



# CREDIT CARD APPLICATION

I am applying for:  Classic  Gold  Platinum  World  Cash Installment Card  
 Note: You may receive a different card type depending on our credit evaluation.

APPLICATION NO. 

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APPLICATION REQUIREMENTS	Photocopy of One (1) Valid ID with Photo (For Principal and Supplementary)	FOR CASH INSTALLMENT APPLICATION ONLY REQUESTED CREDIT LIMIT	PURPOSE OF LOAN APPLICATION
1. Applicant must be between 21 to 65 years old for Principal cardholder and at least 15 years old for Supplementary. 2. Filipino resident or local resident foreigner. 3. Minimum annual income requirement is P120,000. 4. Must have an office or business landline and a residence landline or mobile phone number. <b>For Cash Installment Card:</b> 1. Applicant must be between 23 to 60 years old. 2. Minimum annual income requirement is P360,000. 3. With existing and active credit card with other local banks for at least 12 months.	<ul style="list-style-type: none"> <li>● Passport</li> <li>● Driver's License</li> <li>● Company ID</li> <li>● Voter's ID</li> <li>● TIN ID</li> <li>● SSS ID</li> <li>● Postal ID</li> <li>● Philippine Regulation Commission (PRC)</li> <li>● Student ID issued and signed by the principal or head of the school for the current school year</li> <li>● Other government issued IDs</li> </ul>	PHP _____  I understand that the approved credit limit is subject to BankCom's approval and BankCom may grant a lower credit limit depending on credit evaluation.	

DOCUMENTS REQUIRED			
EMPLOYED	SELF-EMPLOYED	PROFESSIONAL	NON-FILIPINO CITIZEN
Any of the following: <input type="checkbox"/> Original and latest Certificate of Employment and Compensation (COEC) <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 (AFS) 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	LAST NAME	FIRST NAME	MIDDLE NAME		
Name to appear on the card (Limited to 19 characters including spaces)					
BIRTHDATE (mm/dd/yyyy)	PLACE OF BIRTH	NATIONALITY	CITIZENSHIP	MOTHER'S FULL MAIDEN NAME	NO. OF DEPENDENTS

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	HOME OWNERSHIP <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	EDUCATION <input type="checkbox"/> Grade School <input type="checkbox"/> Some College <input type="checkbox"/> High School <input type="checkbox"/> Graduate School <input type="checkbox"/> College
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HOME ADDRESS (PRESENT) Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code					TIN
PERMANENT ADDRESS Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code					SSS / GSIS

YEARS OF STAY	MOBILE NUMBER <input type="checkbox"/> Prepaid <input type="checkbox"/> Postpaid	ID SUBMITTED Type _____ Number _____	EMAIL ADDRESS <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>
HOME PHONE 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>		

REFERENCE PERSON	CONTACT NUMBERS	RELATIONSHIP
ADDRESS Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code		EMAIL ADDRESS

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	NO. OF YEARS WORKING
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"/> Manufacturing <input type="checkbox"/> Insurance <input type="checkbox"/> Retail / Wholesale <input type="checkbox"/> Utilities <input type="checkbox"/> Agriculture / Forestry <input type="checkbox"/> Transport / Shipping <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	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	
PROFESSION	RANK			

GROSS ANNUAL INCOME	OTHER INCOME	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 _____	DO YOU OWN A CAR? <input type="checkbox"/> Yes, how many? _____ <input type="checkbox"/> No ( ) Owned ( ) Mortgaged ( ) Company Leased
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DEPOSIT ACCOUNT WITH BANK OF COMMERCE Branch _____ Type of Account _____ Balance _____	ARE YOU A BANKCOM CREDIT CARD HOLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No Card Number _____ Credit Limit _____ Year Issued _____	OTHER CREDIT CARD Issuing Bank _____ Card Number _____ Credit Limit _____ Year Issued _____	OTHER CREDIT CARD Issuing Bank _____ Card Number _____ Credit Limit _____ Year Issued _____
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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

**SUPPLEMENTARY CARDHOLDER INFORMATION (Applicant must be at least 15 years old) *Not Applicable for Cash Installment Card***

**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

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 FULL 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 to my: <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> BUSINESS ADDRESS	Deliver my Bank of Commerce Credit Card Statement of Account to my: <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> BUSINESS ADDRESS <input type="checkbox"/> EMAIL ADDRESS
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**E-STATEMENT FACILITY AND NOTICES**

By choosing to receive my statement of account thru my email address stated, I will no longer receive paper copy thereof and I hereby authorize Bank of Commerce to enroll my Credit Card account in Bank of Commerce E-Statement Facility.

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](http://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.

For notices including amendments in the terms and conditions that will result to fees to be paid or charged to my account, I prefer notification via: ( ) email ( ) text message

**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	CASH INSTALLMENT
Annual Membership Fee					Php2,400 billed on Installment for 12 months. Php200 billed every month.
Principal Card	Php1,500	Php3,000	Php4,000 *Php5,000	Php5,000 *Php6,000	
Supplementary Card	Php750	Php1,500	Php2,000 *Php2,500	Php2,500 *Php3,000	NA
Finance Charge / Interest Rate per month	2%	2%	2% (Regular) 2% (Priority Access)	2%	2%
Finance Charge/ Interest Rate Computation	The finance charge will arise from the non-payment in full of the outstanding balance on a given statement cut-off date and shall continue to be imposed until the outstanding balance and applicable interest are fully paid. Interest will be computed based on the previous outstanding balance as reflected in the current Statement of Account computed from start of the cycle date to a day before the payment transaction date plus previous outstanding balance less payment made and any credit adjustment computed from the payment date to next cycle date. Interest on cash advances are computed from transaction date to the next statement date.				
Minimum Amount Due	5% of the Total Outstanding Balance or <b>Php500</b> whichever is higher (Peso billing); or 3% of the Total Outstanding Balance or <b>USD50</b> 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 <b>P500/USD50</b> , whichever is higher.				
Late Payment Fee	Php1,000 or the unpaid Minimum Amount Due, whichever is lower.		Php1,000 or the unpaid Minimum Amount Due, whichever is lower (Peso Billing) <b>USD20</b> or the unpaid Minimum Amount Due, whichever is lower (Dollar Billing)		Php1,000 or the unpaid Minimum Amount Due, whichever is lower.
Cash Advance Fee and Interest	Php200 per transaction plus prevailing finance charge		Php200 per transaction (Peso Billing) or USD4 per transaction (Dollar Billing) plus prevailing finance charge		NA
Cash Advance Service Charge (Over-the-Counter)	Php100				NA

**FEES AND CHARGES (Continuation)**

	<b>CLASSIC</b>	<b>GOLD</b>	<b>PLATINUM</b>	<b>WORLD</b>	<b>CASH INSTALLMENT</b>
Cash Loan Availment Fee	NA	NA	NA	NA	Php200 per transaction
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).				
			*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	Php300 for local and USD6 for international purchases				
Card Replacement Fee	Php300 for lost card and Php200 for damaged card				
Returned Check Fee	Php1,000				
Installment Pre-Termination Fee	Php1,000				
Closed Account Maintenance Fee	Php200				
Gaming Transaction Service Fee	5% of the transaction amount				
Overlimit Fee	Php500 when outstanding balance exceeds credit limit (transactions plus interest and fees)	Php500 or USD10 when outstanding balance exceeds credit limit (transactions plus interest and fees)			Php500 when outstanding balance exceeds credit limit (transactions plus interest and fees)
Quasi Cash Fee	5% of the transaction amount/ quasi cash transaction				
SOA Re-Print Fee	Php100 per re-print request of SOA				
Refund Fee	Php500 per request (refund for over payment only)				
Multiple Payment Fee	Php50 for each payment in excess of 3 payments within the same cycle from non-BankCom payment channel.	Php50 or USD1 for each payment in excess of 3 payments within the same cycle from non-BankCom payment channel.			Php50 for each payment in excess of 3 payments within the same cycle from non-BankCom payment channel.
ADA (Auto Debit Arrangement) Fee	Php200 for every unsuccessful ADA processing due to insufficient funds	Php200 or USD4 for every unsuccessful ADA processing due to insufficient funds			Php200 for every unsuccessful ADA processing due to insufficient funds

\*Applicable for Dual Currency Billing product

**APPLICANT UNDERTAKING, DECLARATION AND CONSENT**

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](http://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 pleaded 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, disclosure or storage including cloud storage 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.

\_\_\_\_\_  
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 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 Applicant Undertaking and Declaration and hereby agree to be bound thereof.

\_\_\_\_\_  
PRINCIPAL APPLICANT'S SIGNATURE

\_\_\_\_\_  
SUPPLEMENTARY APPLICANT'S SIGNATURE

**FOR BANK USE ONLY**

- APPLICANT WAS CHECKED AGAINST BANK'S WATCHLIST
- APPLICANT WAS RISK PROFILED ( \_\_\_\_ LOW \_\_\_\_ MEDIUM \_\_\_\_ HIGH) CRP NO. \_\_\_\_\_ RISK SCORE \_\_\_\_\_
- APPLICANT IS A BANK OF COMMERCE EMPLOYEE
- APPLICANT HAS US INDICIA
- APPLICANT IS RECALCITRANT \_\_\_\_\_
- APPLICANT IS PEP / PEP-RELATIVE / PEP-AFFILIATE
- APPLICANT IS A BANK OF COMMERCE RELATED PARTY
- APPLICANT 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

For inquiries, call Bank of Commerce Customer Care Hotline: (02) 8-632-2265  
 Domestic Toll-Free numbers: (PLDT) 1800-10-982-6000 and (Globe Lines) 1800-8-982-6000  
 Or send us an email at customerservice@bankcom.com.ph

Bank of Commerce is regulated by the Bangko Sentral ng Pilipinas.  
<https://www.bsp.gov.ph>  
 Access BSP Online Buddy (BOB) through BSP's official website (Webchat)  
 Send SMS to 021582277 for Globe subscribers  
 Or visit BSP Facebook Page <https://www.facebook.com/BangkoSentralngPilipinas>