


NOTE: All fields are mandatory. Please fill-out all fields and do not leave any field blank. Put N.A. where it is not applicable.

CARDHOLDER INFORMATION											
Cardholder Name <i>(Last Name, First Name, Middle Name)</i>											
Name to Appear on Card <i>(Maximum of 21 characters)</i>											
Mother's Maiden Name			Date of Birth <i>(MM/DD/YYYY)</i>			Place of Birth			Nationality		
Email Address			Mobile Phone Number			Source of Funds <input type="checkbox"/> Business Income <input type="checkbox"/> Remittance <input type="checkbox"/> Allowance <input type="checkbox"/> Salary <input type="checkbox"/> Others _____					
Present Home Address <i>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</i>										Zip Code	
Valid ID Presented and ID Number <input type="checkbox"/> PhilSys _____ <input type="checkbox"/> Driver's License _____ <input type="checkbox"/> GSIS _____ <input type="checkbox"/> SSS _____ <input type="checkbox"/> Others _____											
Name of Employer/Business											
Nature of Employment/Business <input type="checkbox"/> Agriculture <input type="checkbox"/> Brokerage/Insurance <input type="checkbox"/> Construction <input type="checkbox"/> Money Changer <input type="checkbox"/> Manufacturing <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Information Technology <input type="checkbox"/> FX Dealer <input type="checkbox"/> Healthcare/Medical <input type="checkbox"/> Others _____											
CONSENT TO DATA PROCESSING											
<p>While your consent may be solicited to process your personal data, Equicom Savings Bank ("the Bank") may also process your personal data without your consent in instances allowed under Sections 12 and 13 of the Data Privacy Act of 2012, such as when processing is necessary to fulfill a contract with you, to comply with a legal obligation, to protect your vital interests, or to pursue the Bank's legitimate interests.</p> <p>By signing this application form, you hereby authorize Equicom Savings Bank to collect and process your personal data as provided herein, and to share or disclose such personal data to the Bank's accredited service providers, partners, vendors, and affiliates solely for purposes relating to account setup, maintenance, servicing, fraud detection, risk management, regulatory reporting, and other legitimate banking purposes.</p> <p>This consent shall serve as a lawful basis for processing your personal data as required. You may withdraw your consent at any time for any specific purpose by contacting the Bank's Data Protection Officer using the contact details indicated in the Privacy Notice at www.equicomsavings.com, which is deemed incorporated by reference in this form.</p>											
CONSENT FOR MARKETING PURPOSES											
<p>By ticking the box below, you consent to the use of your personal data by Equicom Savings Bank for purposes of direct marketing, cross-selling of products and services, and sales referrals. This includes receiving promotional offers, advertisements, and updates through SMS, email, phone calls, and other communication channels.</p> <p><input type="checkbox"/> Yes, I consent to receive marketing communications from Equicom Savings Bank. <input type="checkbox"/> No, I do not wish to receive marketing communications.</p> <p>You may withdraw or modify your marketing preferences at any time by contacting the Bank or visiting any Equicom Savings Bank branch.</p>											
UNDERTAKING											
<p>By signing this Equicom Savings Bank Prepaid Card Application Form, I/we certify that I/we have accessed, read, understood, and agreed to be bound by the Bank's Prepaid Card Terms and Conditions, as published on www.equicomsavings.com. I/we acknowledge that Equicom Savings Bank may, from time to time and for valid reasons, amend, revise, or supplement the said provisions. Such changes may be communicated through written notice, publication on the Bank's website, inclusion in the account statement, or through other reasonable means as determined by the Bank. Continued use of the Prepaid Card, or failure to provide written notice of termination within the period specified, shall be deemed as acceptance of the updated provisions.</p> <p>This also serves as my/our request to Equicom Savings Bank for the activation of my/our Prepaid Card, subject to the Bank's approval, effective today. I/we hereby hold Equicom Savings Bank, its officers, and staff free from any suit, action, liability, loss, or damage that I/we may sustain by reason of the activation or use of the Prepaid Card.</p>											
<div style="text-align: center;">  _____ Cardholder Signature Over Printed Name </div>										_____ Date	
FOR BANK USE ONLY											
Remarks <i>(Deposit Dealings)</i>			Purchase Load Amount			Verified By			Approved By		