



## **CREDIT CARD APPLICATION**

An affiliate of San Miguel Corporation

APPLICATION NO.:

APPLICATION NO.:

Note: You may receive a different ca	ard type depen	ding on our cr	redit evaluation.															
APPLICATION REQU	REMENTS	s			Photocopy of								FOR	CASH IN	ISTALLMI	ENT A	APPLICA	TION ONLY
					(For Princ	ipal and S	upple	mentar	у)					RE	QUESTE	CRE	DIT LIMIT	
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 phone number.  For Cash Installment Card:  Only 19 Philippine Identification Passport  Passport  Oniver's License  Police Clearance  Postal ID  Voter's ID  Barangay Certification  Senior Citizen Card				ation	National Bureau of Investigation (NBI) Clearance     Tax Identification Number (TIN) ID     Overseas Filipino Worker (OFW) ID     Social Security System (SSS) Card     Government Service and Insurance System (GSIS) e-Card     Overseas Workers Welfare Administration (OWWA) ID				rant Certif rtification il on Disal ued by "c upervised SEC (i.e., rships) or	cation issued by the National n Disability Affairs (NCDA)   Lu BankCon			understand that the approved credit limit is subject to om's approval and BankCom may grant a lower credit pending on credit evaluation.  PURPOSE OF LOAN APPLICATION					
Applicant must be between 2     Minimum annual income requ	3 to 60 years uirement is	old. ● Sea	aman's Book		<ul> <li>Department of Soc Development (DSV)</li> </ul>	ND) Certificati	on	(PhilH	ealth) Hea	alth Insurance	ce Card n	g Bayan		PURP	OSE OF LO	A NAC	PPLICAT	ION
P360,000.  B. With existing and active credit card with other local banks for at least 12 months.  Page 10 - Professional Regular Commission (PRC)    Maritime Industry Authority (MARINA)				llations C) ID A) ID	Student ID issued and signed by the Principal or head of the School     Government office and GOCC ID [e.g.,				bearing id ilippine Ro reign natio cate of Ro	s who are not Filipino citizen's, ing identification cards issued by ine Retirement Authority (PRA) nationals, Passport or Alien of Registration								
					DO	OCUMENT	S REC	QUIRED	)									
				stampe orized b	copy of Latest BIR Form 2316/W2 or ITR tamped as "Received" by the BIR/				PROFESSIONAL  Latest Income Tax Return with Bank / BIR Stamp Bank States (MANDATORY)  Latest AFS for the last 2 years with Bank / BIR Stamp				atement for	the la	st 6 month	ıs		
SELF-EMPLOYED Copy of complete business pape	rs (MANDATO	ORY):	Parti Certi Any of the		- Articles of Partnershi f Registration issued b	ip and by SEC	NO	N-FILIPI Original		<b>ZEN</b> I COEC (MA	NDATO	RY)	An	y of the fol	lowing: nvestor's R	:-	-416	
Single Proprietorship - Cert Business Name issued by I Corporation - Latest Articles Laws (BL) and Certificate of Certificate of Filing of AOI a Secretary's Certificate and	s of Incorpora f Registration nd BL, Board	tion (AOI), B issued by S Resolution	Late:	st Incom st Audite 2 years	ne Tax Return with Bal ed Financial Statemen with Bank / BIR Stam nent for the last 6 mon	its (AFS) for th p ths	ie 🗆	Deed of (MANDA Original	Assignme ATORY) Comfort L	ent for Hold- etter (MAN	out on D	eposit		Visa issu Certified Certified	ed by PEZ True Copy True Cop ion (ACR)	A of Pas	ssport Alien Cer	tificate of
TITLE I	AST NAME					RSONAL II	NFUR	MATIO	N			MIDE	DLE NAM	IF.				
Mr. Mrs. Ms.		aharaatara i	inaludina ana															
vame to appear on the card (L	imited to 19	cnaracters i	including spac	es)	1 1	ĺ	I		I	1		I		l	1		1	I
BIRTHDATE (mm/dd/yyyy)	PLACE C	OF BIRTH		NATION	NALITY	CITIZE	NSHIP			MOTHER	r'S FULL	MAIDEN	NAME	ı		-	10. OF D	EPENDENTS
GENDER CIVIL S	TATUS			ном	ME OWNERSHIP						EDUC	ATION						
Male	Single Married		Separated Vidowed		Owned	Mortgage Used Free		Con	npany Pro	ovided		Grade 9		=	n School	_	Colleg	е
HOME ADDRESS (PRESENT)	Marrieu		vidowed		Rented	Used Free	,	Oth	ers			Some C	TIN	Grad	duate Scho	001		
Bldg. / House No.	S	street / Brgy.		Di	istrict / Town	Cit	y / Prov	vince		7in	Code							
PERMANENT ADDRESS		niteet / bigy.			istrict / TOWIT	Oil	y / 1 10v	······································		Zip	Code		SSS / G	SSIS				
Bldg. / House No.	S	treet / Brgy.		Di	istrict / Town	Cit	y / Prov	vince		Zip	Code							
YEARS OF STAY		E NUMBER	R Pre	paid	Postpaid	ID SUBMIT				•		EMAIL	ADDRE	ss				
						TVDE												
HOME PHONE NUMBER	your ba	alance, cardl	holder updates	/ notices	be used for sending s, security alerts, one	TYPE _ NUMBER												sending your t), cardholder
	-time-p	assword, pro	omotional infor			NOMBER _						1		s, security	alerts, pror	notion	al informa	ion, etc.
REFERENCE PERSON				C	ONTACT NUMBER/S						RELA	TIONSHIE	,					
ADDRESS													EMAIL	ADDRES	S			
Bldg. / House No.	s	Street / Brgy.		Di	istrict / Town	Cit	y / Prov	vince		Zip	Code							
					V	VORK AND												
Employed NAME Self-Employed	OF OFFICE /	BUSINESS	3			OFFICE	BUSIN	IESS ADI	DRESS							ZIP C	ODE	
OFFICE / BUSINESS PHONE N	UMBER	FAX NUM	BER		OFFICE	/ BUSINESS	EMAIL	ADDRES	ss		Y	EARS W/	PRESE	NT EMPL	OYER	NO. O	F YEARS	WORKING
EMPLOYMENT TYPE		POSITION	l .			INDUSTR	Y / BUS	SINESS T	YPE						FUND	S / A	/E. MONT	HLY INCOME
H	ernment	Senio	or Management utive	: [	Director Supervisor		Estate ıfacturin	na	=	anking and	Finance	=	ucation ning				P10,000 00 - P19,9	100
Self-Employed Retin	eu	Non-0	Officer	į	Professional	Reta	il / Whol	lesale	=	tilities		En	tertainme	ent		P20,0	00 - P49,9	999
		Other	hing / Education rs:	nal	Sales	1 🗀 🔭	ulture / I / Resta	Forestry aurant		ransport / S · / Telco	hipping	BP Oth	O ners:				00 - P99,9 000 - P249	
PROFESSION		RANK					mment			onstruction							000 and a	
GROSS ANNUAL INCOME	OTHER INC	COME		SOU	RCE OF FUNDS	Medi	cai			ravel Relate		OWN A C	AR?					
					Salary Business	Pens			onation terest		Yes,	how man	y?		_ 🗆	No		
				=	Others:	Rem	ttance		lerest		( ) Owne	ed	( )	Mortgage	t	( )	Company	Leased
DEPOSIT ACCOUNT WITH BAI	NK OF COM	MERCE	ARE YOU A E	BANKCO	OM CREDIT CARD H	OLDER?		R CREDI	T CARD					ER CRED				
Branch Type of Account			Card Number	_	<u> </u>		Card I	g Bank _ Number _					Card	ng Bank _ Number _				
Balance			Credit Limit		Year Issued			t Limit		Year I	ssued		Cred	it Limit		<u> </u>	ear Issue	J
TITLE I	LAST NAME					POUSE IN	ORM	ATION				MIDE	DLE NAM	IF.				
Mr. Mrs. Ms.									-									
BIRTHDATE (mm/dd/yyyy)	CITIZEI	NSHIP			EMAIL ADDRESS	<b></b>				MOBILE NU	WBER	Prep	oaid _	Postpai	ıd		Employed Self-Emp	
NAME OF OFFICE / BUSINESS			OFFICE AD	DRESS							ZIP COD	DE	OFFICE	PHONE I	NUMBER	YEA		PRESENT
	ELATIONS	SHIP TO	GOVERNME	NT O	FFICIAL (1st deg	gree of cor	nsang	uinity a	nd affir	nity) (Ple	ase us	e anoth	er she	et if ne	cessary)			
	NAME				RELATION	NSHIP			HIGH	EST POSIT	ION OCC	CUPIED			PEI	RIOD	COVERED	)
								1										
				BANK	OF COMMERCE	ACCOUN	THOL	DER/S	(Please	use and	other s							
		NAI	ME									RELA	TIONSH	IP				

SUPPLE	MENTARY CARDHOLDER IN	FORMATION (Appli	cant must	t be at least 15	years old) <u>Not</u>	Applicat	ole for Cash Ins	stallment (	<u>Card</u>
LACT NAME	SIDOT N		PPLEMEN	TARY CARD	NDDI E NAME			l or s	VDED
LAST NAME	FIRST N.	AME		, n	MIDDLE NAME				NDER Male Female
Name to appear on the card (Limite	d to 19 characters including spaces)	1 1 1	ĺ	1 1			i i	TIN	
BIRTHDATE (mm/dd/yyyy) F	LACE OF BIRTH	NATIONALITY	CITIZ	ENSHIP	RELATIONS	SHIP TO PR	INCIPAL CARDHOL	LDER SS	S / GSIS
HOME ADDRESS (PRESENT)							MOBILE PHO	ONE NUMBE	R
Bldg. / House No.	Street / Brgy.	District / Town	Cit	ty / Province	Zip	Code	YEARS OF S	STAV LUON	ME PHONE NUMBER
Bldg. / House No.	Street / Brgy.	District / Town	Cit	ty / Province	Zip (	Code	TEARS OF S	STAT HOW	WE PHONE NUMBER
CIVIL STATUS SC	DURCE OF FUNDS		ID SUBMIT	<u> </u>			MAIL ADDRESS		
Single Separated Married Widowed	Salary Pension Business Remittance	Donation Interest	TYPE .						ates and promotional information
Employed NAME OF C	Others:  DFFICE / BUSINESS	BUSINESS ADDRES	s	us	sing my email addre	email address as indicated herein. YES ZIP CODE			
Self-Employed									
OFFICE / BUSINESS PHONE NUMB	ER FAX NUMBER		OFFICE / B	BUSINESS EMAIL AI	DDRESS	YE	EARS W/ PRESENT	T EMPLOYER	NO. OF YEARS WORKING
EMPLOYMENT TYPE	POSITION Series Management	Director		RY / BUSINESS TYPI Estate		F	Education	FUN	NDS / AVE. MONTHLY INCOME
Private Governme Self-Employed Retired	Executive	Supervisor	Manu	ufacturing	Banking and F	-inance	Mining		Under P10,000 P10,000 - P19,999
Others:	Non-Officer Teaching / Educational	Professional Sales		il / Wholesale culture / Forestry	Utilities Transport / Sh	nipping [	_ Entertainment BPO		P20,000 - P49,999 P50,000 - P99,999
	Others:			I / Restaurant emment	IT / Telco Construction		Others:		P100,000 - P249,999
PROFESSION	RANK		Medi		Travel Related	d			P250,000 and above
MOTHER'S FULL MAIDEN NAME				SPOUSE NAME					
RELA	TIONSHIP TO GOVERNMENT	OFFICIAL (1st deg	ree of cor	nsanguinity and	l affinity) (Plea	ise use a	nother sheet if	necessar	y)
NAI	ΛE	RELATIONSHIP	•	HIG	HEST POSITION	OCCUPIED		PI	ERIOD COVERED
	RELATIONSHIP TO BAI	NK OF COMMERCE	ACCOUN	ITHOLDER/S (P	lease use ano	ther shee	et if necessary)		
	NAME					F	RELATIONSHIP		
	minimum of P5,000 and increments					01	T LIMIT TO BE ASS	SIGNED (SUE	BLIMIT)
	limit is indicated, the default will be 1  ERY AND MAILING INSTRUC	•	lder's credit		DAVMENT (6	A A No			t and in (Day to Dayle))
DELIV	MAILING ADDRESS	TIONS		MODE OF	FATWENT (II	Account No			t mode is "Pay to Bank")
	III/ III III / ADDI II COO				Pay to I	Bank	Auto Deb	it my Accoun	it (ADA)
Deliver my Bank of Commerce Credit	Card to my:			Auto Debit my <b>Bar</b>			Auto Deb	oit my Accoun	Full Amount Due
Deliver my Bank of Commerce Credit  HOME ADDRESS  Deliver my Bank of Commerce Credit	Card to my:  BUSINESS ADDRESS				nkCom Peso Accou	ınt No.	Auto Deb	oit my Accoun	1
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HOME ADDRESS  Deliver my Bank of Commerce Credit HOME ADDRESS  E-ST/  By choosing to receive my staten copy thereof and I hereby authoriz E-Statement Facility.  By signing up for and/or using the and general terms and conditions found at the Bank's website at ww If no email address is provided, a address.	Card to my:  BUSINESS ADDRESS  Card Statement of Account to my: BUSINESS ADDRESS  ATEMENT FACILITY AND NOT the statement of account thru my email address are Bank of Commerce to enroll my Crede E-Statement Facility, I accept and agres governing the Bank of Commerce Crede w.bankcom.com.ph.  paper copy of the Statement of Accounts.	stated, I will no longer redit Card account in Bank of the to be bound by all openedit Card E-Statement, when the to the decount will be sent to the decount will be sent to the decount of the statement.	ceive paper f Commerce ational rules hich can be clared billing	Auto Debit my Bai  IMPORTANT:  • The BankComd  • Default will be M  1. Payment under 2. The authority ur the Bank to req 3. Should the Ban the Bank, the B	nkCom Peso Account Musician Account Musi	unt No.  st be under to DUE if no so ND CONDI Il be debited remain valid this ADA for eed of notice	he Applicant's name election has been m TIONS FOR ADA on actual due date a d with respect to repl r three (3) consecuti e, disenroll the Acco	a. anade.  A ENROLLI as indicated in lacement carc vive billing cycl unt from the A	Full Amount Due  Minimum Amount Due  Full Amount Due  Minimum Amount Due  MENT  In my Statement of Account, d without prejudice to the right of ADA facility.
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HOME ADDRESS Deliver my Bank of Commerce Credit HOME ADDRESS  E-ST/ By choosing to receive my staten copy thereof and I hereby authoriz E-Statement Facility. By signing up for and/or using the and general terms and conditions found at the Bank's website at ww If no email address is provided, a address. For notices including amendments	Card to my:  BUSINESS ADDRESS  Card Statement of Account to my: BUSINESS ADDRESS  ATEMENT FACILITY AND NO  and to account thru my email address the Bank of Commerce to enroll my Cred signoverning the Bank of Commerce Cr	stated, I will no longer re dit Card account in Bank of ee to be bound by all open redit Card E-Statement, we unt will be sent to the dec	ceive paper f Commerce ational rules hich can be clared billing arged to my	Auto Debit my Bar  IMPORTANT:  • The BankCom d • Default will be M  1. Payment under 2. The authority ur the Bank to req 3. Should the Ban the Bank, the B 4. The authority u cancellation req D CHARGES	nkCom Peso Account must eposit account must intimum AMOUNT TERMS AN the ADA facility will inder this ADA shall uire a new ADA. k fail to implement ank may, without n nder this ADA shall uses at least seven	unt No.  st be under to DUE if no s  ND CONDI Il be debited remain valice this ADA for eed of notice III continue to (7) banking	the Applicant's name election has been m TIONS FOR ADA on actual due date a d with respect to repl te, disenroll the Accoo o be effective until t days prior to the inte	e. A ENROLLI as indicated in lacement care vive billing cyclust from the A the Bank received date of	Full Amount Due Minimum Amount Due Full Amount Due MENT In my Statement of Account. If without prejudice to the right of eles for reason not attributable to ADA facility.  Believes a duly accomplished ADA
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HOME ADDRESS  Deliver my Bank of Commerce Credit  HOME ADDRESS  E-ST/  By choosing to receive my staten copy thereof and I hereby authoriz E-Statement Facility.  By signing up for and/or using the and general terms and conditions found at the Bank's website at ww If no email address is provided, a address.  For notices including amendments account, I prefer notification via: (	Card to my:  BUSINESS ADDRESS  Card Statement of Account to my: BUSINESS ADDRESS  ATEMENT FACILITY AND NO ment of account thru my email address the Bank of Commerce to enroll my Cred  E-Statement Facility, I accept and agres governing the Bank of Commerce Cr w.bankcom.com.ph. paper copy of the Statement of Account thrush and conditions that will res email () text message	stated, I will no longer re dit Card account in Bank of ee to be bound by all open- redit Card E-Statement, w unt will be sent to the dec sult to fees to be paid or ch	accive paper f Commerce ational rules thich can be clared billing larged to my	Auto Debit my Bar  IMPORTANT:  • The BankCom d  • Default will be M  1. Payment under 2. The authority ur the Bank to req 3. Should the Ban the Bank, the B  4. The authority u cancellation req  D CHARGES increase the fees a PLAT	nkCom Peso Account must account must institute and account must the ADA facility with a ADA shall uire a new ADA. It fail to implement ank may, without n nder this ADA shall usest at least seven and charges with INUM	unt No.  st be under to DUE if no s  ND CONDI Il be debited remain valice this ADA for eed of notice III continue to (7) banking	the Applicant's name election has been m TIONS FOR ADA on actual due date a d with respect to repl r three (3) consecuti e, disenroll the Accord be effective until t days prior to the interest work.  WORLD  Php5,000	anade.  A ENROLLI as indicated in lacement care investigation in the Author in the Aut	Full Amount Due Minimum Amount Due Full Amount Due Minimum Amount Due Minimum Amount Due MENT In my Statement of Account. If without prejudice to the right of ales for reason not attributable to ADA facility. Beives a duly accomplished ADA francellation.  CASH INSTALLMENT Php2,400 billed on installment for 12 months.
HOME ADDRESS Deliver my Bank of Commerce Credit HOME ADDRESS  E-ST/ By choosing to receive my staten copy thereof and I hereby authoriz E-Statement Facility. By signing up for and/or using the and general terms and conditions found at the Bank's website at ww If no email address is provided, a address. For notices including amendments account, I prefer notification via: (  Annual Membership Fee  Principal Card	Card to my:  BUSINESS ADDRESS  Card Statement of Account to my: BUSINESS ADDRESS  ATEMENT FACILITY AND NO  ment of account thru my email address te Bank of Commerce to enroll my Cred  E-Statement Facility, I accept and agres governing the Bank of Commerce Cr w.bankcom.com.ph. paper copy of the Statement of Account in the terms and conditions that will res ) email () text message  (The Bank may, from time to time  CLASSIC	stated, I will no longer redit Card account in Bank of ee to be bound by all openedit Card E-Statement, we unt will be sent to the decisult to fees to be paid or character, change, amend, revising GOLD  Php3,000	acceive paper of Commerce ational rules thich can be clared billing arged to my	Auto Debit my Bar  IMPORTANT:  • The BankComd  • Default will be M  1. Payment under 2. The authority ur the Bank to req 3. Should the Bar the Bank, the B  4. The authority u cancellation ree  D CHARGES increase the fees of  PLAT  Php4  *Php5	nkCom Peso Account Music Peposit account music Peposit account music Peposit account music Peposit American Ame	unt No.  st be under to DUE if no s  ND CONDI Il be debited remain valice this ADA for eed of notice III continue to (7) banking	he Applicant's name election has been m TIONS FOR ADA on actual due date at with respect to repl r three (3) consecutit, disenroll the Accor to be effective until the days prior to the interest of the cardho work.  WORLD  Php5,000 *Php6,000	anade.  A ENROLLI as indicated in lacement care investigation in the Author in the Aut	Full Amount Due Minimum Amount Due Full Amount Due Minimum Amount Due Ment In my Statement of Account. In divitional prejudice to the right of eles for reason not attributable to ADA facility. Evies a duly accomplished ADA for cancellation.  CASH INSTALLMENT Php2,400 billed on
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		FEES AND CHA	ARGES (Continuation)						
	CLASSIC GOLD PLATINUM WORLD CASH INSTAL								
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-d converted automatically to US dollar at currency conversion rate plus foreig conversion fee of 2.5% (consists of N assessment fee and Bank of Commerce									
Charge Slip Retrieval Fee		Php300	) for local and USD6 for in	ternational purchases					
Card Replacement Fee		Php500 for lost card or damaged card							
Returned Check Fee		Php1,000							
Installment Pre-Termination Fee	mination Fee Php1,000								
Closed Account Maintenance Fee	aintenance Fee Php200								
Gaming Transaction Service Fee	5% of the transaction amount								
Overlimit Fee	Pnp/UU when outstanding balance exceeds credit   exceeds credit limit (transactions plus interest and   exceeds   excee				Php700 when outstanding balance exceeds credit limit (transactions plus interest and fees)				
Quasi Cash Fee		5% of	the transaction amount/ q	uasi cash transaction					
SOA Re-print Fee	Php100 per re-print request of SOA								
Refund Fee		Php5	00 per request (refund for	over payment only)					
Multiple Payment Fee	within the same cyc	nt in excess of 3 payments cle from non-BankCom nt channel.	Php50 or USD1 for eac payments within the same paymen	Php50 for each payment in excess of 3 payments within the same cycle from non-BankCom payment channel.					
ADA (Auto Debit Arrangement) Fee		uccessful ADA processing ufficient funds	•	every unsuccessful ADA o insufficient funds	Php200 for every unsuccessful ADA processing due to insufficient funds				
Certification Fee (Certification of full payment or good credit standing)		Php300 per issua	nce of Certification of full	payment or good credit st	anding				
*Applicable for Dual Currency Billing prod	uct								

## 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

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 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 being conducted, or a criminal, civil, or administrative case 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 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, 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	-

In the event my application for Bank of Commerce Credit Card is disapproved, Bank of Commerce is under no obligation to provide me with the reason for such a decision, unless required by law or regulation. I understand that the application form and documents submitted to Bank of Commerce will be stored and kept within the retention period prescribed by the Bank and will not be returned for whatever reason.

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 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 agreed 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 (LOWMEDIUM HIGH) CRP NORISK SCORE  APPLICANT IS A BANK OF COMMERCE EMPLOYEE  APPLICANT HAS US INDICIA  APPLICANT IS RECALCITRANT									
APPLICANT IS PEP / PEP-F									
APPLICANT IS A BANK OF			OVEE (LIP TO 2ND DEGREE O	F CONSANGLIINITY / AF	FINITY)				
APPLICANT IS A RELATIVE OF A BANK OF COMMERCE EMPLOYEE (UP TO 2ND DEGREE OF CONSANGUINITY / AFFINITY)									
NAME OF EMPLOYEE RELATIONSHIP									
PRINCIPAL CIF NUMBER	RINCIPAL CIF NUMBER SUPPLEMENTARY CIF NUMBER REFERRED BY				BRANCH / SOURCE CODE	DATE	DOC. IMAGE NO.		
		,	FOR SALES AGI	ENCY 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									
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