



LANDBANK

Branch _____

LANDBANK LINK.BIZPORTAL MERCHANT ENROLLMENT FORM

New Enrollment Update Information (Pls. specify: _____) Delete Enrollment

Enrollment Date _____ Merchant Code _____ (for MCMD use)

TYPE OF MERCHANT:

GOVERNMENT INSTITUTION NGA GOCC SUC LGU OTHERS: (Pls. specify _____)

PRIVATE INSTITUTION UTILITIES/ SERVICES CORPORATIONS/ ENTERPRISES SCHOOLS COOPERATIVES

MERCHANT NAME	MERCHANT TAX IDENTIFICATION NO. [][] - [][] - [][] - [][][][]
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ADDRESS	TEL. NO.
NO./UNIT NO. BUILDING NAME STREET DIST./BRGY MUN./CITY PROVINCE ZIP CODE	AREA CODE TEL. EXT.

LBP SERVICING BRANCH	FAX NO.
	AREA CODE TEL. EXT.

CONTACT PERSON	E-MAIL ADDRESS	MOBILE NO.
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____

ACCOUNT PROFILE

BANK USE ONLY

TRANSACTION TYPE	TRANSACTION AMOUNT	MOTHER ACCOUNT NO.	CLEARING ACCOUNT NO.
_____	_____	[][] - [][] - [][][][]	[][] - [][] - [][][][]
_____	_____	[][] - [][] - [][][][]	[][] - [][] - [][][][]
_____	_____	[][] - [][] - [][][][]	[][] - [][] - [][][][]

Note: For Transaction Set, Please use additional sheets, if necessary

FIELD REQUIREMENT	FORMAT						
1 AMOUNT (default field) <input type="checkbox"/> mandatory <input type="checkbox"/> optional	<input type="checkbox"/> alpha	<input type="checkbox"/> numeric	<input type="checkbox"/> alphanumeric	Maximum no. of characters: _____			
2 _____ <input type="checkbox"/> mandatory <input type="checkbox"/> optional	<input type="checkbox"/> alpha	<input type="checkbox"/> numeric	<input type="checkbox"/> alphanumeric	Maximum no. of characters: _____			
3 _____ <input type="checkbox"/> mandatory <input type="checkbox"/> optional	<input type="checkbox"/> alpha	<input type="checkbox"/> numeric	<input type="checkbox"/> alphanumeric	Maximum no. of characters: _____			
4 _____ <input type="checkbox"/> mandatory <input type="checkbox"/> optional	<input type="checkbox"/> alpha	<input type="checkbox"/> numeric	<input type="checkbox"/> alphanumeric	Maximum no. of characters: _____			
5 _____ <input type="checkbox"/> mandatory <input type="checkbox"/> optional	<input type="checkbox"/> alpha	<input type="checkbox"/> numeric	<input type="checkbox"/> alphanumeric	Maximum no. of characters: _____			

Note: Please use additional sheets, if necessary

I/We hereby agree to the terms and conditions governing the LANDBANK Link.BizPortal. I/We declare under oath that this LANDBANK Link.BizPortal Merchant Enrollment Form has been accomplished by me/ourselves, and is true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I/We also authorize the Land Bank of the Philippines and/or its authorized representative to verify/validate the contents stated herein.

Signature Over Printed Name

Signature Over Printed Name

Notes: 1. It is the responsibility of the client to inform the Bank should there be any changes in the Merchant Enrollment Form.

BANK USE ONLY

FOR BRANCH	FOR MCMD ENROLLMENT
Signature Verified by _____	Encoded by: _____
Checked by: _____	Approved by: _____
Approved by: _____	Approved by: _____
Signature Over Printed Name _____	Signature Over Printed Name _____
Signature Over Printed Name _____	Signature Over Printed Name _____

Distribution: Copy 1: MCMD Copy 2: Merchant Copy 3: LBP Depository Bank

Note: 1. Please write "Not Applicable" or N/A for fields with no applicable date and/or "Nothing Follows" immediately after the last item. Please use additional sheets, if necessary.