

PARTNER RURAL BANK (COTABATO), INC.

DEPOSITOR'S CONSENT FORM

By signing below, I/We authorizing the PARTNER RURAL BANK (COTABATO), INC., its Head Office, Branches and Branch-Lites, thru their agents and representatives, to collect, check, process, evaluate, assess, update and disclose personal information about me/us in accordance with the DATA PRIVACY ACT of 2012 under Republic Act (RA 10173), its Implementing Rules and Regulations (IRR), Bank's Data Privacy Statement, and bank secrecy laws, to verify and check, my/our personal information from any person or entity that the bank may deem necessary including, but not limited to, credit and financial institutions, and other government authorities and agencies, to validate, review or update, confirm my/our record and transactions, manage my/our account and/or services provided to me/us, to conduct customer's risk assessment on capacity and suitability, to market its products and services, and other related legitimate business transactions and purposes, and to comply with its reporting obligations under the Data Privacy Laws, Rules and Regulations.

I/We fully understand the corresponding risks involved in availing of such banking products, facilities, or services. Further, My/Our continued use and/or availment of the banking products, facilities, or services shall mean my/our conformity to any and all supplement(s), modification(s), or amendment(s) of such terms and Conditions which may be posted in conspicuous places within the Bank's premises or which may be published in any other manner.

I/We also agree to hold the person and the Bank from whom it may obtain, or with whom it may disclose or verify my/our personal accounts or information, free and harmless from any possible liabilities which will arise from the use of any such information.

I/We am/are aware that in case of inquiries, clarifications or complaints on the processing of my/our personal data, I/we can reach the Data Privacy Officer (DPO), Mr. Max A. Orac thru CP No. 09175901186 and email add. "max.orac@partnerbank.com.ph".

I/We attest to the veracity and correctness of my/our given personal/business information.

I/We fully understand and confirm that I/We aware of our rights and privileges under the Data Privacy Act. I/We also aware to the right of the Bank to terminate the product and services availed by me/us should I/we withdraw my/our consent or request the removal of my personal information.

Signature over Printed Name

Date: _____