

Application Form for Cashier's Order

Name of Applicant:	<input type="text"/>
Contact number of Applicant:	<input type="text"/>
Name of Beneficiary:	<input type="text"/>
Purpose of Cheque	<input type="text"/>

Amount in Philippine Peso

Amount excluding charges	<input type="text"/>
Amount including charges	<input type="text"/>
Amount in words	<input type="text"/>

In payment, please debit my/our	Currency <input type="text"/>	Account No.: <input type="text"/>
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Authorize a representative to receive the Cashier's Order

I/We authorize <input type="text"/>	to receive the requested Cashier's Order
(name of authorized representative)	

Signature of Applicant 1	Signature of Applicant 2	Signature of Applicant 3	Signature of Applicant 4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cashier's Order RECEIVED
By: _____ Date: _____

For Bank Use Only

Please tick if verified

<input type="checkbox"/> E97	<input type="checkbox"/> World Check (For Demand Draft Application only)
<input type="checkbox"/> E921	<input type="checkbox"/> OPS 54/BOG 3

CO/DD Cheque No. _____

☐ SPECIAL INSTRUCTIONS/C42

Checked by: _____

Officer's Signature _____