



**BUREAU OF THE TREASURY**  
**BTr Form 1**  
(To be accomplished in quadruplicate)

**REQUEST FOR AUTHORITY TO  
OPEN ACCOUNT**

<b>1 Name of Implementing Agency/Unit</b>		<b>2 Date of Application</b>  (MM/DD/YYYY)	
<b>3 Address</b>		<b>4 UACS Organization Code</b>	
<b>5 MDS Sub-Account (thru AGSB)</b> <input type="checkbox"/> <b>Regular</b> <input type="checkbox"/> For Regular Operations <input type="checkbox"/> Special Account in the General Fund (SAGF) <input type="checkbox"/> <b>Foreign Assisted Projects (FAPs)</b> <input type="checkbox"/> GOP Counterpart <input type="checkbox"/> Loan Proceeds <input type="checkbox"/> Grant Proceeds/Donations (with term exceeding one year) <input type="checkbox"/> <b>Trust</b> <input type="checkbox"/> Grant Proceeds/Donations (with term not exceeding one year) <input type="checkbox"/> Inter-Agency Transferred Funds (IATF) <input type="checkbox"/> Other than IATF _____		<b>6 Bank Account (thru AGDB)</b> <input type="checkbox"/> <b>Current</b> <input type="checkbox"/> Revolving Fund <input type="checkbox"/> Pass-through Account (Disbursement Account) <input type="checkbox"/> Others _____ <input type="checkbox"/> <b>Savings</b> <input type="checkbox"/> Revolving Fund <input type="checkbox"/> Others _____ <input type="checkbox"/> <b>Foreign Currency Deposit Account</b> <input type="checkbox"/> USD <input type="checkbox"/> Others _____	
<b>7 Legal Basis and Purpose of Opening the Account</b> (Check all applicable, state pertinent section/provision, and attach a copy) <input type="checkbox"/> Republic Act No. (if per GAA, indicate the GAA, year, SP/GP) _____ <input type="checkbox"/> Executive Order No. _____ <input type="checkbox"/> FAPs (Indicate the project title and loan agreement) _____ <input type="checkbox"/> Others (e.g. Special Provision in the GAA) _____			
<b>8 UACS Funding Source Code</b> (See list per Annex C)		<b>9 Fund Category</b> (See list per Annex C)	
<b>10 Authorized Signatory / Signatories</b>  _____ Signature over Printed Name and Position      Date      Signature over Printed Name and Position      Date			
<b>11 Name of the Head of Agency / Authorized Officer</b>  _____ Signature over Printed Name and Position      Date			
<b>12 Bank Branch Name and Address where the Agency / Bureau / Office Intends to Open an Account</b>			
<b>Do not fill-up this portion (For Bureau of the Treasury use only)</b>			
Application Reference No. _____ Recommendation _____ Evaluated by _____  _____ Name and Position      Date		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved      Reason for Disapproval: _____  _____ Regional Director / Authorized Approver      Date	
The approved BTr Form 1 shall be valid within six (6) months from the date of receipt by the Requesting Agency. Valid until (MM/DD/YYYY) _____ - _____ - _____			
<b>Do not fill-up this portion (For AGDB/AGSB use only)</b>			
This is to confirm the existence of Account Name _____ (Complete Account Name) under _____ with Account No. _____ (Name of Agency) (Account Number) in branch _____ opened on _____ (Name and Address of Bank Branch) (MM/DD/YYYY)  _____ Signature over Printed Name of Authorized Bank Officer      Date			
The AGDB/AGSB-accomplished BTr Form 1 shall be returned to BTr Provincial/District Office upon opening of account.			