

GCASH REGISTRATION FORM FOR AGENTS

 Already have a 	a GCash Account? ————				
If YES , please check the current status of your account.					
Fully Veri	fied				
Semi Veri	fied				
None.					
Agent's Inform	nation ————				
Name of Agent:					
Name of Agent.	First Name	Middle Nan	пе	Last Name	
Address:					
	Building/House No., Street, Barangay,				
		City, Province, Coun	try		
Date of Birth:		Place of Birth:			
	Month Day Year				
Mobile Number (as a	nrolled in GCash):				
GCash Mastercard N	o. (if available, please indicate):				
Nationality:		I.D. Type:			
Name of Employer:					
Source of Funds:					
 Additional Re 	quirements (for semi-verified	or new accounts)			
Please be reminded that you will be asked to provide additional requirements through your GCash mobile app:					
Picture (You wSpecimen Sign	vill be asked to take a selfie.) nature				
	ree (You will be asked to take a photo of yo	our valid ID.)			
You have 9	90 days to complete the above require	ements otherwise you	r semi-verified account w	ill be suspended.	
Authorization					
I certify that all information is complete and accurate. I hereby authorize Pacific Cross to enroll my mobile number,					
to their GCash Corporate Wallet.					
	NT: I understand that Pacific Cross collects and				
purposes provided in the Pacific Cross Privacy Statement (available at www.pacificcross.com.ph). By signing this form, I acknowledge that I have read and agree to the terms of the Privacy Statement, and understands that my data may be collected, shared, disclosed, transferred, used or otherwise processed by Pacific Cross in					
accordance with Data Privacy Act of 2012, its implementing rules and regulations, and the privacy Statement. Nothing in this form is intended to revoke or supersede any prior consent that I have given to Pacific Cross in respect of the processing activities involving my personal data.					
any phot consent that I	mave given to racine cross in respect of the pr	ocessing activities involving	my personal data.		
Agent's Name & Sigr	nature:		Date	e:	

PACIFIC CROSS HEAD OFFICE and CUSTOMER CARE CENTER: Pacific Cross Center, 8000 Makati Avenue, 1200 Makati City, Metro Manila, Philippines
PACIFIC CROSS 8 ROCKWELL MEDICAL SALES CENTER: Unit 8B, 8th Floor, 8 Rockwell Building, Hidalgo Drive, Makati City, Metro Manila, Philippines

1 +63 2 8230-8511

5 +63 2 8230-8570

6 client_services@pacificcross.com.ph