



APPLICATION REQUIREMENTS	REQUESTED CREDIT LIMIT	PURPOSE OF LOAN APPLICATION
1. Applicant must be between 23 to 60 years old. 2. Filipino resident or local resident foreigner. 3. Minimum annual income requirement is P360,000. 4. Must have an office or business landline and a residence landline or post paid mobile number. 5. With existing and active credit card with other local banks for at least 12 months 6. Photocopy of one (1) valid photo bearing ID: • Passport • Philippine Regulation Commission (PRC) • Driver's License • TIN ID • Company ID • SSS ID • Voter's ID • Other government issued IDs • Postal ID	<p>PHP _____</p> <p style="font-size: x-small;">I understand that the approved credit limit is subject to BOC's approval and BOC may grant a lower credit limit depending on credit</p>	

DOCUMENTS REQUIRED			
EMPLOYED	SELF-EMPLOYED	PROFESSIONAL	NON-FILIPINO CITIZEN
Any of the following: <input type="checkbox"/> Original and latest Certificate of Employment and Compensation <input type="checkbox"/> Photocopy of Latest BIR Form 2316/W2 or ITR duly stamped as "Received" by the BIR/authorized bank <input type="checkbox"/> Pay slips for the last three (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 Any of the following: <input type="checkbox"/> Latest Income Tax Return with Bank / BIR Stamp <input type="checkbox"/> Latest Audited Financial Statements 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) Any of the following: <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 Alien Certificate of Registration (ACR) or work permit

PERSONAL INFORMATION

TITLE	LAST NAME	FIRST NAME	MIDDLE NAME
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
Name to appear on the card (Limited to 19 characters including spaces)			
BIRTHDATE (mm/dd/yyyy)	PLACE OF BIRTH	NATIONALITY	CITIZENSHIP
MOTHER'S MAIDEN NAME	NO. OF DEPENDENTS		
GENDER	CIVIL STATUS	HOME OWNERSHIP	EDUCATION
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<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	<input type="checkbox"/> Grade School <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Graduate School <input type="checkbox"/> College
HOME ADDRESS (PRESENT)			TIN
Bldg. / House No. _____ Street / Brgy. _____ District / Town _____ City / Province _____ Zip Code _____			
PERMANENT ADDRESS			SSS/GSIS
Bldg. / House No. _____ Street / Brgy. _____ District / Town _____ City / Province _____ Zip Code _____			
YEARS OF STAY	HOME PHONE NUMBER	MOBILE NUMBER <input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid	EMAIL ADDRESS
		Type _____ Number _____ <small>The mobile number indicated herein will be used for sending your balance, cardholder updates/notices, security alerts, one-time password, promotional information, etc.</small>	<small>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.</small>
REFERENCE PERSON		CONTACT NUMBER/S	RELATIONSHIP
ADDRESS			EMAIL ADDRESS
Bldg. / House No. _____ Street / Brgy. _____ District / Town _____ City / Province _____ 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
EMPLOYMENT TYPE	POSITION	INDUSTRY / BUSINESS TYPE	FUNDS / AVE. MONTHLY INCOME
<input type="checkbox"/> Private <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others: _____	<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"/> Agriculture / Forestry <input type="checkbox"/> Banking and Finance <input type="checkbox"/> BPO <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Entertainment <input type="checkbox"/> Government	<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	<input type="checkbox"/> Hotel / Restaurant <input type="checkbox"/> Insurance <input type="checkbox"/> IT / Telco <input type="checkbox"/> Manufacturing <input type="checkbox"/> Medical <input type="checkbox"/> Mining <input type="checkbox"/> Real Estate	
GROSS ANNUAL INCOME	OTHER INCOME	SOURCE OF FUNDS	DO YOU OWN A CAR?
		<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Others: _____	<input type="checkbox"/> Yes, how many? _____ () Owned () Mortgaged () Company Leased <input type="checkbox"/> Pension <input type="checkbox"/> Remittance <input type="checkbox"/> Interest <input type="checkbox"/> Donation <input type="checkbox"/> Interest
DEPOSIT ACCOUNT WITH BANK OF COMMERCE		ARE YOU A BOC CREDIT CARDHOLDER?	OTHER CREDIT CARD
Branch _____ Type of Account _____ Balance _____		<input type="checkbox"/> YES <input type="checkbox"/> NO Card Number _____ Credit Limit _____ Year Issued _____	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	
						<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	
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	
RELATIONSHIP TO BANK OF COMMERCE ACCOUNTHOLDER/S (Please use another sheet if necessary)							
NAME				RELATIONSHIP			
DELIVERY AND MAILING INSTRUCTIONS				MODE OF PAYMENT			
MAILING ADDRESS							
Deliver my Bank of Commerce Cash Installment Card to my:				<input type="checkbox"/> PAY TO BANK <small>(If Account Number is not provided, payment mode is "Pay to Bank".)</small>			
<input type="checkbox"/> HOME ADDRESS		<input type="checkbox"/> BUSINESS ADDRESS		<input type="checkbox"/> AUTO DEBIT MY BANK OF COMMERCE ACCOUNT <input type="checkbox"/> PESO <input type="checkbox"/> DOLLAR Account No. _____			
E-STATEMENT FACILITY							
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 declared email address and I will no longer receive paper copy via mail.				<input type="checkbox"/> FULL AMOUNT DUE <input type="checkbox"/> MINIMUM AMOUNT DUE			
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 .				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.			
If no email address is provided, a paper copy of the Statement of Account will be sent to the declared billing address.							
FEES AND CHARGES							
CASH LOAN AVAILMENT RATES	TERM	Monthly Add-On Rate	Annual Effective Interest Rate	FOREIGN CURRENCY CONVERSION FEE	Purchases in foreign currencies will be converted automatically to Philippine Peso (Php) 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.		
	12	1.25%	26.62%				
	24	1.59%	33.19%				
	36	1.75%	35.07%				
ANNUAL MEMBERSHIP FEE	Php1,200 billed on installment for 12 months. Php 100 membership fee is billed every month.			CHARGE SLIP RETRIEVAL FEE	Php 200 for local and Php 300 international purchases		
FINANCE CHARGE	3.50%			CARD REPLACEMENT FEE	Php 300 for lost card and Php 200 for damaged card		
CASH LOAN AVAILMENT FEE	Php 200 per transaction			INSTALLMENT ACCELERATION FEE (PRE-TERMINATION)	Php 1,000		
RETURNED CHECK FEE	Php 1,000			CLOSED ACCOUNT MAINTENANCE FEE	Php 200		
LATE PAYMENT FEE	Php 700 or the unpaid Minimum Amount Due, whichever is lower.			GAMING SERVICE TRANSACTION FEE	3% of the transaction amount		
CUSTOMER UNDERTAKING, DECLARATION AND CONSENT							
By signing the 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, 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.							

CUSTOMER UNDERTAKING, DECLARATION AND CONSENT (Continuation)

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 and 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 the five (5) year period until such time that a final judgment 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 the a wide range of 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 undertake to inform Bank of Commerce immediately of any change in any information or declaration I made herein or in the documents or 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 Bank of Commerce reserves the right to cancel the Bank of Commerce credit card without prior notice if its 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

DATE

FOR BANK USE ONLY

- CUSTOMER WAS CHECKED AGAINST BANK'S WATCHLIST (____ OFAC / FATF ____ INTERNAL LIST ____ PEP)
- 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 _____

CIF NUMBER	REFERRED BY	BRANCH SOURCE CODE	DATE	DOCUMENT IMAGE NO.

FOR SALES AGENCY USE ONLY

AGENCY NAME	AGENT NAME	AGENCY CODE	AGENT CODE