

MasterCard Rewards Plus Redemption

Important reminders:

- 1) The Cardholder must completely fill out and sign the MasterCard Rewards Plus Redemption Form.
- 2) MasterCard Rewards Plus Redemption Form with incomplete details will not be processed.
- 3) For Item Code, Item Description and Points Required, please refer to the Rewards Catalog found at www.bankcom.com.ph.
- 4) Cardholders must submit the MasterCard Rewards Plus Redemption Form via the following:
 - a) Email (customerservice@bankcom.com.ph)
 - b) Fax (02-632-3299 routing code:3258)
 - c) Any Bank of Commerce branch
- 5) Redemption request is subject to Cardholder's account validation prior to processing by the Bank.
- 6) Item/s for redemption is/are subject to stock availability.
- 7) By default, the redeemed item will be delivered to the Cardholder's current billing address on record unless requested otherwise.
- 8) Redeemed Annual Fee Waiver adjustments will be reflected on the next billing statement.
- 9) For Air Miles redemption, Cardholder must have a valid Air Miles Membership Number in order to process the request.
- 10) Please refer to the complete Bank of Commerce MasterCard Rewards Plus Terms & Conditions at www.bankcom.com.ph.

Please charge my total redemption including the required Rewards Points to my account:

| Cred | it Card Number | | | | - | X | X | X | X | _ | X | X | X | X | - | | | | |
|------|------------------------------|----------------|------------------|-------|--------|------------------|---------------------|-------|--------|-------|---------------|--------------|-------|-------------------------|-------------------|--------|---------|-----------|--------|
| Card | holder's Last Name: | | | F | irst N | ame: | | ı | 1 | l | ı | | | Midd | lle Na | ne: | | l | |
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| Date | of Birth: | Mobile Number: | | | | | Home Telephone Numb | | | | | nber: Office | | | Telephone Number: | | | | |
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| Ema | il Address: | Home Ad | dress: | | | | | | | | | | | | | | | | |
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| l. | Item Redemption | | | | | | | | | | | | | | | | | | |
| lt | em Code | Item | Item Description | | | | | | Qty | , | Required Poin | | | oints Total Required Po | | | | | nts |
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| Deli | very Address: Home | ☐ Office | | Othe | er: | | | | | | | | | | | | | | |
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| II. | | | | | | mbership Number: | | | | | | | | | | | | | |
| lt | em Code | Item | Item Description | | | | | | Qty | / | Requ | uired | Poin | oints | | al Rec | ıuired | ired Poin | nts |
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| | ning this MasterCard Reward | | emptio | n For | m, I | hereb | y agre | e to | be bou | und b | y the | Term | s and | Cond | ditions | gover | ning th | е Ва | ank of |
| Comm | nerce MasterCard Rewards Plu | s Program. | | | | | | | | | | | | | | | | | |
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| | Cardholder's Signature C | | | Date | | | | | | | | | | | | | | | |
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| Date | e Received: | Processed by: | | | | | | | | | Checked by: | | | | | | | | |
| Rem | arks: | | I | | | | | | | | | | | | | | | | |
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