

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	
HOME ADDRESS (PRESENT) Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code						MOBILE PHONE NUMBER	
PERMANENT ADDRESS Bldg. / House No. Street / Brgy. District / Town City / Province Zip Code						YEARS OF STAY	
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"/> 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	
PROFESSION		RANK		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			

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:
 HOME ADDRESS BUSINESS ADDRESS

Deliver my Bank of Commerce Credit Card Statement of Account to my:
 HOME ADDRESS BUSINESS ADDRESS EMAIL ADDRESS

MODE OF PAYMENT (If Account Number is not provided, payment mode is "Pay to Bank")

Pay to Bank Auto Debit my Account (ADA)

Auto Debit my **BankCom Peso Account No.**
 Full Amount Due
 Minimum Amount Due

Auto Debit my **BankCom Dollar Account No.**
 Full Amount Due
 Minimum Amount Due

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 www.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

IMPORTANT:

- The BankCom deposit account must be under the Applicant's name.
- Default will be **MINIMUM AMOUNT DUE** if no selection has been made.

TERMS AND CONDITIONS FOR ADA ENROLLMENT

- Payment under the ADA facility will be debited on actual due date as indicated in my Statement of Account.
- 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.
- 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.
- 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.

FEES AND CHARGES

(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	5% of the Total Outstanding Balance or Php500 whichever is higher (Peso billing); or 3% of the Total Outstanding Balance or USD50 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 P500/USD50 , 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). USD20 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)

	CLASSIC	GOLD	PLATINUM	WORLD	CASH INSTALLMENT
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 foreign currencies will be converted automatically to Philippine Peso (Php) at Mastercard's currency conversion rate plus foreign currency conversion fee of 1.5% (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 1.5% (consists of Mastercard's assessment fee and Bank of Commerce service 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).
Charge Slip Retrieval Fee	Php300 for local and USD6 for international purchases				
Card Replacement Fee	Php500 for lost card or 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	Php700 when outstanding balance exceeds credit limit (transactions plus interest and fees)		Php700 or USD12 when outstanding balance exceeds credit limit (transactions plus interest and fees)		Php700 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
Certification Fee (Certification of full payment or good credit standing)	Php300 per issuance of Certification of full payment or good credit standing				

*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

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 (___ 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.
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FOR SALES AGENCY USE ONLY

AGENCY NAME	AGENT NAME	AGENCY CODE	AGENT CODE
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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>