

Super Check Application Form

Opening Doors, Building Tomorrows.

Name of Cardholder/ Applicant

Last Name First Name Middle Name
Credit Card No.: (If applicable)
Expiry Date (if applicable)
Birthdate Birth Place
Nationality SSS/GSIS No.
Civil Status ☐ Single ☐ Married ☐ Separated ☐ Widowed
Mother's Maiden Name
Spouse Name (Last Name, First Name, Middle Name) No. of Children No. of Dependents
Permanent Address
Mailing Address
Home Tel. No. Mobile No.
Email Address:
Employer's Name
Employer's Address
Nature of Business
Job Title/Occupation/Profession Salary Range
Start of Employment Business Contact No.
Signature:

FOR ANTI-MONEY LAUNDERING ACT PURPOSES, I WE DECLARE THAT:
I/We intend to deposit times in a week, withdraw, in a week, in amounts of not less than Php I/We choose to open this account with Equicom Savings Bank with the purpose of
By signing below, I/We confirmed that I/We have received a copy of Terms and Conditions of The General Provisions on Deposits governing this account and have fully understood and agreed to be governed by the provisions thereof, including but not limited to, the provision of my obligations as a depositor should the bank opt to purchase my checks, the survivorship agreement authorizing the bank to release the balance of an "OR" account to the surviving co-depositor; the conditions under which the Bank is given the right to impose service charge, freeze, debit and/or automatically close the account; the provision authorizing the Bank to share with its subsidiaries, affiliates, etc. my personal circumstances; the provisions of electronic, internet and telephone banking services and any other banking products and services and the provision on the authority of the Bank to withhold, sell and/or set off bank deposit for any and all obligation with the Bank and any of its subsidiaries and affiliates.
I/We full understand the corresponding risks entailed in availing of such banking products, facilities or services, further, my/our continued use and/or availment of such banking products, facilities or services shall mean my/our conformity to any and all supplement(s), modification(s) or amendment(s) of such Terms and Conditions in which may be posted in conspicuous places within the Bank premises or which may be published in any other matter.
I/We also warrant that I/We am/are aware of the provision of the Republic Act No. 9160 (Anti-Money Laundering Act of 2001) as amended, and I/We represent that my/our transactions herein are not among those covered under the said law and that all the funds deposited in the account(s) come from my/our legitimate undertakings. I/We authorize the Bank to make any such verifications or reports in compliance RA. No 9160, as amended, as it may deem appropriate, for which acts I/We hold the Bank free and harmless from any and all liabilities, claims and or damages.
I/We also attest to the truth and correctness of my/our given personal/business information. In case, I/We apply for any credit accommodation, I/We hereby authorized Equicom Savings Bank and its officers to obtain and disclose information about my/our deposits or other properties whether within Equicom Savings Bank or other banks.
By signing on this Equicom Super Check Facility Application Form, I hereby agree to be bound by the terms and conditions ("T&C") of the Equicom Super Check Facility and comply with the requirements se forth herein, as may be amended or supplemented by Equicom Savings Bank anytime without prior notice, I further agree to be bound by the T&C and mechanics of any existing promotion/s of Equicom Savings Bank in connection of the Equicom Super Check Facility, and by the T&C governing the issuance and use of the Equicom Saving Bank Credit Cards, all as maybe amended or supplemented by Equicom Savings Bank anytime without prior notice. I likewise agree that in case of insufficient credit limit, Equicom Savings Bank shall have the right to dishonor the Equicom Super Check, Equicom Saving Bank shall have the absolute and exclusive right to approve or reject application for Equicom Super Check Facility; that in case my Equicom Super Check application is approved, Equicom Savings Bank is authorize to effect the payment of my obligation to notify me of such approval nor discuss the reason/s thereof. I hereby agree to have this specimen Signature Card used for all account to be opened in my behalf and to have my account(s) with
Equicom Savings Bank (EqB) governed by the Terms and Conditions set forth by the Bank as well as the Bangko Sentral ng Pilipinas and the Bankers Association of the Philippines relative to establishing and operating grounds.
IN WITNESS WHEREOF, I/We have affixed my/our signature(s) on at
Name: Please sign 3 times
Signature
Signature
Signature
FOR BANK USE ONLY
ACCOUNT INFORMATION
Account No Date of Opening of the First Account Customer No
Notes

EQUICOM SUPER CHECK FACILITY TERMS AND CONDITIONS

- **1. Equicom Super Check Facility -** The Equicom Super Check Facility ("Super Check") shall be operated solely for the purpose of drawing a check against the Credit Limit of Equicom Credit Cards and making the payments thereunder (over-the-counter encashment and payments via Super checks Facility to Equicom Credit Card is not allowed).
- 2. Access to the Super Check Credit Line- Cardholder may draw on the Credit Line by issuance of Super Check(s). Equicom Savings Bank may, at anytime, impose such minimum availment limits per transaction as may be communicated to the Cardholder. Equicom Savings Bank shall have the right to charge the Credit Card Account for interest, penalty charges, interest charges, taxes and all other sums due and payable, notwithstanding that any such sums exceed the Available Credit Limit.
- **3. Availment of Credit Line-** Cardholder shall not make any availment in excess of the available credit limit. If any intended availment by client will cause the available credit limit to be exceeded, Equicom Savings Bank shall have the right, power and authority to refuse the intended availment without need of notice (e.g. insufficient funds, uncleared payments at accredited payment center).

In case of multiple availments in a day, Equicom Savings Bank shall prioritize based on the check number (the earlier check number first).

4. Evidence of Availments - Availments shall be evidenced by check issuance with a minimum of Php2,000.00 per check and maximum amount based on available credit limit at time of check transaction/clearing.

The foregoing evidence of availment shall be conclusive and binding on Client. Client is aware that the only evidence of availment is through the Super Check issued.

In case that the check is lost or stolen, the client shall notify Equicom Savings Bank hotlines immediately and confirm such notification by submitting the complete requirements (a) Affidavit of loss (b) copy of valid ID with signature; (c) Letter of Request for Cancellation and (d) check replacement fee, within 24 hours from occurrence of such loss or theft. Equicom Savings Bank shall not be responsible for any unauthorized transaction against the credit line until after Equicom Savings Bank has received the Affidavit of Loss. Client shall be liable for all transactions made through the loss of Checkbook before Equicom Savings Bank received the written notice together with the Affidavit of Loss.

Stop Payment Order shall not bind Equicom Savings Bank or be valid unless: (a) the check or checks to be affected are properly identified or described with particularity in all aspects; (b) made in writing in case of loss, and an Affidavit of Loss is submitted; (c) serve and delivered directly to the cashier or any of the assistant cashiers of Equicom Savings Bank. Client agrees to hold Equicom Savings Bank free from any liability or expenses arising from its refusal to pay the said items in accordance with the Stop Payment Order.

- **5. Service Fee and Charges –**Service Fee per check issuance will be at 2.00% of check amount issued, subject to change without prior notice.
- **6. Dishonor of Super Check(s)-** Equicom Savings Bank shall have the right to dishonor any Super Check(s) under any of the following circumstances: (a) in case of violation of any terms and conditions of this Agreement; (b) in case the acceptance of payment of such check(s) will cause the Available Credit Limit to be exceeded; (c) in case the Credit Card Account shall have been blocked or cancelled for any reason; (d) in case the Credit Card has expired; (e) for the same reasons and in the same manner that the regular current accounts checks may be dishonored. Such dishonored checks shall be subject to a returned check handling fee prescribed by Equicom Savings Bank and clearing regulations which shall be borne by the client and may be debited against the credit limit.

Equicom Savings Bank shall not be liable for any loss or damage for any dishonored Super Check(s).

7.Consequence of Dishonor- Upon the occurrence of any of the foregoing events which result for the checks to be dishonored, the Client may be considered to be in default, and Equicom Savings Bank may at its option and without need of notice or demand, cancel the Super Check Credit Line.