

## SUPER CHECK CONVERSION PROGRAM

### Program Mechanics

1. The Super Check Conversion to Installments Program is open to all active and current Equicom Credit Cardholders with good credit standing.
2. Equicom Credit Cardholders with Super Check transactions (see minimum amounts below) may opt to convert these transactions to affordable monthly installment payments provided that these transactions are reflected in the current monthly statement of account. The monthly amortizations should be within the available credit limit and the gross amount within the available installment line at the time of availment.
3. The duly accomplished application form may be submitted to an Equicom Savings Bank (EqB) branch or via fax to Equicom 24/7 Customer Service at (02) 2415952.
4. The Super Check transaction is subject to a service fee of 1.50% of check amount.
5. The following are the terms and rates for the installment payment program and are subject to change without prior notice:

Term	Minimum Amount	Monthly Add-on Rate	Factor Rate	Effective Rate
3 months	P5,000.00	1.00%	0.343333	17.91%
6 months	P5,000.00	1.00%	0.176667	20.28%
9 months	P5,000.00	1.00%	0.121111	21.11%
12 months	P5,000.00	0.70%	0.090333	15.16%
18 months	P10,000.00	1.00%	0.065556	21.64%
24 months	P10,000.00	1.00%	0.051667	21.57%

How to compute for the monthly amortizations:

Example: 3 months term

Amount to be applied	P20,000.00
X Factor Rate	0.343333
Monthly Installment	P6,866.66

6. When converting Super Check transaction to installments, the regular credit limit corresponding to the gross transaction amount shall be made available for use.
7. A pre-termination fee of 5% based on the remaining unpaid principal balance or P500.00, whichever is higher, shall be imposed in case of pre-termination.
8. These transactions are not eligible to earn Equicom Key Points.
9. The monthly amortization amount shall be posted as a regular transaction on the Cardholder's credit card account and shall form part of the total outstanding balance. Should the Cardholder choose to pay less than the total amount due but not less than the Minimum Amount due, the monthly amortization shall be subject to the applicable finance charges.
10. EqB shall have the absolute exclusive right to approve or reject the applications based on its internal policies or for reasons it deems justifiable. Thus, if the cardholder has no sufficient credit limit, EqB has the sole discretion to approve only a portion of the amount applied for.



Opening Doors, Building Tomorrows.

### CONVERSION REQUEST FORM

Name of Cardholder/Applicant: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name

Credit Card No. \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Contact Details:

Home/Office \_\_\_\_\_

Mobile \_\_\_\_\_

Email Address: \_\_\_\_\_

SUPER CHECKFOR CONVERSION: \_\_\_\_\_

PREFERRED TERM: \_\_\_\_\_

STATEMENT DATE: \_\_\_\_\_

SUPER CHECKFOR CONVERSION: \_\_\_\_\_

PREFERRED TERM: \_\_\_\_\_

STATEMENT DATE: \_\_\_\_\_

By signing on this Super Check Conversion Program (Program) Form, I hereby agree to be bound by the Terms and Conditions ("T&C") of the 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 Program, and by the T&C governing the issuance and use of the Equicom 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 the Program and that in case Program 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 neither notify me of such disapproval nor discuss the reason/s thereof.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date Requested