIDITY
☐ Account Sweeping
☐ Reverse Account Sweeping
☐ Transfer to Own Accounts
☐ e-Payroll
COLLECTIONS
☐ Automatic Debit Arrangement
☐ Electronic Invoice Presentment and Payment
OTHERS
☐ BizLink Foreign Exchange (FX)

D. GOVERNMENT IDs MAINTENANCE

Request Type:	☐ Add	☐ Delete	☐ Update
EMPLOYER NAME: _____	PhilHealth (12-digit Employer ID No.)		
SSS (10-digit Employer ID No.)	Pag-Ibig (12-digit Employer ID No.)		
BIR (12-digit Tax ID No.)	+ Pag-Ibig MSB Code (4-digit code)		

E. CONSENT TO THE CASH MANAGEMENT AGREEMENT AND SUPPLEMENTAL TERMS AND CONDITIONS

By signing this form:

1. I/We confirm the validity and accuracy of all information provided to the BANK. I/We acknowledge that I/we understand the Facilities I/we have enrolled in and/or availed of on behalf of the COMPANY, and agree to pay the applicable fees imposed or that may hereinafter be imposed by the BANK for the COMPANY's use of such Facilities.
2. I/We acknowledge that I/we have read, understood and accepted all the terms and conditions contained in all the pages of the Cash Management Agreement and Supplemental Terms and Conditions, including the annexes, if any, (and each amendment and supplement thereto) which govern the Company's use of the Facilities (copy/ies of which are readily viewable, made available and/or downloadable from the BANK's website (www.bpi.com.ph) and deemed incorporated herein by reference) (collectively, the "Agreement"), all of which accurately reflect the COMPANY's intent and agreement.
3. The COMPANY's continued use and availment of the BANK's Facilities shall constitute its acceptance of any modifications, amendments, supplements or revisions to the Agreement.

For any BizLink enrollment-related concerns, you may email us at bizlink@bpi.com.ph, or reach us by calling (+632) 8790-1400. For concerns beyond office hours (8:30 AM - 8:30 PM) you may send us a message at https://www.bpi.com.ph/contactus or call our 24-hour BPI Contact Center at (+632) 889-10000 and press 4-4 after the welcome message.

Bank of the Philippine Islands is regulated by Bangko Sentral ng Pilipinas. https://www.bsp.gov.ph

Authorized Signatories: **Date Signed:** _____

_____ _____

Name & Signature of Authorized Signatory* | Designation* **Name & Signature of Authorized Signatory* | Designation***