		An affil	iate of San Miguel Co				DIT C	AR	<u>D A P</u>	PL		<u>101</u>			
am applying for: Classic and the state of th	d type depending on	our credit evalu			APPLICA	TION NO.									
	A	PPLICATIO	NREQUIREMENTS			Pho	otocopy of On			for princi	pal and supp	lementary)			
<ol> <li>Applicant must be between 21 to</li> <li>Filipino resident or local resident</li> <li>Minimum annual income requirer</li> <li>Must have an office or business</li> </ol>	foreigner. nent is P120,000.			d for Supplementary.			Passport Driver's Licens Company ID Voter's ID TIN ID SSS ID	e •	Student ID iss	sued and s chool for th	e current schoo	rincipal or			
EMPLOYED			SELF-EMPLO	DOCUMENTS RI	EQUIRED	PR	OFESSIONA	v I	NO	N-FILIPI	NO CITIZE	-N			
Any of the following: Original and latest Certificate of Employment and Compensation Photocopy of Latest BIR Form ITR duly stamped as "Received authorized bank Pay slips for the last three (3) I preceeding the date of applica	fn (COEC) 2316/W2 or " by the BIR/ months Lion Any (	Single Proprietor Partnership - Art Corporation - Lat Registration issuu Secretary's Certii of the following: Latest Income Ta Latest Audited Fi	iness papers (MANDATC ship - Certificate of Regis icles of Partnership and C est Articles of Incorporatic de by SEC, Certificate of dicate and List of Elected x Return with Bank / BIR	ess papers (MANDATORY): ip - Certificate of Registration of Business Name issued by DTI as of Partnership and Certificate of Registration issued by SEC t Articles of Incorporation (AOI), By Laws (BL) and Certificate of by SEC, Certificate of Filing of AOI and BL, Board Resolution or ate and List of Elected Officers Return with Bank / BIR Stamp ncial Statements (AFS) for the last 2 years with BIR/Bank stamp the last 6 months					ROFESSIONAL       NON-FILIPINO CITIZEN         st Income Tax Return with / BIR Stamp (MANDATORY)       Original and latest Certificate of Employmen and Compensation (MANDATORY)         St AFS for the last 2 years BIR/Bank stamp       Deed of Assignment for Hold-Out on Deposition (MANDATORY)         Statement for the last 6 ths       Deed of Assignment for Hold-Out on Deposition (MANDATORY)         Original Comfort Letter (MANDATORY)         Any of the following:         Special Investor's Resident Visa         Visa issued by PEZA         Certified True Copy of Alien Certificate of Registration (ACR) or work permit						
TITLE	LAST NAME			PERSONAL INFO	RMATION				IAME						
Mr. Mrs. Ms															
Name to appear on the card (Lin	nited to 19 characte	ers including s	spaces)												
I I BIRTHDATE (mm/dd/yyyy)	PLACE OF BIRT	-		CITIZENSHIP	I I MC	I DTHER'S MAI	DEN NAME	<u> </u>			NO. OF DEP	 'ENDENTS			
	ingle	Separated Vidowed	HOME OWNERSHIP Owned Rented	Mortgaged Used Free	Compan Others	y Provided		ON ade School me College TIN		School uate Schoo		bllege			
Bidg. / House No. PERMANENT ADDRESS	Street / Brgy.		District / Town	City	/ Province		Zip Code	SSS/GS	ilS						
Bldg. / House No. YEARS OF STAY	Street / Brgy.	ER Prepa	District / Town	City	/ Province		Zip Code	ADDRESS							
HOME PHONE NUMBER	The mobile num sending your bala	per indicated he	erein will be used for updates/ notices, se- romotional information,	odates/ notices, se- Number					The email address indicated herein will be used for sending your electronic Statement of Account (E- Statement), cardholder updates/ notices, security alerts, promotional information, etc.						
REFERENCE PERSON			CONTACT NUMB	ER/S			RELATIONS	HIP							
ADDRESS Bidg. / House No.	Street / Brgy.		District / Town		/ Province		Zip Code	EMAIL A	DDRESS						
Employed NAME OF Self-Employed	F OFFICE / BUSINE	SS	OFF	WORK AND FI						ZIP	CODE				
OFFICE / BUSINESS PHONE NU	IMBER FAX NU	IBER	OFF	FICE / BUSINESS E-M/	AIL ADDRESS		YEAR	SW/PRES	ENT EMPLOY	ER NO	OF YEARS	NORKING			
EMPLOYMENT TYPE Private Gover Self-Employed Retire Others: PROFESSION		N nior Manageme ecutive n-Officer aching / Educati ners:	Supervisor Professional	INDUSTRY / BUSIN Real Estate Manufacturing Retail / Wholes Agriculture / Fo Hotel / Restaur	Bai Ins ale Uti prestry Tra	nking and Fina urance lities ansport / Shipp / Telco	Min Ente	ing ertainment )	F [ [ [	Unde P 10, P 20, P 50,	VE. MONTHL er P 10,000 000 - P 19, 999 000 - P 49, 999 000 - P 99, 999	9 9 9			
GROSS ANNUAL INCOME		-	SOURCE OF FUN	Government Medical		nstruction avel Related				=	), 000 - P 249, 9 ), 000 and abov				
		-	Salary Business Others	Pension Remittance	Donat		Yes, ho	w many?	() Mortgage	d 1	No () Company	/Leased			
DEPOSIT ACCOUNT WITH BAN           Branch			_ Card Number				Card Numbe	< ər							
Balance			_ Credit Limit				Credit Limit			Year	ssued				
TITLE	LAST NAME			SPOUSE INFOR	RMATION			MIDDLE N	IAME						
BIRTHDATE (mm/dd/yyyy) CIT	IZENSHIP		E-MAIL ADDRESS		м	OBILE NUME	BER Pos	stpaid	Prepaid		Employed Self-Emplo				
NAME OF OFFICE / BUSINESS		OFFICE A	ADDRESS			ZIP C	CODE OI	FFICE PHO	DNE NUMBER		ARS WITH PF PLOYER	-			
		GOVERNMI		t degree of consa	nguinity and		Please use a		heet if nece		PIOD COVE				
N/	AME .	RELAT	IONSHIP	<b>HIGHEST</b>	-USITION OC	JUPIED	PERIOD COVERED								
		IONSHIP TO NAME	BANK OF COMM	ERCE ACCOUNTH	IOLDER/S (F	Please use a	another she	et if nece RELATIO							

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SUPPLEMENTARY CARDHOLDER INFORMATION (Applicant must be at least 15 years old)																	
LAST NAME FIRST NAME				SUPPLEMENTARY CARD				E NAME					GENDER				
	_													<i>l</i> lale	Fen	nale	
Name to appear on the card (Limited to 19 c	haracters including s	paces)										TIN					
1	1 1	1 1	Т		1 1	Т	1		I I	I.	I						
BIRTHDATE (mm/dd/yyyy) PLACE C	F BIRTH NAT	NATIONALITY						RELATIONSHIP TO PRINCIP			ALCARDHOLDER SSS/G						
HOME ADDRESS (PRESENT) MOBILE PHONE NUMBER																	
Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code																	
PERMANENT ADDRESS YEARS OF STAY HOME PHONE NUMBER																	
Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code																	
CIVIL STATUS SOURCE OF FUNDS ID SUBMITTED EMAIL ADDRESS																	
Single Separated Business Remittance Interest					Type					I authorize the Bank to send upo using my email address as indic					updates and promotional information indicated herein. YES NO		
	Of OFFICE / BUSINESS OFFICE / BUSINESS ADDRESS											ZIP CO		NO			
Employed     NAME OF OFFICE / BUSINESS     OFFICE / BUSINESS ADDRESS     2IP CODE       Self-Employed     Self-Employed     Self-Employed     Self-Employed																	
OFFICE / BUSINESS PHONE NUMBER F	AX NUMBER		OFFICE / BUSINESS E-MAIL ADDRE					YEARS W/ PRESE				TEMPLOYER NO. OF YEARS WORKING				ORKING	
											<u> </u>						
EMPLOYMENT TYPE F	POSITION Senior Managemer			Real Estate		_		and Finance	Education				MONTHLY	INCOME			
Self-Employed Retired	Executive	Supervis		Manufacturing					=				Under P 10,000				
Others:	Non-Officer Teaching / Education	Dnal Sales	onal		Retail / Wholes			ilities					P 10,000 - P 19, 999				
	Others:				Agriculture / Fo Hotel / Restaur			t/Shipping	BPO Others:			P 50,000 - P 99, 999					
PROFESSION	CANK			Government				onstruct	tion	-			P 100, 000 - P 249, 999			9	
				Medical			Travel Related						P 250, 000 and above				
MOTHER'S MAIDEN NAME						SPOU	SENAM	ΛE									
RELATIONSH	IIP TO GOVERNME		(1st	dea	ree of consa	nauin	itv and	affin	nitv) (Please	use ar	other she	et if ne	cessa	rv)			
NAME		1	· .	IONSHIP			<b>,</b>		HEST POSITION				PERIOD COVERED			D	
R	ELATIONSHIP TO I	I BANK OF CON	IMEF	RCE	ACCOUNTH	L OLDE	R/S (PI	lease	use another	sheet	if necessa	ary)					
	NAME										RELATIONS	HIP					
Sub-limit assignment begins at a mini										CRED	T LIMIT TO	BE ASS	IGNED (	SUBLIM	IT)		
cardholder is part of the Principal card shall not exceed the approved credit l																	
Principal cardholder's credit limit.	ELIVERY AND MA	ILING INSTRU	СТІС	)NS							M	DDE OF	PAYM	INT			
		ADDRESS							□ Pa	ay to Ban		Г	_	Debit my	Account		
Deliver my Bank of Commerce Cred	_								If Accou	int Numl	ber is not prov		ment mo	ode is "Pa			
HOME ADDRESS		S ADDRESS							Auto De	bit my B	ank of Comm	erce Peso	Accour	it No.			
E-STATEMENT FACILITY By providing my email address in this application, I agree to be automatically enrolled in Bank of I Full Amount Due Minimum Amount Due																	
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.																	
		atement Facility, I accept and agree to be bound by al									Г	Minimum Amount Due					
can be found at the Bank's web		he Bank of Commerce Credit Card E-Stateme om.ph.					IMPORTANT:				ni Due						
If no email address is provided, a address.	paper copy of the	Statement of Ac	cour	nt wil	I be sent to the	ne dec	lared bi	illing	<ul> <li>The Bank of</li> <li>Default will</li> </ul>								
				F	EES AND CH	IARGE	S										
	CLA	SSIC			GOL	D			PLA	TINU	М			W	Orld		
Annual Membership Fee																	
Principal Card	1,200 Php2,5							WAIVED				Php5,000					
												Dh=2.500					
Supplementary Card	Php		Php1,250						WAIVED		Php2,500						
Finance Charge / Effective Interest Rate per Month	3.25%				3.2	5%				.95% (Core) (Priority Access)			2.95%				
· · · · · · · · · · · · · · · · · · ·	Interest charge is	computed bas	ed o	n th	e average da	ily ba	lance (	ADB)	,		,	n date	for re	tail tran	sactions, i	monthly	
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.																
	utstanding Bala				·	higher	(Pes	o billing); or <b>3</b>	% of th	ne Total Ou	utstandi	ng Bala	ance or	whichever	ris		
Minimum Amount Due	higher (Dollar billi	ng). The minim	um a	amou	int due consis	sts of t	he follo	owing	: (a) a % of th	ne Tota	I Outstand	ing Bala	ance ir	nclusive	of all fees	and	
charges, (b) past due amount, (c) monthly installment amount; and (d) any amount in excess of the credit lime the sum of (a), (b), (c) and (d) or <b>P500/USD50</b> , whichever is higher.								t. The minimum amount due is									
Late Dovment Fee	Php700 or the unpaid Minimum Amou				ount Due, whichever is lower.			Php700 or the unpaid Minimum Amount Due, whiche									
Late Payment Fee									(Peso Billing); <b>USD12</b> or the unpaid Minimum Amount Due, whi is lower (Dollar Billing).					chever			
<b>5</b> % of the c							of the amount withdrawn or <b>Php 300</b> whichever is higher (Peso Billing);						Billina).				
Cash Advance Fee and Interest	5% of the amount withdrawn or Php3 prevailing interest rate which will be							2% of the cash advance amount or USD2, whichever is highe					r is higher	(Dollar			
	transaction until full settlement of the cash advance								Billing) plus prevailing interest rate which will be computed from the date of transaction untl full settlement of the cash advance amount.								
Cash Advance Fee and Interest (Over-the-Counter) Php100																	
(Over-the-Counter) Gaming Service Transaction																	
Fee	3% of the transaction amount																

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		FEES AND CHARGES (cont.)										
	CLASSIC	GOLD	PLATINUM	WORLD								
Foreign Currency Conversion Fee	automatically to Philippin currency conversion rate	e plus foreign currency (consists of Mastercard's	converted automatically to currency conversion rate conversion fee of <b>2.5%</b>	1 0 ,								
Charge Slip Retrieval Fee	Php200 for local and Php300 for International purchases.											
Card Replacement Fee		Php300 for lost card and P	hp200 for damaged card.									
Returned Check Fee		Php1,0	000									
Installment Acceleration Fee		Php1,0	000									
Closed Account	psed Account Php200											
Maintenance Fee 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 reques 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										
consent to Bank of Commerce and counterparties, correspondent ban supplementary credit card as well obtained from third parties for pu relevant to the life cycle or usage of as may be allowed by law. I also acknowledge that my Persona <i>Rules and Regulations</i> ) shall be ret	d/ or its branches, units, agents au iks and service providers to proces as the information obtained in the rposes of client identification, clier if my credit card, compliance with BS al Data ( <i>refers to ALL types of perso</i> ained for a period of not less than fi		ve offices, affiliates, subsidiaries, ar s the personal information written c of Commerce, its branches or unit t development and improvement, n undering laws, rules and regulations, and privileged as defined under the Da card is cancelled or terminated as re-	nd accredited third-party partners, on the application for credit card/ s in relation to my credit card, or narket research, communications, FATCA, and such other purposes ata Privacy Act as its Implementing quired or allowed under applicable								
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	e of the Bank of Commerce credit ca	rd and supplementary card/s.									
I agree and authorize the Bank to se	nd any form of communication ass	ociated with its products to me, unle	ss I expressly notify the Bank other	wise.								
I hereby and undertake to inform Ban Bank of Commerce to respect my rig				nts/papers submitted by me. I expect								
I further understand that the Bank of certified by me is false.	Commerce reserves the right to ca	ncel the Bank of Commerce credit ca	ard without prior notice if it is later d	letermined that the information being								
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 IS A BANK OF COMM CUSTOMER HAS US INDICIA CUSTOMER IS RECALCITRANT CUSTOMER IS PEP/PEP-RELATI CUSTOMER IS A BANK OF COMM	) ( LOW MEDIUM HIGH IERCE EMPLOYEE 											
CUSTOMER IS A RELATIVE OF A BANK OF COMMERCE EMPLOYEE (UP TO 2ND DEGREE OF CONSANGUINITY / AFFINITY)         NAME OF EMPLOYEE												
	-											
PRINCIPAL CIF NUMBER SU	PPLEMENTARY CIF NUMBER R	EFERRED BY E	RANCH / SOURCE CODE DATE	DOC. IMAGE NO.								
		FOR SALES AGENCY USE ONLY										
AGENCY NAME	AGENT NAME	AGENCY CODE	AGENT	CODE								

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