

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

SUPPLEMENTARY CARD

LAST NAME	FIRST NAME	MIDDLE NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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Name to appear on the card (Limited to 19 characters including spaces)			TIN
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BIRTHDATE (mm/dd/yyyy)	PLACE OF BIRTH	NATIONALITY	CITIZENSHIP	RELATIONSHIP TO PRINCIPAL CARDHOLDER	SSS / GSIS
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HOME ADDRESS (PRESENT) <small>Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code</small>				MOBILE PHONE NUMBER
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PERMANENT ADDRESS <small>Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code</small>				YEARS OF STAY	HOME PHONE NUMBER
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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"/> Donation <input type="checkbox"/> Business <input type="checkbox"/> Remittance <input type="checkbox"/> Interest <input type="checkbox"/> Others	ID SUBMITTED Type _____ Number _____	EMAIL ADDRESS 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
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<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	NAME OF OFFICE / BUSINESS	OFFICE / BUSINESS ADDRESS	ZIP CODE
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OFFICE / BUSINESS PHONE NUMBER	FAX NUMBER	OFFICE / BUSINESS E-MAIL ADDRESS	YEARS W/PRESENT EMPLOYER	NO. OF YEARS WORKING
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EMPLOYMENT TYPE <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: _____	POSITION <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: _____	INDUSTRY / BUSINESS TYPE <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"/> Others: _____ <input type="checkbox"/> Government <input type="checkbox"/> Construction <input type="checkbox"/> Medical <input type="checkbox"/> Travel Related	FUNDS / AVE. MONTHLY INCOME <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
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MOTHER'S MAIDEN NAME	SPOUSE NAME
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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)
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DELIVERY AND MAILING INSTRUCTIONS

MAILING ADDRESS	
Deliver my Bank of Commerce Credit Card:	
<input type="checkbox"/> HOME ADDRESS	<input type="checkbox"/> BUSINESS ADDRESS

E-STATEMENT FACILITY	
<input type="checkbox"/> By providing my email address in this application, 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 and I will no longer receive paper copy via mail. By signing up for and/or using the E-Statement Facility, I accept and agree 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 bankcom.com.ph. If no email address is provided, a paper copy of the Statement of Account will be sent to the declared billing address.	

MODE OF PAYMENT

<input type="checkbox"/> Pay to Bank	<input type="checkbox"/> Auto Debit my Account
<i>If Account Number is not provided, payment mode is "Pay to Bank"</i>	
Auto Debit my Bank of Commerce Peso Account No. _____	
<input type="checkbox"/> Full Amount Due	<input type="checkbox"/> Minimum Amount Due
Auto Debit my Bank of Commerce Dollar Account No. _____	
<input type="checkbox"/> Full Amount Due	<input type="checkbox"/> Minimum Amount Due
IMPORTANT: • The Bank of Commerce deposit account must be under the Applicant's name. • Default will be MINIMUM AMOUNT DUE if no selection has been made.	

FEES AND CHARGES

	CLASSIC	GOLD	PLATINUM	WORLD
Annual Membership Fee				
Principal Card	Php1,200	Php2,500	WAIVED	Php5,000
Supplementary Card	Php600	Php1,250	WAIVED	Php2,500
Finance Charge / Effective Interest Rate per Month	3.25%	3.25%	2.95% (Core) 2.5% (Priority Access)	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 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; and (d) any amount in excess of the credit limit. The minimum amount due is the sum of (a), (b), (c) and (d) or P500/USD50 , whichever is higher.			
Late Payment Fee	Php700 or the unpaid Minimum Amount Due, whichever is lower.		Php700 or the unpaid Minimum Amount Due, whichever is lower (Peso Billing); USD12 or the unpaid Minimum Amount Due, whichever is lower (Dollar Billing).	
Cash Advance Fee and Interest	5% of the amount withdrawn or Php300 whichever is higher plus prevailing interest rate which will be computed from the date of transaction until full settlement of the cash advance amount.		5% of the amount withdrawn or Php 300 whichever is higher (Peso Billing); 2% of the cash advance amount or USD2 , whichever is higher (Dollar Billing) plus prevailing interest rate which will be computed from the date of transaction until full settlement of the cash advance amount.	
Cash Advance Fee and Interest (Over-the-Counter)	Php100			
Gaming Service Transaction Fee	3% of the transaction amount			

FEES AND CHARGES (cont.)

	CLASSIC	GOLD	PLATINUM	WORLD
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 (non-dollar) 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			

CUSTOMER UNDERTAKING AND DECLARATION

By signing this application or supplementary application below, I am applying for a Bank of Commerce credit card. I 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 understand and agree to be governed by the Terms and Conditions Governing the Issuance and Use of 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 is true and correct. I authorize Bank of Commerce, its branches, units, affiliates, subsidiaries, authorized representatives and accredited third-party partners to verify the information in this application and accompanying documents 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; to submit, disclose, share and exchange my basic credit data and the information about me to the Credit Information Corporation (CIC), other lenders authorized by the CIC, credit reporting agencies duly accredited by the CIC pursuant to Republic Act No. 9510 and its implementing Rules and Regulations, to other government agencies or third parties to process and evaluate my application for Bank of Commerce Credit Card; or to report/ request reports from consumer credit reporting reference schemes.

Data Privacy Consent

Acknowledging and exercising my rights under Republic Act No. 10173, otherwise known as the Data Privacy Act and its Implementing Rules and Regulations, I hereby give my consent to Bank of Commerce and/ or its branches, units, agents authorized representatives, representative offices, affiliates, subsidiaries, and accredited third-party partners, counterparties, correspondent banks and service providers to process, use and share among themselves the personal information written on the application for credit card/ supplementary credit card as well as the information obtained in the course of my transactions with Bank of Commerce, its branches or units in relation to my credit card, or obtained from third parties for purposes of client identification, client risk profiling/ assessment, product development and improvement, market research, communications relevant to the life cycle or usage of my credit card, compliance with BSP rules and regulations, anti-money laundering laws, rules and regulations, FATCA, and such other purposes as may be allowed by law.

I also acknowledge that my Personal Data (*refers to ALL types of personal information - personal, sensitive and privileged as defined under the Data Privacy Act as its Implementing Rules and Regulations*) shall be retained for a period of not less than five (5) years from the time my credit card is cancelled or terminated as required or allowed under applicable laws, rules and regulations, unless a longer retention is necessary in view of any investigation is being conducted, or a criminal, civil, or administrative case has been filed in a competent judicial or administrative body where I or my account is involved or impleaded as a party to the case or investigation, in which cases, to the extent necessary, my Personal Data shall be preserved beyond five (5) year period until such time that a final judgement has been reached by the judicial or administrative body.

I likewise hereby give my consent to Bank of Commerce and/or its branches, units, agents, authorized representatives, representative offices, affiliates, subsidiaries, and accredited third-party partners, counterparties, correspondent banks and service providers to offer especially selected products and services to me through mail, email, fax, SMS, or by telephone to ensure that I will have the opportunity to avail of a wide range products, services and facilities of Bank of Commerce, its subsidiaries and affiliates, third party partners, counterparties, correspondent banks and service providers.

The foregoing constitutes my written, express, specific and informed consent for any transfer or disclosure of my name, address, contact details, account balances and numbers and other relevant information by and among Bank of Commerce and/ or its branches, units, agents, authorized representatives, representative offices, affiliates, subsidiaries, and accredited third-party partners, counterparties, correspondent banks and service providers.

Customer Name and Signature

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

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 or declaration I made herein or in the documents/papers submitted by me. I expect Bank of Commerce to respect my right to access and right to correction, erasure or blocking of my data that are incorrect or inaccurate.

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.

I hereby confirm and certify that I have read and understood the foregoing Customer Undertaking and Declaration and hereby agree to be bound thereof.

PRINCIPAL APPLICANT'S SIGNATURE

SUPPLEMENTARY APPLICANT'S SIGNATURE

FOR BANK USE ONLY

- CUSTOMER WAS CHECKED AGAINST BANK'S WATCHLIST
- CUSTOMER WAS RISK PROFILED (____ LOW ____ MEDIUM ____ HIGH) CRP NO. _____ RISK SCORE _____
- CUSTOMER IS A BANK OF COMMERCE EMPLOYEE
- CUSTOMER HAS US INDICIA
- CUSTOMER IS RECALCITRANT _____
- CUSTOMER IS PEP / PEP-RELATIVE / PEP-AFFILIATE
- CUSTOMER IS A BANK OF COMMERCE RELATED PARTY
- CUSTOMER IS A RELATIVE OF A BANK OF COMMERCE EMPLOYEE (UP TO 2ND DEGREE OF CONSANGUINITY / AFFINITY)

NAME OF EMPLOYEE _____ RELATIONSHIP _____

PRINCIPAL CIF NUMBER	SUPPLEMENTARY CIF NUMBER	REFERRED BY	BRANCH / SOURCE CODE	DATE	DOC. IMAGE NO.

FOR SALES AGENCY USE ONLY

AGENCY NAME	AGENT NAME	AGENCY CODE	AGENT CODE