



APPLICATION REQUIREMENTS				PHOTOCOPY OF ONE (1) VALID ID WITH PHOTO			
1. Principal cardholder may be allowed up to maximum of six (6) supplementary cards. 2. Supplementary card applicant must be at least 15 years old.				<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 			
PRINCIPAL CARDHOLDER INFORMATION							
NAME				CARD NUMBER			
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/>			
SUPPLEMENTARY CARDHOLDER INFORMATION							
LAST NAME		FIRST NAME		MIDDLE NAME		GENDER	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name to appear on the card (Limited to 19 characters including spaces)						TIN	
BIRTHDATE (mm/dd/yyyy)		PLACE OF BIRTH		NATIONALITY		CITIZENSHIP	
RELATIONSHIP TO PRINCIPAL CARDHOLDER						SSS/GSIS	
HOME ADDRESS (PRESENT)						MOBILE PHONE NUMBER	
Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code							
PERMANENT ADDRESS						YEARS OF STAY	
Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code							
CIVIL STATUS		SOURCE OF FUNDS		ID SUBMITTED		EMAIL ADDRESS	
<input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed		<input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Donation <input type="checkbox"/> Business <input type="checkbox"/> Remittance <input type="checkbox"/> Interest <input type="checkbox"/> Others: _____		Type _____ Number _____		I authorize 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	
EMPLOYMENT TYPE		POSITION		INDUSTRY / BUSINESS TYPE		FUNDS / AVE. MONTHLY INCOME	
<input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: _____		<input type="checkbox"/> Senior Management <input type="checkbox"/> Director <input type="checkbox"/> Executive <input type="checkbox"/> Supervisor <input type="checkbox"/> Non-Officer <input type="checkbox"/> Professional <input type="checkbox"/> Teaching / Educational <input type="checkbox"/> Sales <input type="checkbox"/> Others: _____		<input type="checkbox"/> Real Estate <input type="checkbox"/> Banking and Finance <input type="checkbox"/> Education <input type="checkbox"/> Manufacturing <input type="checkbox"/> Insurance <input type="checkbox"/> Mining <input type="checkbox"/> Retail / Wholesale <input type="checkbox"/> Utilities <input type="checkbox"/> Entertainment <input type="checkbox"/> Agriculture / Forestry <input type="checkbox"/> Transport / Shipping <input type="checkbox"/> BPO <input type="checkbox"/> Hotel / Restaurant <input type="checkbox"/> IT / Telco <input type="checkbox"/> Government <input type="checkbox"/> Construction <input type="checkbox"/> Medical <input type="checkbox"/> Travel Related		<input type="checkbox"/> Under P 10,000 <input type="checkbox"/> P 10,000 - P 19,999 <input type="checkbox"/> P 20,000 - P 49,999 <input type="checkbox"/> P 50,000 - P 99,999 <input type="checkbox"/> P 100,000 - P 249,999 <input type="checkbox"/> P 250,000 and above	
PROFESSION		RANK					
MOTHER'S MAIDEN NAME				SPOUSE NAME			
RELATIONSHIP TO GOVERNMENT OFFICIAL (1st degree of consanguinity and affinity) (Please use another sheet if necessary)							
NAME		RELATIONSHIP		HIGHEST POSITION OCCUPIED		PERIOD COVERED	
RELATIONSHIP TO BANK OF COMMERCE ACCOUNTHOLDER/S (Please use another sheet if necessary)							
NAME				RELATIONSHIP			
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)	
CUSTOMER UNDERTAKING AND DECLARATION							
By signing this application below, I/we warrant that all information given in this application form is true and correct. I/we authorize you to verify the information in this application and to receive and exchange information about me/us, including requesting reports from consumer credit reporting or reference schemes. I/we also authorize you and your affiliates to contact these sources for information anytime, to use information about me/us, including information from this application and from consumer credit reports, for marketing and administrative purposes and to share such information with each other. I/we further authorize and consent to Bank of Commerce to be the recipient of these information.							
In the event this application is disapproved, Bank of Commerce is under no obligation to provide me/us with the reason for such a decision. I/we understand that the application form and documents submitted to Bank of Commerce will not be returned for whatever reason.							
I/we further understand that Bank 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/us is false.							
I/we agree and authorize the Bank to send any form of communication associated with its products to me/us, unless I/we expressly notify the Bank otherwise.							
As the Principal cardholder, I shall be liable for all purchases, cash advances, fees and charges incurred using the Supplementary Card. Any purchase, cash advances, fees or charges made using the Supplementary Card is my liability as the Principal Cardholder whether or not I consented to the same.							
I/we signify my/our understanding of, and my/our 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 .							
PRINCIPAL APPLICANT'S SIGNATURE				SUPPLEMENTARY APPLICANT'S SIGNATURE			
FOR BANK USE ONLY							
<input type="checkbox"/> CUSTOMER WAS CHECKED AGAINST BANK'S WATCHLIST <input type="checkbox"/> CUSTOMER WAS RISK PROFILED (___LOW___MEDIUM___HIGH) CRP NO. ____ RISK SCORE ____ <input type="checkbox"/> CUSTOMER IS A BANK OF COMMERCE EMPLOYEE <input type="checkbox"/> CUSTOMER HAS US INDICIA <input type="checkbox"/> CUSTOMER IS RECALCITRANT _____				<input type="checkbox"/> CUSTOMER IS PEP / PEP-RELATIVE / PEP-AFFILIATE <input type="checkbox"/> CUSTOMER IS A BANK OF COMMERCE RELATED PARTY <input type="checkbox"/> CUSTOMER IS A RELATIVE OF A BANK OF COMMERCE EMPLOYEE (UP TO 2ND DEGREE OF CONSANGUINITY / AFFINITY) NAME OF EMPLOYEE _____ RELATIONSHIP _____			
PRINCIPAL APPLICANT'S CIF NUMBER		SUPPLEMENTARY APPLICANT'S CIF NUMBER		REFERRED BY		BRANCH / SOURCE CODE	
						DATE	
						DOC. IMAGE NO.	
FOR SALES AGENCY USE ONLY							
AGENCY NAME		AGENT NAME		AGENCY CODE		AGENT CODE	