Opening Doors, Building Tomorrows. BALANCE TRANSFER APPLICAT	TION FORM	
Name of Cardholder/Applicant:		
Last Name First Name MiddleNa	ame	
Credit Card No. (if		
CREDIT CARD / PERSONAL CREDIT LINE TO TRANSFER Balance Transfer 1		
Credit Card No. (if applicable):		
Card Company:		
Card Company:Account Name:(As in your other bank's credit card / personal line of credit account) Issue Date: Expiry: Credit Limit: Current Outstanding Balance: Amount to be Transferred Preferred Term:		
By signing on this Balance Transfer Form, I hereby agree to be bound by the terms and conditions ("T&C") of the EqB Balance Transfer Program and comply with the requirements set forth herein, as may be amended or supplemented by Equicom Savings Bank from time to time. I further agree to be bound by the T&C and mechanics of any existing and future promotion/s of Equicom Savings Bank in connection with the Balance Transfer program, and by the T&C governing the issuance and use of the Equicom Savings Bank Credit Cards, all as may be amended or supplemented by Equicom Savings Bank from time to time. I likewise agree that in case of insufficient credit limit, Equicom Savings Bank has the sole discretion to approve only a portion of the amount applied without prior notification to me; that Equicom Savings Bank shall have the absolute and exclusive right to approve or reject applications for Balance Transfer; that in case my Balance Transfer application is approved, Equicom Savings Bank is authorized to effect the payment of my obligation as specified herein. I understand that in case of disapproval, Equicom Savings Bank is under no obligation to notify me of such disapproval nor discuss the reason/s thereof.		