

I am applying for: Classic Gold Platinum

 APPLICATION NO.

Note: You may receive a different card type depending on our credit evaluation.

APPLICATION REQUIREMENTS				Photocopy of One (1) Valid ID with Photo (for principal and supplementary)			
1. Applicant must be between 21 to 65 years old for principal cardholder and at least 15 years old for Supplementary. 2. Filipino resident or local resident foreigner. 3. Minimum annual income requirement is P120,000 for Classic MasterCard, P455,000 for Gold MasterCard and P1,200,000 for Platinum MasterCard. 4. Must have an office or business landline and a residence landline or post paid mobile phone.				<ul style="list-style-type: none"> • Passport • Driver's License • Company ID • Voter's ID • TIN ID • SSS ID • Postal ID • Philippine Regulation Commission (PRC) • Student ID issued and signed by the principal or head of the school for the current school year • Other government issued IDs 			
DOCUMENTS REQUIRED							
EMPLOYED	SELF-EMPLOYED			PROFESSIONAL		NON-FILIPINO CITIZEN	
<input type="checkbox"/> Original and latest Certificate of Employment and Compensation (COEC) - MANDATORY <input type="checkbox"/> Copy of Latest BIR Form 2316/W2 <input type="checkbox"/> Pay slips for the last 3 months preceding the date of application	Copy of complete business papers (MANDATORY): <input type="checkbox"/> Single Proprietorship - Certificate of Registration of Business Name issued by DTI <input type="checkbox"/> Partnership - Articles of Partnership and Certificate of Registration issued by SEC <input type="checkbox"/> Corporation - Latest Articles of Incorporation (AOI), By Laws (BL) and Certificate of Registration issued by SEC, Certificate of Filing of AOI and BL, Board Resolution or Secretary's Certificate and List of Elected Officers <input type="checkbox"/> Latest Income Tax Return with Bank / BIR Stamp <input type="checkbox"/> Latest Audited Financial Statements (AFS) for the last 2 years with BIR/Bank stamp <input type="checkbox"/> Bank Statement for the last 6 months			<input type="checkbox"/> Latest Income Tax Return with Bank / BIR Stamp (MANDATORY) <input type="checkbox"/> Latest AFS for the last 2 years with BIR/Bank stamp <input type="checkbox"/> Bank Statement for the last 6 months		<input type="checkbox"/> Original and latest Certificate of Employment and Compensation (MANDATORY) <input type="checkbox"/> Deed of Assignment for Hold-Out on Deposit (MANDATORY) <input type="checkbox"/> Original Comfort Letter (MANDATORY) <input type="checkbox"/> Special Investor's Resident Visa <input type="checkbox"/> Visa issued by PEZA <input type="checkbox"/> Certified True Copy of Passport <input type="checkbox"/> Certified True Copy of ACR or work permit	
PERSONAL INFORMATION							
TITLE <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		LAST NAME		FIRST NAME		MIDDLE NAME	
Name to appear on the card (Limited to 19 characters including spaces)							
BIRTHDATE (mm/dd/yyyy)		PLACE OF BIRTH		NATIONALITY		CITIZENSHIP	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		HOME OWNERSHIP <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Used Free <input type="checkbox"/> Company Provided <input type="checkbox"/> Others		EDUCATION <input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Some College <input type="checkbox"/> Graduate School	
MOTHER'S MAIDEN NAME						NUMBER OF DEPENDENTS	
HOME ADDRESS (PRESENT) Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code						TIN SSS / GSIS	
PERMANENT ADDRESS Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code						HOME PHONE NUMBER	
YEARS OF STAY		MOBILE NUMBER <input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid		ID SUBMITTED Type _____ Number _____		EMAIL ADDRESS I authorized the Bank to send updates and promotional information using my email address as indicated herein. <input type="checkbox"/> YES <input type="checkbox"/> NO	
REFERENCE PERSON			CONTACT NUMBER/S			RELATIONSHIP	
ADDRESS						EMAIL ADDRESS	
ZIP CODE							
WORK AND FINANCES							
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		NAME OF OFFICE / BUSINESS		OFFICE / BUSINESS ADDRESS			ZIP CODE
OFFICE / BUSINESS PHONE NUMBER		FAX NUMBER		OFFICE / BUSINESS E-MAIL ADDRESS			YEARS W/ PRESENT EMPLOYER
NO. OF YEARS WORKING		EMPLOYMENT TYPE <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Self-Employed <input type="checkbox"/> Variable / Commission Based <input type="checkbox"/> Retired <input type="checkbox"/> Others		POSITION <input type="checkbox"/> Senior Management <input type="checkbox"/> Executive <input type="checkbox"/> Non-Officer <input type="checkbox"/> Teaching / Educational <input type="checkbox"/> Director <input type="checkbox"/> Supervisor <input type="checkbox"/> Professional <input type="checkbox"/> Sales <input type="checkbox"/> Others: _____		INDUSTRY / BUSINESS TYPE <input type="checkbox"/> Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail / Wholesale <input type="checkbox"/> Agriculture / Forestry <input type="checkbox"/> Hotel / Restaurant <input type="checkbox"/> Government <input type="checkbox"/> Medical <input type="checkbox"/> Banking and Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Utilities <input type="checkbox"/> Transport / Shipping <input type="checkbox"/> IT / Telco <input type="checkbox"/> Construction <input type="checkbox"/> Travel Related <input type="checkbox"/> Education <input type="checkbox"/> Mining <input type="checkbox"/> Entertainment <input type="checkbox"/> BPO <input type="checkbox"/> Others: _____	
GROSS ANNUAL INCOME		OTHER INCOME		SOURCE OF FUNDS <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Pension <input type="checkbox"/> Remittance <input type="checkbox"/> Interest <input type="checkbox"/> Others _____			DO YOU OWN A CAR? <input type="checkbox"/> Yes, how many? _____ <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employed <input type="checkbox"/> Company Leased
DEPOSIT ACCOUNT WITH BANK OF COMMERCE Branch _____ Type of Account _____ Deposit Balance _____				OTHER CREDIT CARD Issuing Bank _____ Card Number _____ Credit Limit _____ Year Issued _____		OTHER CREDIT CARD Issuing Bank _____ Card Number _____ Credit Limit _____ Year Issued _____	
SPOUSE INFORMATION							
TITLE <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		LAST NAME		FIRST NAME		MIDDLE NAME	
BIRTHDATE (mm/dd/yyyy)		CITIZENSHIP		E-MAIL ADDRESS		MOBILE NUMBER <input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid	
NAME OF OFFICE / BUSINESS		OFFICE ADDRESS			ZIP CODE		OFFICE PHONE NUMBER
YEARS WITH PRESENT EMPLOYER							

RELATIONSHIP TO GOVERNMENT OFFICIAL (1st degree of consanguinity and affinity) (Please use another sheet if necessary)

NAME	RELATIONSHIP	HIGHEST POSITION OCCUPIED	PERIOD COVERED

SUPPLEMENTARY CARDHOLDER INFORMATION (applicant must be at least 15 years old)

SUPPLEMENTARY CARD

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		LAST NAME		FIRST NAME		MIDDLE NAME	
Name to appear on the card (Limited to 19 characters including spaces)							
BIRTHDATE (mm/dd/yyyy)		PLACE OF BIRTH		NATIONALITY		CITIZENSHIP	
RELATIONSHIP TO APPLICANT		TIN / SSS / GSIS					
HOME ADDRESS (PRESENT) Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code						MOBILE PHONE NUMBER	
PERMANENT ADDRESS (IF DIFFERENT FROM HOME ADDRESS) Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code						HOME PHONE NUMBER	
YEARS OF STAY		CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed		SOURCE OF FUNDS <input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Interest <input type="checkbox"/> Business <input type="checkbox"/> Remittance <input type="checkbox"/> Others		ID SUBMITTED Type _____ Number _____	
EMAIL ADDRESS I authorized the Bank to send updates and promotional information using my email address as indicated herein. <input type="checkbox"/> YES <input type="checkbox"/> NO							
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		NAME OF OFFICE / BUSINESS		OFFICE / BUSINESS ADDRESS			ZIP CODE
OFFICE / BUSINESS PHONE NUMBER		FAX NUMBER		OFFICE / BUSINESS E-MAIL ADDRESS		YEARS W/ PRESENT EMPLOYER	NO. OF YEARS WORKING
EMPLOYMENT TYPE <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Self-Employed <input type="checkbox"/> Variable / Commission Based <input type="checkbox"/> Retired <input type="checkbox"/> Others		POSITION <input type="checkbox"/> Senior Management <input type="checkbox"/> Executive <input type="checkbox"/> Non-Officer <input type="checkbox"/> Teaching / Educational <input type="checkbox"/> Others		<input type="checkbox"/> Director <input type="checkbox"/> Supervisor <input type="checkbox"/> Professional <input type="checkbox"/> Sales		INDUSTRY / BUSINESS TYPE <input type="checkbox"/> Real Estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail / Wholesale <input type="checkbox"/> Agriculture / Forestry <input type="checkbox"/> Hotel / Restaurant <input type="checkbox"/> Government <input type="checkbox"/> Medical	
<input type="checkbox"/> Banking and Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Utilities <input type="checkbox"/> Transport / Shipping <input type="checkbox"/> IT / Telco <input type="checkbox"/> Construction <input type="checkbox"/> Travel Related		<input type="checkbox"/> Education <input type="checkbox"/> Mining <input type="checkbox"/> Entertainment <input type="checkbox"/> BPO <input type="checkbox"/> Others: _____					

RELATIONSHIP TO GOVERNMENT OFFICIAL (1st degree of consanguinity and affinity) (Please use another sheet if necessary)

NAME	RELATIONSHIP	HIGHEST POSITION OCCUPIED	PERIOD COVERED

Sub-limit assignment begins at a minimum of P5,000 and increments of P5,000. The sub-limit given to the Supplementary cardholder is part of the Principal cardholder's credit limit. The maximum spending limit of the Supplementary cardholder shall not exceed the approved credit limit of the Principal cardholder. If no sub-limit is indicated, the default will be 100% of Principal cardholder's credit limit.

CREDIT LIMIT TO BE ASSIGNED (SUBLIMIT)

DELIVERY AND MAILING INSTRUCTIONS

MAILING ADDRESS

Deliver my Bank of Commerce Credit Card and Statement of Account to my:

HOME ADDRESS BUSINESS ADDRESS

E-STATEMENT FACILITY

YES, I want to receive my monthly Statement of Account via email. My email address is: _____

By providing my email address, I agree to be automatically enrolled in Bank of Commerce E-Statement Facility. I will receive my Statement of Account via my email address stated above and I will no longer receive paper copy via mail.

By signing up for and/or using the E-Statement Facility, the Cardholder accepts and agrees to be bound by all operational rules and general terms and conditions governing the Bank of Commerce Credit Card E-Statement, which can be found at the Bank's website at bank.com.com.ph.

MODE OF PAYMENT

Pay to Bank Auto Debit my Account
If Account Number is not provided, payment mode is "Pay to Bank"
Auto Debit my Bank of Commerce Peso Account No.

Full Amount Due Minimum Amount Due
Auto Debit my Bank of Commerce Dollar Account No.

Full Amount Due Minimum Amount Due
If no selection is made, the default will be "Minimum Amount Due"

FEES AND CHARGES

	CLASSIC	GOLD	PLATINUM
Annual Membership Fee	FREE for the 1 st Year	FREE for the 1 st Year	WAIVED
Principal Card	Php1,200	Php2,500	WAIVED
Supplementary Card	Php600	Php1,250	WAIVED
Finance Charge / Effective Interest Rate per Month	3.25%	3.25%	2.95%
Finance Charge/ Interest Rate Computation	Interest charge is computed based on the average daily balance (ADB) computed from the transaction date for retail transactions, monthly installments, fees, credits/payments and cash advance until the next statement date. Any finance charge due but unpaid will form part of the principal balance and will continue to earn finance charge.		
Minimum Amount Due	5% of the Total Outstanding Balance or Php500 whichever is higher (Peso billing) or 3% of the Total Outstanding Balance or USD50 whichever is higher (Dollar billing). The minimum amount due consists of the following: (a) a % of the Total Outstanding Balance inclusive of all fees and charges (b) past due amount, (c) monthly installment amount; (d) any amount in excess of the credit limit. The minimum amount due is the sum of (a), (b), (c) & (d) or P500 , whichever is higher.		

FEES AND CHARGES (cont.)

Late Payment Fee	5% of minimum amount due or Php500 whichever is higher	5% of minimum amount due or Php500 whichever is higher; or 5% of minimum amount due or \$10 whichever is higher
Cash Advance Fee & Interest	5% of the amount withdrawn or Php300 whichever is higher plus 3.25% prevailing Interest Charge which will be computed from the date of transaction until full settlement of the cash advance amount.	5% of the amount withdrawn or Php300 whichever is higher plus 2.95% prevailing Interest Charge which will be computed from the date of transaction until full settlement of the cash advance amount.
Cash Advance Service Charge (Over-the-Counter)	Php100	
Foreign Currency Conversion Fee	Purchases in foreign currencies will be converted automatically to Philippine Peso at MasterCard's currency conversion rate plus foreign currency conversion fee of 2.5% (consists of MasterCard's assessment fee and Bank of Commerce Service Fee)	Purchases in third currencies will be converted automatically to US dollar at MasterCard's currency conversion rate plus foreign currency conversion fee of 2.5% (consists of MasterCard's assessment fee and Bank of Commerce Service Fee)
Charge Slip Retrieval Fee	Php200 for local and Php300 for International purchases	
Card Replacement Fee	Php300 for lost card and Php200 for damaged card	
Returned Check Fee	Php1,000	
Installment Acceleration Fee	Php1,000	
Closed Account Maintenance Fee	Php200	
Gaming Service Transaction Fee	3% of the transaction amount	

CUSTOMER UNDERTAKING AND DECLARATION

By signing this application or supplementary application below, I signify that I am applying for a Bank of Commerce credit card. I hereby acknowledge and agree that by applying, or by calling to request for card activation, or by signing or using my Bank of Commerce credit card, I signify my understanding of, and my agreement to be governed by the Terms and Conditions Governing the Issuance and Use of the Bank of Commerce Credit Card and all future amendments thereto, which can be found at Bank of Commerce website at www.bankcom.com.ph.

I warrant that all information given in this application form is true and correct. I authorize you to verify the information in this application and to receive and exchange information about me, including requesting reports from consumer credit reporting or reference schemes. I also authorize you and your affiliates to contact these sources for information anytime, to use information about me, including information from this application and from consumer credit reports, for marketing and administrative purposes and to share such information with each other. I further authorize and consent to Bank of Commerce to be the recipient of these information.

I further authorize Bank of Commerce to conduct random verification with the Bureau of Internal Revenue (BIR), any other appropriate government agencies or third parties to establish authenticity of the information declared and documents submitted (e.g. bank statements, certificate of employment, payslips and ITR) for processing and evaluating my application and hereby further waive confidentiality rules and laws as applicable.

I hereby acknowledge and authorize: 1.) the regular submission and disclosure of my basic credit data as defined under R.A. 9510 and its implementing Rules and Regulations to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and 2.) the sharing of my basic data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

I hereby agree to waive my rights regarding the confidentiality of deposits under R.A. 1405, as amended, as the disclosure is necessary and relevant in the evaluation of my application for the Bank of Commerce credit card and to ensure a successful debit under an auto debit payment arrangement with my Bank of Commerce bank account should I decide to avail of the auto debit payment facility for my Bank of Commerce credit card.

I hold myself liable for all obligations and liabilities incurred with the use of the Bank of Commerce credit card and supplementary card/s.

In the event my application for Bank of Commerce credit card is disapproved, Bank of Commerce is under no obligation to provide me with the reason for such a decision. I understand that the application form and documents submitted to Bank of Commerce will not be returned for whatever reason.

I agree and authorize the Bank to send any form of communication associated with its products to me, unless I expressly notify the Bank otherwise.

I hereby and undertake to inform Bank of Commerce immediately of any change in any information/declaration contained herein or in the documents/papers submitted by me.

I further understand that the Bank of Commerce reserves the right to cancel the Bank of Commerce credit card without prior notice if it is later determined that the information being certified by me is false.

Upon demand by Bank of Commerce for payment of the card purchases, any money, deposit or other property of any kind whatsoever to the credit of my account in the books of Bank of Commerce in transit or in its possession, may without notice, be applied at its sole discretion, to the full or partial payment of Bank of Commerce credit card purchases. I irrevocably authorize Bank of Commerce, without necessity of prior notice, to apply monies, deposits or other property of any kind whatsoever, to the payment of my indebtedness.

PRINCIPAL APPLICANT'S SIGNATURE

SUPPLEMENTARY APPLICANT'S SIGNATURE

FOR BANK USE ONLY

PRINCIPAL APPLICANT'S CIF NUMBER	SUPPLEMENTARY APPLICANT'S CIF NUMBER	REFERRED BY	BRANCH / SOURCE CODE	DATE	DOC. IMAGE NO.
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FOR SALES AGENCY USE ONLY

AGENCY NAME	AGENT NAME	AGENCY CODE	AGENT CODE	DOC. IMAGE NO.
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