



# Bank of Commerce

*An affiliate of San Miguel Corporation*



## CREDIT CARD APPLICATION

**APPLICATION NO.:**

I am applying for: ☐ Classic ☐ Gold ☐ Platinum ☐ World ☐ Cash Installment Card

Note: You may receive a different card type depending on our credit evaluation.

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 phone number.

For Cash Installment Card:

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.

• Philippine Identification (PhilID) Card or ePhilID

• Passport

• Driver's License

• Police Clearance

• Postal ID

• Voter's ID

• Barangay Certification

• Senior Citizen Card

• Seaman's Book

• Integrated Bar of the Philippines (IBP) ID

• Professional Regulations Commission (PRC) ID

• Maritime Industry Authority (MARINA) ID

• 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

• Department of Social Welfare and Development (DSWD) Certification

• Student ID issued and signed by the Principal or head of the School

• Government office and GOCC ID [e.g., Armed Forces of the Philippines (AFP), Home Development Mutual Fund (HDMF) IDs]

• Alien Certification of Registration (ACR) / Immigrant Certificate of Registration (ICR)

• ID / certification issued by the National Council on Disability Affairs (NCDA)

• IDs issued by "covered persons" registered with, supervised or regulated either by the BSP, SEC (i.e., corporations and partnerships) or IC (i.e., life and non-life insurance companies)

• Philippine Health Insurance Corporation's (PhilHealth) Health Insurance Card ng Bayan

• For retirees who are not Filipino citizen's, photo-bearing identification cards issued by the Philippine Retirement Authority (PRA)

• For foreign nationals, Passport or Alien Certificate of Registration

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.

PURPOSE OF LOAN APPLICATION

DOCUMENTS REQUIRED

EMPLOYED

Any of the following:

☐ Original and latest Certificate of Employment and Compensation (COEC)

☐ Pay slips for the last three (3) months preceding the date of application

☐ Photocopy of Latest BIR Form 2316/W2 or ITR duly stamped as "Received" by the BIR/ authorized bank

PROFESSIONAL

☐ Latest Income Tax Return with Bank / BIR Stamp (MANDATORY)

☐ Latest AFS for the last 2 years with Bank / BIR Stamp

☐ Bank Statement for the last 6 months

SELF-EMPLOYED

Copy of complete business papers (MANDATORY):

☐ Single Proprietorship - Certificate of Registration of Business Name issued by DTI

☐ 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

☐ Partnership - Articles of Partnership and Certificate of Registration issued by SEC

Any of the following:

☐ Latest Income Tax Return with Bank / BIR Stamp

☐ Latest Audited Financial Statements (AFS) for the last 2 years with Bank / BIR Stamp

☐ Bank Statement for the last 6 months

NON-FILIPINO CITIZEN

☐ Original and latest COEC (MANDATORY)

☐ Deed of Assignment for Hold-out on Deposit (MANDATORY)

☐ Original Comfort Letter (MANDATORY)

Any of the following:

☐ Special Investor's Resident Visa

☐ Visa issued by PEZA

☐ Certified True Copy of Passport

☐ Certified True Copy of Alien Certificate of Registration (ACR) or work permit

PERSONAL INFORMATION

TITLE

☐ Mr. ☐ Mrs. ☐ 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

☐ Male ☐ Female

CIVIL STATUS

☐ Single ☐ Married ☐ Separated ☐ Widowed

HOME OWNERSHIP

☐ Owned ☐ Mortgaged ☐ Company Provided ☐ Rented ☐ Used Free ☐ Others

EDUCATION

☐ Grade School ☐ High School ☐ College ☐ Some College ☐ Graduate School

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 ☐ Prepaid ☐ Postpaid

ID SUBMITTED

EMAIL ADDRESS

HOME PHONE NUMBER

The mobile number indicated herein will be used for sending your balance, cardholder updates/ notices, security alerts, one-time-password, promotional information, etc.

TYPE \_\_\_\_\_

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 NUMBER/S

RELATIONSHIP

ADDRESS

Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code

EMAIL ADDRESS

WORK AND FINANCES

☐ Employed ☐ Self-Employed

NAME OF OFFICE / BUSINESS

OFFICE / BUSINESS ADDRESS

ZIP CODE

OFFICE / BUSINESS PHONE NUMBER

FAX NUMBER

OFFICE / BUSINESS EMAIL ADDRESS

YEARS W/ PRESENT EMPLOYER

NO. OF YEARS WORKING

EMPLOYMENT TYPE

☐ Private ☐ Government

☐ Self-Employed ☐ Retired

Others: \_\_\_\_\_

POSITION

☐ Senior Management ☐ Director

☐ Executive ☐ Supervisor

☐ Non-Officer ☐ Professional

☐ Teaching / Educational ☐ Sales

Others: \_\_\_\_\_

INDUSTRY / BUSINESS TYPE

☐ Real Estate ☐ Banking and Finance ☐ Education

☐ Manufacturing ☐ Insurance ☐ Mining

☐ Retail / Wholesale ☐ Utilities ☐ Entertainment

☐ Agriculture / Forestry ☐ Transport / Shipping ☐ BPO

☐ Hotel / Restaurant ☐ IT / Telco ☐ Others: \_\_\_\_\_

☐ Government ☐ Construction

☐ Medical ☐ Travel Related

FUNDS / AVE. MONTHLY INCOME

☐ Under P10,000

☐ P10,000 - P19,999

☐ P20,000 - P49,999

☐ P50,000 - P99,999

☐ P100,000 - P249,999

☐ P250,000 and above

GROSS ANNUAL INCOME

OTHER INCOME

SOURCE OF FUNDS

☐ Salary ☐ Pension ☐ Donation

☐ Business ☐ Remittance ☐ Interest

Others: \_\_\_\_\_

DO YOU OWN A CAR?

☐ Yes, how many? \_\_\_\_\_ ☐ No

( ) Owned ( ) Mortgaged ( ) Company Leased

DEPOSIT ACCOUNT WITH BANK OF COMMERCE

ARE YOU A BANKCOM CREDIT CARD HOLDER?

OTHER CREDIT CARD

OTHER CREDIT CARD

Branch \_\_\_\_\_

Type of Account \_\_\_\_\_

Balance \_\_\_\_\_

☐ Yes ☐ No

Card Number \_\_\_\_\_

Credit Limit \_\_\_\_\_ Year Issued \_\_\_\_\_

Issuing Bank \_\_\_\_\_

Card Number \_\_\_\_\_

Credit Limit \_\_\_\_\_ Year Issued \_\_\_\_\_

Issuing Bank \_\_\_\_\_

Card Number \_\_\_\_\_

Credit Limit \_\_\_\_\_ Year Issued \_\_\_\_\_

SPOUSE INFORMATION

TITLE

☐ Mr. ☐ Mrs. ☐ Ms.

LAST NAME

FIRST NAME

MIDDLE NAME

BIRTHDATE (mm/dd/yyyy)

CITIZENSHIP

EMAIL ADDRESS

MOBILE NUMBER ☐ Prepaid ☐ Postpaid

☐ Employed ☐ 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

The corporate logo of San Miguel Corporation is a registered trademark of San Miguel Corporation, and is used under license.

**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	
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		
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 <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			
<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 EMAIL 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"/> 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 P10,000 <input type="checkbox"/> P10,000 - P19,999 <input type="checkbox"/> P20,000 - P49,999 <input type="checkbox"/> P50,000 - P99,999 <input type="checkbox"/> P100,000 - P249,999 <input type="checkbox"/> P250,000 and above		
PROFESSION					RANK					
MOTHER'S FULL MAIDEN NAME					SPOUSE NAME					
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)					
DELIVERY AND MAILING INSTRUCTIONS					MODE OF PAYMENT (If Account Number is not provided, payment mode is "Pay to Bank")					
MAILING ADDRESS					<input type="checkbox"/> Pay to Bank <input type="checkbox"/> Auto Debit my Account (ADA) Auto Debit my <b>BankCom Peso Account No.</b> _____ <div> <input type="checkbox"/> Full Amount Due             <input type="checkbox"/> Minimum Amount Due           </div> Auto Debit my <b>BankCom Dollar Account No.</b> _____ <div> <input type="checkbox"/> Full Amount Due             <input type="checkbox"/> Minimum Amount Due           </div>					
E-STATEMENT FACILITY AND NOTICES					<b>IMPORTANT:</b> • The BankCom deposit account must be under the Applicant's name. • Default will be MINIMUM AMOUNT DUE if no selection has been made.  <b>TERMS AND CONDITIONS FOR ADA ENROLLMENT</b> 1. Payment under the ADA facility will be debited on actual due date as indicated in my Statement of Account. 2. The authority under this ADA shall remain valid with respect to replacement card without prejudice to the right of the Bank to require a new ADA. 3. Should the Bank fail to implement this ADA for three (3) consecutive billing cycles for reason not attributable to the Bank, the Bank may, without need of notice, disenroll the Account from the ADA facility. 4. The authority under this ADA shall continue to be effective until the Bank receives a duly accomplished ADA cancellation request at least seven (7) banking days prior to the intended date of cancellation.					
<b>FEES AND CHARGES</b> (The Bank may, from time to time, change, amend, revise, modify or increase the fees and charges with prior notification to the cardholders.)										
	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	3%	3%	3%	3%	3%					
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 Statement of Account computed from the 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	<b>5%</b> of the Total Outstanding Balance or <b>Php500</b> whichever is higher (Peso billing); or <b>3%</b> 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	<b>Php1,000</b> or the unpaid Minimum Amount Due, whichever is lower.		<b>Php1,000</b> 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).		<b>Php1,000</b> or the unpaid Minimum Amount Due, whichever is lower.					
Cash Advance Fee and Interest	<b>Php200</b> per transaction plus prevailing finance charge		<b>Php200</b> per transaction (Peso Billing) or <b>USD4</b> per transaction (Dollar Billing) plus prevailing finance charge		<b>NA</b>					
Cash Advance Service Charge (Over-the-Counter)	<b>Php100</b>				<b>NA</b>					



FOR BANK USE ONLY					
<div><input type="checkbox"/> APPLICANT WAS CHECKED AGAINST BANK'S WATCHLIST</div> <div><input type="checkbox"/> APPLICANT WAS RISK PROFILED ( __ LOW __ MEDIUM __ HIGH) CRP NO. _____ RISK SCORE _____</div> <div><input type="checkbox"/> APPLICANT IS A BANK OF COMMERCE EMPLOYEE</div> <div><input type="checkbox"/> APPLICANT HAS US INDICIA</div> <div><input type="checkbox"/> APPLICANT IS RECALCITRANT _____</div> <div><input type="checkbox"/> APPLICANT IS PEP / PEP-RELATIVE/ PEP-AFFILIATE</div> <div><input type="checkbox"/> APPLICANT IS A BANK OF COMMERCE RELATED PARTY</div> <div><input type="checkbox"/> APPLICANT IS A RELATIVE OF A BANK OF COMMERCE EMPLOYEE (UP TO 2ND DEGREE OF CONSANGUINITY / AFFINITY)</div>					
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		
<div>For inquiries, call Bank of Commerce Customer Care Hotline: (02) 8-632-2265</div> <div>Domestic Toll-Free numbers: (PLDT) 1800-10-982-6000 and (Globe Lines) 1800-8-982-6000</div> <div>Or send us an email at customerservice@bankcom.com.ph</div> <div>Bank of Commerce is regulated by the Bangko Sentral ng Pilipinas.</div> <div><a href="https://www.bsp.gov.ph">https://www.bsp.gov.ph</a></div> <div>Access BSP Online Buddy (BOB) through BSP's official website (Webchat)</div> <div>Send SMS to 021582277 for Globe subscribers</div> <div>Or visit BSP Facebook Page <a href="https://www.facebook.com/BangkoSentralngPilipinas">https://www.facebook.com/BangkoSentralngPilipinas</a></div>					