## EQUICOM SAVINGS BANK

## **CREDIT CARD** Application Form

**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. Kindly attach your proof of income and proof of identification.\*

\*For foreigners, kindly include whether Philippine Visa, an Alien Certificate of Registration stating type of visa held, or Immigration Certificate of Registration (\*Documents must have a validity of one (1) year from the date of application.

|   | I would like to apply for an Equicom Savings Bank Credit Card   |   |  |                        | Cla                           | assic Visa           |         |                   |       |
|---|---|---|--|------------------------|-------------------------------|----------------------|---------|-------------------|-------|
|   |   |   | Customer Informa   | tion No.               |                               |                      |         |                   |       |
|   | Ρ   | RIMARY CARD APPI  | ICANT INFORMATIO   | ON                     |                               |                      |         |                   |       |
| Full Name (Last Name, Middle  | e Name, First Name)   |   | Name to Appear on Ca   | rd (Maximum of 2       | 21 charact                    | ers including        | spaces) |                   |       |
|   |   |   |  |                        |                               |                      |         |                   |       |
| Date of Birth (MM/DD/YYYY   | n   | Place of Birth  |  | Citizenship            |                               |                      |         |                   |       |
|   | /   |   |  | Citizenship            |                               |                      |         |                   |       |
|   |   |   |  |                        |                               |                      |         |                   |       |
| Mother's Maiden Name  |   | Gender  |  | Civil Status           |                               |                      |         |                   |       |
|   |   | Male<br>Female  |  | Single<br>Married      |                               |                      | Widow   | ved<br>y Sepai    | bated |
| SSS/GSIS Number   |   | Tax Identification Nur  | nber (TIN)   | Number of              | Depen                         | dents                | Legun   | y Sepai           | uteu  |
|   |   |   |  |                        |                               |                      |         |                   |       |
| Duccout Llouis Adduces  |   |   |  |                        |                               | 7:0 600              |         |                   |       |
| Present Home Address (  | (Lot/Blk No., House/Unit No., Floo  | or No./Building Name, Subdivision/\   | illage, City/Province)   |                        |                               | Zip Coc              | le      |                   |       |
|   |   |   | Length of Stay   | YearsM                 | onths                         |                      |         |                   |       |
|   | ith Parents/Relatives   | Company Provided  | Mortgaged PHP  | /mo.                   | Ren                           | ted PHP _            |         | /mo.              |       |
| Permanent Home Addre  | <b>ESS</b> (Lot/Blk No., House/Unit No  | ., Floor No./Building Name, Subdivis  | ion/Village, City/Province)  |                        |                               | Zip Coc              | le      |                   |       |
|   |   |   | Length of Stay   | Years M                | onths                         |                      |         |                   |       |
| Owned Living w  | ith Parents/Relatives   | Company Provided  | Mortgaged PHP  | /mo.                   |                               | ted PHP _            |         | /mo.              |       |
| Home Landline Number  | r   | Mobile Number   |  | Email Addr             | ess                           |                      |         |                   |       |
|   |   |   |  |                        |                               |                      |         |                   |       |
| Educational Attainment  |   | Do you own a Car?   |  |                        |                               |                      |         |                   |       |
| High School   | Post Graduate   | Yes   | Mortgaged  |                        |                               |                      | Not M   | ortgag            | ed    |
| College   | Others  | How many?   | Monthly Amortizatio  | n P                    |                               |                      | No      |                   |       |
|   |   | SPOUSE IN   | FORMATION  |                        |                               |                      |         |                   |       |
| Full Name (Last Name, Middle  | e Name, First Name)   |   | Date of Birth (MM/DD/YY)   | (Y)                    | Emplo                         | oyer's Na            | me      |                   |       |
|   |   |   |  |                        |                               |                      |         |                   |       |
| Present Home Address  | (lat/RIK Na Hausa/Lipit Na Fla  | or No./Building Name, Subdivision/N   | illaga City/Dravinca Zin Cada)   |                        | Office                        | Phone N              | lumbo   | r                 |       |
| rresent nome Address (  | ננטלאנג זאט., הטטצפי טוונו זאט., רוטנ   | or No./Buttaing Name, Subalvision/A   | illuge, Cily/Province, Zip Code)   |                        | Office                        | r none r             | unibe   |                   |       |
|   |   |   |  |                        |                               |                      |         |                   |       |
|   |   |   |  |                        |                               |                      |         |                   |       |
| Position  | Years/Mo  | nths with Employer  | Mobile Number  |                        | Email                         | Address              |         |                   |       |
| Position  | Years/Mo  | nths with Employer  | Mobile Number  |                        | Email                         | Address              |         |                   |       |
| Position  | Years/Mo  |   |  |                        | Email                         | Address              |         |                   |       |
|   |   |   | Mobile Number  |                        |                               |                      | stry/B  | usinoss           |       |
| Position Employer/Business Nam  |   |   |  |                        |                               | Address<br>e of Indu | stry/B  | usiness           | 5     |
| Employer/Business Nam   | ne  | WORK AND FINAN  | ICES INFORMATION   |                        |                               |                      |         |                   |       |
| Employer/Business Nam   | ne  |   | ICES INFORMATION   |                        |                               |                      |         | usiness<br>• Code |       |
| Employer/Business Nam   | ne  | WORK AND FINAN  | ICES INFORMATION   |                        |                               |                      |         |                   |       |
| Employer/Business Nam   | ne<br>ress (Lot/Blk No., House/Unit M   | WORK AND FINAN  | ICES INFORMATION   |                        |                               |                      |         |                   |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employment Type/Sour<br>Employed/Salary   | ne<br>ress (Lot/Blk No., House/Unit N<br>rce of Funds<br>Self-Employed/Busin  | WORK AND FINAN<br>Io., Floor No./Building Name, Subdiv  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor   |                        | Natur                         | e of Indu            | Zip     |                   |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employment Type/Sour<br>Employed/Salary<br>Retired  | ne<br>ress (Lot/Blk No., House/Unit N<br>rce of Funds   | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership  |                        | Natur<br>Corj<br>Oth          | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employment Type/Sour<br>Employed/Salary<br>Retired<br>Rank  | ress (Lot/Blk No., House/Unit N<br>rce of Funds<br>Self-Employed/Busin<br>OFW   | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor   |                        | Natur<br>Corj<br>Oth          | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employment Type/Sour<br>Employed/Salary<br>Retired  | ne<br>ress (Lot/Blk No., House/Unit N<br>rce of Funds<br>Self-Employed/Busin  | WORK AND FINAN<br>Io., Floor No./Building Name, Subdiv  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership  |                        | Natur<br>Corj<br>Oth          | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employment Type/Sour<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status  | ress (Lot/Blk No., House/Unit M<br>rce of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive  | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership  |                        | Natur<br>Corj<br>Oth          | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent  | ress (Lot/Blk No., House/Unit M<br>ress (Lot/Blk No., House/Unit M<br>rece of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual           | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position                                    |                        | Natur<br>Corj<br>Oth          | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent<br>Probationary  | ress (Lot/Blk No., House/Unit M<br>rce of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive  | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position                                    | · (Php)                | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent  | ress (Lot/Blk No., House/Unit M<br>ress (Lot/Blk No., House/Unit M<br>rece of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual           | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position                                    |                        | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent<br>Probationary  | ress (Lot/Blk No., House/Unit M<br>ress (Lot/Blk No., House/Unit M<br>rece of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual           | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position                                    | · (Php)                | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent<br>Probationary  | ress (Lot/Blk No., House/Unit M<br>ress (Lot/Blk No., House/Unit M<br>rece of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual           | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position                                    | · (Php)                | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent<br>Probationary  | ress (Lot/Blk No., House/Unit M<br>ress (Lot/Blk No., House/Unit M<br>rece of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual           | WORK AND FINAN  | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position<br>Gross Monthly Income            | · (Php)                | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent<br>Probationary<br>Office Number<br>Auto Debit my Equicon                    | ress (Lot/Blk No., House/Unit M<br>ress (Lot/Blk No., House/Unit M<br>rece of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual           | WORK AND FINAN No., Floor No./Building Name, Subdiv ess Others Self-Employed Others Office Email Address MODE OF          | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position<br>Gross Monthly Income            | · (Php)                | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent<br>Probationary<br>Office Number   | ress (Lot/Blk No., House/Unit M<br>ress (Lot/Blk No., House/Unit M<br>rece of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual<br>Others | WORK AND FINAN No., Floor No./Building Name, Subdiv ess Others Self-Employed Others Office Email Address MODE OF          | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position<br>Gross Monthly Income            | · (Php)                | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent<br>Probationary<br>Office Number<br>Auto Debit my Equicon<br>Full<br>Minimum | ress (Lot/Blk No., House/Unit N<br>ree of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual<br>Others<br>n Savings Bank Peso Acc          | WORK AND FINAN No., Floor No./Building Name, Subdiv ess Others Self-Employed Others Office Email Address MODE OF count No | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position<br>Gross Monthly Income<br>PAYMENT | e (Php)<br>Total Years | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |
| Employer/Business Nam<br>Employer/Business Add<br>Employer/Business Add<br>Employed/Salary<br>Retired<br>Rank<br>Rank & File<br>Officer/Supervisor<br>Employment Status<br>Permanent<br>Probationary<br>Office Number<br>Auto Debit my Equicon<br>Full<br>Minimum | ress (Lot/Blk No., House/Unit N<br>ree of Funds<br>Self-Employed/Busin<br>OFW<br>Manager<br>Senior Executive<br>Contractual<br>Others<br>n Savings Bank Peso Acc          | WORK AND FINAN No., Floor No./Building Name, Subdiv ess Others Self-Employed Others Office Email Address MODE OF          | ICES INFORMATION<br>ision/Village, City/Province)<br>If Self-Employed<br>Sole Proprietor<br>Partnership<br>Position<br>Gross Monthly Income<br>PAYMENT | e (Php)<br>Total Years | Natur<br>Cor<br>Oth<br>Date o | e of Indu            | Zip     | Code              |       |

| CREDIT CARD INFORMATION                     |             |                          |               |  |  |  |
|---|-------------|--------------------------|---------------|--|--|--|
| Issuing Bank                                | Card Number | Credit Limit             | Issuance Date |  |  |  |
| 1.  |             |                          |               |  |  |  |
| 2.  |             |                          |               |  |  |  |
| 3.  |             |                          |               |  |  |  |
|   | BANK ACCOUN | T INFORMATION            |               |  |  |  |
| Bank Name                                   |             | Type of Account          |               |  |  |  |
| 1.  |             |                          |               |  |  |  |
| 2.  |             |                          |               |  |  |  |
| 3.  |             |                          |               |  |  |  |
|   |             | Customer Information No. |               |  |  |  |
| SUPPLEMENTARY CARD APPLICANT INFORMATION    |             |                          |               |  |  |  |
| Full Name (Last Name Middle Name Eist Name) |             |                          |               |  |  |  |

| Full Name (Last Name, Middle Name, First Name)         I   |  |                        |                         | Name to Appear on Card (Maximum of 21 characters including spaces) |        |                        |  |  |
|--|--|------------------------|-------------------------|--|--------|------------------------|--|--|
|  |  |                        |                         |  |        |                        |  |  |
| Date of Birth (MM/DD/YYYY)   | Place of Birth                             | Citizenship            |                         | Gender   |        | Civil Status           |  |  |
|  |  |                        |                         | Male   |        |                        |  |  |
|  |  |                        |                         | Female   |        |                        |  |  |
| Mother's Maiden Name   |  | SSS/GSIS Nu            | mber                    | Tax Identification Nu  | umber  | Educational Attainment |  |  |
|  |  |                        |                         |  |        |                        |  |  |
| Present Home Address (Lot/Bl   | lk No., House/Unit No., Floor No./Building | Name, Subdivision/Vi   | illage, City/Province)  |  |        | Zip Code               |  |  |
|  |  |                        |                         |  |        |                        |  |  |
|  |  |                        |                         |  |        |                        |  |  |
|  |  |                        | ¥                       |  | Months |                        |  |  |
| Owned         Living with Parents/Relatives         Company Provided         Mortgaged PHP/mo.           Permanent Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province) |  |                        | Re                      | ented PHP /mo.   |        |                        |  |  |
| Permanent Home Address (L  | ot/Blk No., House/Unit No., Floor No./But. | lding Name, Subdivisio | on/Village, City/Provir | псе)   |        | Zip Code               |  |  |
|  |  |                        |                         |  |        |                        |  |  |
|  |  |                        | Length of S             | Stay Years   | Months |                        |  |  |
| Owned Living with Pa   | arents/Relatives Compa                     | any Provided           |                         | ed PHP/mo.   |        | ented PHP /mo.         |  |  |
| Home Landline Number   | Office Phone Numb                          | er                     | Mobile Numb             | per  | Email  | Address                |  |  |
|  |  |                        |                         |  |        |                        |  |  |
| Source of Fund   |  |                        | Spend Limit (           | Peso)  | Spend  | l Limit (U.S. Dollar)  |  |  |
|  |  |                        |                         |  |        |                        |  |  |
|  |  |                        |                         |  |        |                        |  |  |
| Signature<br>Verified  |  |                        |                         |  |        |                        |  |  |
| Supplementary Card Applicant Signature Above Printed Name  |  |                        |                         | Date (MM/DD/YYYY)  |        |                        |  |  |
| CARD DELIVERY ADDRESS  |  |                        |                         |  |        |                        |  |  |

Please deliver my Equicom Savings Bank credit card to my: Home Address

Office Address

## STATEMENT OF ACCOUNT

Your Electronic Statement of Account (eSOA) will be automatically sent to your registered email address after each billing cut-off. It will be provided as a password-protected PDF file.

## UNDERTAKING

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.

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.

Furthermore, I acknowledge that in case of issuance of a Supplementary card, I hold myself jointly and severally responsible for all obligations, charges and liabilities incurred by my Supplementary cardholders and that, in the event of delinquency, I hereby authorize Equicom Savings Bank to report and include my/our names in the negative listing of any credit card bureau or institution. I further waive any defense of minority or illiteracy on any Supplementary cardholders.

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 Supplementary cards 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.



Primary Card Applicant Signature Above Printed Name Equicom Savings Bank is regulated by the Bangko Sentral ng Pilipinas: https://www.bsp.gov.ph.

Date (MM/DD/YYYY)

MC-CCAF19110001 as of March 2025