



CLIENT ENROLLMENT FORM

REMITTER INFORMATION

FULL NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name

ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street/ House No./ Bldg. No.	City	Postal Code

OTHER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Mobile Number	Email Address

BENEFICIARY INFORMATION

FULL NAME

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name

ADDRESS

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street/ House No./ Bldg. No.	City	Postal Code

OTHER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	Mobile Number	Email Address	Relationship to beneficiary

BANK / BRANCH INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank of Beneficiary	Bank Account No. of Beneficiary	Please indicate currency and if Checking or Savings Account

I hereby declare that the above information are accurate and correct. This is to authorize LMS Remittance to register the above-mentioned details as part of my remitter profile and to enroll the beneficiary as part of my authorized remittance beneficiaries. Should there be any problem or delay encountered with my remittance transaction arising from incorrect information which I have provided, I will render LMS Remittance and its principals free and harmless from any and all liabilities.

I wish to receive relevant marketing information from LMS Remittance and its 3rd party partners either via email, sms, post or voice call.

SIGNATURE OVER PRINTED NAME