



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.		<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Company ID		<input type="checkbox"/> Voter's ID <input type="checkbox"/> TIN ID <input type="checkbox"/> SSS ID		<input type="checkbox"/> Postal ID <input type="checkbox"/> Philippine Regulation Commission (PRC)		<input type="checkbox"/> Student ID issued and signed by the principal or head of the school for the current school year <input type="checkbox"/> 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"/> <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 <input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid			
Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code							The mobile number indicated herein will be used for sending your balance, cardholder updates/ notices, security alerts, one-time password, promotional information, etc.			
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		
<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 _____ Expiry Date _____			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.		
<input type="checkbox"/> Employed		NAME OF OFFICE / BUSINESS			OFFICE / BUSINESS ADDRESS			ZIP CODE		
<input type="checkbox"/> Self-Employed										
OFFICE / BUSINESS PHONE NUMBER			FAX NUMBER		OFFICE / BUSINESS E-MAIL ADDRESS			YEARS W/PRESENT EMPLOYER		NO. OF YEARS WORKING
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"/> Others: _____ <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 (2nd degree of consanguinity and affinity) (Please use another sheet if necessary)										
NAME			RELATIONSHIP		HIGHEST POSITION OCCUPIED			PERIOD COVERED		
FOR PAST/PRESENT GOVERNMENT OFFICIALS										
HIGHEST POSITION OCCUPIED								PERIOD COVERED		
CURRENT POSITION OCCUPIED										
BUSINESS INTEREST (Please use another sheet if necessary)										
NAME			ADDRESS			PERCENTAGE OWNERSHIP		REG. NO. / EXPIRY		TIN
RELATIONSHIP TO BANK OF COMMERCE (BOC) ACCOUNTHOLDER/S (2nd degree of consanguinity and affinity) (Please use another sheet if necessary)										
NAME					RELATIONSHIP					
RELATIONSHIP TO BOC, SAN MIGUEL CORPORATION (SMC) AND ALL ITS SUBSIDIARIES (or collectively, the SMC GROUP OF COMPANIES™) AND AFFILIATES (in compliance with BSP Circular 749)										
Are you a Director, Officer, or Stockholder of BOC, the SMC Group of Companies, and/or any of its affiliates?					If yes, please specify your company and position / affiliation.					
<input type="checkbox"/> YES <input type="checkbox"/> NO					COMPANY POSITION / AFFILIATION					
Are you related to a Director, Officer, or Stockholder of BOC, the SMC Group of Companies, and/or any of its affiliates?					<input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please specify the name/s and corresponding relationship/s such as, but not limited to: (1) spouse, (2) relative by consanguinity (blood relationship) (e.g., children, parents, sibling/s, grandparents, uncle, auntie, or cousin, etc.), (3) relative by affinity (relative by reason of marriage) (e.g., parents-in-law, brother-in-law, cousin-in-law, etc.), or (4) others (e.g., general partner, co-owner of collateral, etc.). Please use a separate sheet if necessary.										
NAME			RELATIONSHIP TO DIRECTOR, OFFICER, OR STOCKHOLDER		COMPANY			POSITION / AFFILIATION		
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, DECLARATION AND CONSENT (Continuation)

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.

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.

PRINCIPAL APPLICANT'S NAME AND SIGNATURE

SUPPLEMENTARY APPLICANT'S 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

SUPPLEMENTARY 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 _____

PRINCIPAL APPLICANT'S CIF NUMBER	SUPPLEMENTARY APPLICANT'S CIF NUMBER	REFERRED BY	BRANCH / SOURCE CODE	DATE	DOC. IMAGE NO.
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FOR SALES AGENCY USE ONLY

AGENCY NAME	AGENT NAME	AGENCY CODE	AGENT CODE
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