

Already have a GCash Account?

- ☐ If YES, please check the current status of your account.
- ☐ Fully Verified
- ☐ Semi Verified
- ☐ None.

Payee's Information

Name of Payee: First Name Middle Name Last Name

Address: Building/House No., Street, Barangay,

City, Province, Country

Date of Birth: Month Day Year Place of Birth:

Mobile Number (as enrolled in GCash):

GCash Mastercard No. (if available, please indicate):

Nationality: I.D. Type:

Name of Employer:

Source of Funds:

Additional Requirements (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 will be asked to take a selfie.)
- Specimen Signature
- Valid ID of Payee (You will be asked to take a photo of your valid ID.)

You have 90 days to complete the above requirements otherwise your semi-verified account will 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.

DATA PRIVACY CONSENT: I understand that Pacific Cross collects and uses my personal data to ensure timely processing of my request for payment and for the 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.

Payee's Name & Signature: _____ Date: _____