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 Female		Single Married			Widow	ved 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	ESS (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 e of Indu	stry/B	usiness	5
Employer/Business Nam	ne	WORK AND FINAN	ICES INFORMATION						
Employer/Business Nam	ne		ICES INFORMATION					usiness • Code	
Employer/Business Nam	ne	WORK AND FINAN	ICES INFORMATION						
Employer/Business Nam	ne ress (Lot/Blk No., House/Unit M	WORK AND FINAN	ICES INFORMATION						
Employer/Business Nam Employer/Business Add Employment Type/Sour Employed/Salary	ne ress (Lot/Blk No., House/Unit N rce of Funds Self-Employed/Busin	WORK AND FINAN Io., Floor No./Building Name, Subdiv	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor		Natur	e of Indu	Zip		
Employer/Business Nam Employer/Business Add Employment Type/Sour Employed/Salary Retired	ne ress (Lot/Blk No., House/Unit N rce of Funds	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership		Natur Corj Oth	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employment Type/Sour Employed/Salary Retired Rank	ress (Lot/Blk No., House/Unit N rce of Funds Self-Employed/Busin OFW	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor		Natur Corj Oth	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employment Type/Sour Employed/Salary Retired	ne ress (Lot/Blk No., House/Unit N rce of Funds Self-Employed/Busin	WORK AND FINAN Io., Floor No./Building Name, Subdiv	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership		Natur Corj Oth	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employment Type/Sour Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status	ress (Lot/Blk No., House/Unit M rce of Funds Self-Employed/Busin OFW Manager Senior Executive	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership		Natur Corj Oth	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent	ress (Lot/Blk No., House/Unit M ress (Lot/Blk No., House/Unit M rece of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position		Natur Corj Oth	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent Probationary	ress (Lot/Blk No., House/Unit M rce of Funds Self-Employed/Busin OFW Manager Senior Executive	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position	· (Php)	Natur Cor Oth Date o	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent	ress (Lot/Blk No., House/Unit M ress (Lot/Blk No., House/Unit M rece of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position		Natur Cor Oth Date o	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent Probationary	ress (Lot/Blk No., House/Unit M ress (Lot/Blk No., House/Unit M rece of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position	· (Php)	Natur Cor Oth Date o	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent Probationary	ress (Lot/Blk No., House/Unit M ress (Lot/Blk No., House/Unit M rece of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position	· (Php)	Natur Cor Oth Date o	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent Probationary	ress (Lot/Blk No., House/Unit M ress (Lot/Blk No., House/Unit M rece of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual	WORK AND FINAN	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position Gross Monthly Income	· (Php)	Natur Cor Oth Date o	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent Probationary Office Number Auto Debit my Equicon	ress (Lot/Blk No., House/Unit M ress (Lot/Blk No., House/Unit M rece of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual	WORK AND FINAN No., Floor No./Building Name, Subdiv ess Others Self-Employed Others Office Email Address MODE OF	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position Gross Monthly Income	· (Php)	Natur Cor Oth Date o	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent Probationary Office Number	ress (Lot/Blk No., House/Unit M ress (Lot/Blk No., House/Unit M rece of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual Others	WORK AND FINAN No., Floor No./Building Name, Subdiv ess Others Self-Employed Others Office Email Address MODE OF	ICES INFORMATION ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position Gross Monthly Income	· (Php)	Natur Cor Oth Date o	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent Probationary Office Number Auto Debit my Equicon Full Minimum	ress (Lot/Blk No., House/Unit N ree of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual Others 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 ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position Gross Monthly Income PAYMENT	e (Php) Total Years	Natur Cor Oth Date o	e of Indu	Zip	Code	
Employer/Business Nam Employer/Business Add Employer/Business Add Employed/Salary Retired Rank Rank & File Officer/Supervisor Employment Status Permanent Probationary Office Number Auto Debit my Equicon Full Minimum	ress (Lot/Blk No., House/Unit N ree of Funds Self-Employed/Busin OFW Manager Senior Executive Contractual Others 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 ision/Village, City/Province) If Self-Employed Sole Proprietor Partnership Position Gross Monthly Income PAYMENT	e (Php) Total Years	Natur Cor Oth 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 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