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LANDBAI	NK						
Branch LANDBANK LINK.BIZPORTAL							
MERCHANT PAYMENT INQUIRY USER ENROLLMENT FORM							
New Enrollment   Update Information (Pls. specify:)   Delete Enrollment     Enrollment Date							
TYPE OF PARTNER-MERCHANT:							
SERVICE ENTERPRISE UNIVERSITY							
MERCHANT/AGENCY NAME			MERCHA	IERCHANT CODE			
NAME (USER 1)			TEL. NO.				
LAST NAME			E NAME	AREA CODE	TEL.	EXT.	
USER ID (Max of 15 characters)	(Max of 20 characters)	FAX NO.		ALTERNATE TEL.	NO.		
		AREA CODE TEL.	EXT.	AREA CODE	TEL.	EXT.	
DEPARTMENT		E-MAIL ADDRESS		MOBILE NO.			
NAME (USER 2)				TEL. NO.			
LAST NAME			E NAME	AREA CODE	TEL.	EXT.	
USER ID (Max of 15 characters)	USER NAME (Max of 20 characters)	FAX NO.		ALTERNATE TEL.	NO.		
DEPARTMENT		AREA CODE TEL. E-MAIL ADDRESS	EXT.	AREA CODE MOBILE NO.	TEL.	EXT.	
NAME (USER 3)				TEL. NO.			
LAST NAME	FIRST	r NAME MIDDL	E NAME	AREA CODE	TEL.	EXT.	
USER ID (Max of 15 characters)	USER NAME (Max of 20 characters)	FAX NO.		ALTERNATE TEL.	NO.		
		AREA CODE TEL.	EXT.	AREA CODE MOBILE NO.	TEL.	EXT.	
DEPARTMENT		E-MAIL ADDRESS		MOBILE NO.			
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 Payment Inquiry User 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 MPI Enrollment Form							
FOR BRANCH:		BANK USE ONLY	FOR	EPD ENROLLMENT:			
Signature Verified by:	Checked by:	Approved by:			Approved by:		
Signature Over Printed Name Signature Over Printed Name		ne Signature Over Printed Name Sign		ture Over Printed Name Signature Over		ted 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.     2.   Please use additional sheets, if necessary							
Merchant Payment Inquiry User Enrollment Form Page 1 of 1							