



NOTE: All fields are mandatory. Mark the box with "X" and put N.A. where it is not applicable. Application processing will start only upon submission of all documentary requirements. Incomplete applications will not be processed.

[illegible]

WORK AND FINANCES INFORMATION			
Employer/Business Name		Nature of Business	
Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)		Zip Code	
Employment Type/Source of Funds		If Self-Employed	
<input type="checkbox"/> Employed/Salary <input type="checkbox"/> Self-Employed/Business <input type="checkbox"/> Retired <input type="checkbox"/> OFW <input type="checkbox"/> Others _____		<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Others _____	
Rank		Position	Date of Hire (MM/DD/YYYY)
<input type="checkbox"/> Rank & File <input type="checkbox"/> Manager <input type="checkbox"/> Self-Employed <input type="checkbox"/> Officer/Supervisor <input type="checkbox"/> Senior Executive <input type="checkbox"/> Others _____			
Employment Status		Gross Monthly Income (PHP)	
<input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Probationary <input type="checkbox"/> Others _____			
Office Number	Office Email Address		Total Years Working/In Business

AUTHORIZED CORPORATE OFFICER			
Full Name (Last Name, Middle Name, First Name)		Recommended Limit	Purpose for New Card
		<input type="checkbox"/> Peso PHP _____ <input type="checkbox"/> USD USD _____	
Employer/Business Name			Years/Mos. with Employer
Position	Office Phone Number	Mobile Number	Email Address

UNDERTAKING
<p>By signing this Equicom Savings Bank Credit Card Application Form, I/we certify that I/we have accessed, read, understood, and agreed to abide by the Terms and Conditions on the issuance and use of the Equicom Savings Bank Credit Card as found in www.equicomsavings.com. Equicom Savings Bank may from time to time change the Terms and Conditions for reasons it may deem proper, amend or revise or modify through sending of a written notice, as well as publication, an announcement in the statement of accounts or such other reasonable means as may be determined by Equicom Savings Bank, in which case, the Cardholder's continuous use of the credit card or the absence of a written notice of termination within the period stated above, will be deemed as acknowledgment and acceptance of the amendments or revision.</p> <p>By submitting this application, I authorize Equicom Savings Bank to collect, process, and store my personal data in accordance with the Data Privacy Act of 2012 (R.A. 10173) and its Privacy Statement found in https://www.equicomsavings.com/privacy-policy/. My information may be shared with regulatory authorities, credit bureaus, and third-party service providers for credit evaluation, fraud prevention, and account management. I acknowledge my right to access, update, or request deletion of my data by contacting Equicom Savings Bank.</p> <p>I/We hold ourselves jointly and severally liable for all obligations and liabilities incurred with the use of the Equicom Savings Bank credit card and, in the event my/our application for an Equicom Savings Bank credit card is disapproved, Equicom Savings Bank is under no obligation to provide me/us with the reason for such a decision.</p>

	_____ Authorized Signatory 1 Signature Above Printed Name	_____ Date (MM/DD/YYYY)
	_____ Authorized Signatory 2 Signature Above Printed Name	_____ Date (MM/DD/YYYY)