

## FVP MYVITA ASSISTANT (MVA) POWER WALLET ACTIVATION FORM

TO BE FILLED UP BY RM DEPT.: BASIC REQUIREMENTS SUBMITTED / ATTACHED:	TO BE FILLED UP BY DEALER:
<input type="checkbox"/> Bona fide Active FVP Dealer.	DEALER BANK ACCOUNT NAME
<input type="checkbox"/> POWERCARD number _____ (back of card, below barcode)	BANK NAME
<input type="checkbox"/> One (1) Valid government-issued ID and one (1) Secondary ID. (COLORED Copies of IDs with three (3) original signatures required) TYPE of IDs submitted: _____	BANK ACCOUNT NUMBER
<input type="checkbox"/> Proof of Bank Account. (Colored Copy of Passbook, or ATM Card)	<input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> INTERNATIONAL BANK <input type="checkbox"/> CURRENT ACCOUNT <input type="checkbox"/> LOCAL BANK
<input type="checkbox"/> Application Form with original signatures.	**Banks may charge fees for wire transfers, ATM withdrawals, or account maintenance.

### DEALER-APPLICANT'S INFORMATION

DEALER NAME (LAST NAME, FIRST NAME, MIDDLE NAME)		DEALER NO.
RESIDENCE ADDRESS		
BIRTHDATE	BIRTHPLACE	CITIZENSHIP / NATIONALITY
MOTHER'S MAIDEN NAME	NATURE OF WORK	SOURCE OF INCOME
ACTIVE SOCIAL MEDIA ACCOUNTS: 1. FB MESSENGER _____ 2. TWITTER _____ 3. IG _____ 4. OTHER _____	TIN  *MUST FILL UP: VALID/ACTIVE EMAIL ADDRESS: _____	*MUST FILL UP: MOBILE NUMBER: _____  <input type="checkbox"/> I allow First Vita Plus to register my mobile number for my MAYA account. Note: NO EXISTING MAYA ACCOUNT. Your mobile number will be your official Maya account number. Maya will send your activation confirmation via SMS/TEXT.

### SPECIMEN SIGNATURES

SIGNATURE	SIGNATURE	SIGNATURE
		DATE SIGNED

I hereby certify that all information given in this application is true and correct. I hereby authorize the issuer / representative/s to conduct independent verification of the information provided by me in connection with this application, including verification of my employment and/or credit history with other institutions/ persons.

☐ AGREE  
☐ DISAGREE

SIGN./DATE

### FOR FVPMC USE ONLY

<input type="checkbox"/> RM DEPARTMENT <input type="checkbox"/> I-OPS DEPARTMENT		RECEIVED BY:	
		SIGNATURE OVER PRINTED NAME	DATE RECEIVED
<input type="checkbox"/> RM DEPARTMENT <input type="checkbox"/> I-OPS DEPARTMENT		EVALUATED BY:	
		SIGNATURE OVER PRINTED NAME	DATE EVALUATED
RM DEPARTMENT		APPROVED BY:	
		SIGNATURE OVER PRINTED NAME	DATE APPROVED
I.T. DEPARTMENT		VERIFICATION AND PROCESSING	
		SIGNATURE OVER PRINTED NAME	DATE PROCESSED
ACCOUNTING DEPARTMENT		MAYA ACCOUNT PROCESSING	
		SIGNATURE OVER PRINTED NAME	DATE PROCESSED