

# BUSINESS CARD

## APPLICATION FORM FOR BUSINESS ENTITY



**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.

<b>Customer Information No.</b>																													
GENERAL DETAILS																													
<b>Full Business/Company Name</b>																													
<b>Business Address</b> <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>																		<b>Zip Code</b>											
<b>Name of Business/Company to Appear on Card</b> <small>(Maximum of 23 characters including spaces)</small>																													
<b>EqB Accountholder</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										<b>EqB Branch of Account</b>										<b>EqB Account Number</b>									
<b>Place of Incorporation</b>										<b>Years/Months in Business</b>										<b>Number of Employees</b>									
<b>SSS/GSIS Number</b>										<b>Tax Identification Number (TIN)</b>										<b>Type of Business</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Others _____									

AUTHORIZED SIGNATORY 1 DETAILS																			
<b>Full Name</b> <small>(Last Name, Middle Name, First Name)</small>																			
<b>Mother's Maiden Name</b>					<b>Date of Birth</b> <small>(MM/DD/YYYY)</small>					<b>Place of Birth</b> <small>(City, Country)</small>					<b>Citizenship</b>				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female					<b>Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated					<b>Rank/Position</b>					<b>Department</b>				
<b>SSS/GSIS Number</b>					<b>Tax Identification Number (TIN)</b>					<b>Source of Funds</b>									
<b>Present Home Address</b> <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>																		<b>Zip Code</b>	
<b>Length of Stay</b> ____ Years ____ Months																			
<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged ₱ ____/mo. <input type="checkbox"/> Rented ₱ ____/mo.																			
<b>Permanent Home Address</b> <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>																		<b>Zip Code</b>	
<b>Length of Stay</b> ____ Years ____ Months																			
<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged ₱ ____/mo. <input type="checkbox"/> Rented ₱ ____/mo.																			
<b>Home Landline Number</b>					<b>Mobile Number</b> <small>(+63XXXXXXXXXX)</small>					<b>Email Address</b>									
6   3																			

AUTHORIZED SIGNATORY 2 DETAILS																			
<b>Full Name</b> <small>(Last Name, Middle Name, First Name)</small>																			
<b>Mother's Maiden Name</b>					<b>Date of Birth</b> <small>(MM/DD/YYYY)</small>					<b>Place of Birth</b> <small>(City, Country)</small>					<b>Citizenship</b>				
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female					<b>Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated					<b>Rank/Position</b>					<b>Department</b>				
<b>SSS/GSIS Number</b>					<b>Tax Identification Number (TIN)</b>					<b>Source of Funds</b>									
<b>Present Home Address</b> <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>																		<b>Zip Code</b>	
<b>Length of Stay</b> ____ Years ____ Months																			
<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged ₱ ____/mo. <input type="checkbox"/> Rented ₱ ____/mo.																			
<b>Permanent Home Address</b> <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>																		<b>Zip Code</b>	
<b>Length of Stay</b> ____ Years ____ Months																			
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<b>Home Landline Number</b>					<b>Mobile Number</b> <small>(+63XXXXXXXXXX)</small>					<b>Email Address</b>									
6   3																			

\*As indicated in the Secretary's Certificate, please provide copies of the Authorized Signatories' valid IDs. Please attach a separate sheet if more than two (2) signatories.

STOCKHOLDERS/OFFICERS		
Name	Official Title	Interest in Business

TRADE REFERENCES			
Top Three (3) Suppliers	Business Address	Business Number	Credit Line/Terms

**TRADE REFERENCES**

Top Three (3) Clients	Business Address	Business Number	Credit Line/Terms

**MODE OF PAYMENT**

<input type="checkbox"/> Pay to Bank	<input type="checkbox"/> Peso	<input type="checkbox"/> U.S. Dollar
<input type="checkbox"/> Auto Debit my EqB Peso Account No. _____	<input type="checkbox"/> Full	<input type="checkbox"/> Minimum
<input type="checkbox"/> Auto Debit my EqB Dollar Account No. _____	<input type="checkbox"/> Full	<input type="checkbox"/> Minimum

**AUTHORIZED CONTACT PERSON**

<b>Full Name</b> <i>(Last Name, Middle Name, First Name)</i>			
<b>Employer/Business Address</b> <i>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</i>			<b>Zip Code</b>
<b>Rank/Position</b>	<b>Office Phone Number</b>	<b>Mobile Number</b> <i>(+63XXXXXXXXXX)</i> 6   3	<b>Email Address</b>

**REWARDS CARD ASSIGNEE**

<b>Full Name</b> <i>(Last Name, Middle Name, First Name)</i>			<b>Date of Birth</b> <i>(MM/DD/YYYY)</i>
<b>Present Address</b> <i>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</i>			<b>Zip Code</b>
<b>Permanent Address</b> <i>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</i>			<b>Zip Code</b>
<b>Place of Birth</b> <i>(City, Country)</i>	<b>Citizenship</b>	<b>Tax Identification Number (TIN)</b>	<b>SSS/GSIS Number</b>
<b>Rank/Position</b>	<b>Office Phone Number</b>	<b>Mobile Number</b> <i>(+63XXXXXXXXXX)</i> 6   3	<b>Email Address</b>

By signing below, I warrant that all information given above is true and correct. I further authorize and consent to EqB to be the recipient of these information.

\_\_\_\_\_  
**Rewards Card Assignee Signature Above Printed Name**

\_\_\_\_\_  
**Date** *(MM/DD/YYYY)*

**UNDERTAKING AND ACKNOWLEDGMENT**

I/We hereby certify that:

- Accuracy of Information:** All information provided in this application and the supporting documents are true, correct, and updated. I/We authorize Equicom Savings Bank (the "Bank") to verify such information from any source the Bank may deem appropriate, including but not limited to, the Bureau of Internal Revenue (BIR), credit bureaus, and my/our employer/s.
- DOSRI & Related Interests Disclosure:** In compliance with BSP MORB Section 341, I/We have truthfully disclosed my/our status as a Director, Officer, or Stockholder (DOS) of the Bank, or as a Related Interest (RI) thereof. I/We undertake to immediately inform the Bank of any change in such status.
- AMLA Compliance & VIP/PEP Tagging:** I/We acknowledge that the Bank is required to comply with the Anti-Money Laundering Act (AML A) and BSP regulations on "Know Your Customer" (KYC) and customer due diligence. I/We authorize the Bank to tag and monitor my/our account as VIP, Politically Exposed Person (PEP), or DNFBP, as applicable, based on the Bank's internal risk assessment and regulatory standards.

By signing below, I/we acknowledge that I/we have read, understood, and agreed to be bound by foregoing and the specific Terms and Conditions for Loan Product/s applied for which is published at [www.equicom savings.com](http://www.equicom savings.com). In particular, I/we provide my/our express consent to:

- Data Privacy:** The processing of my personal data for credit evaluation and reporting to the CIC/BAP, to the processing, profiling, and sharing of my/our personal and sensitive personal information by the Bank with its subsidiaries, affiliates, and third-party service providers (local or offshore) for purposes of: (a) application processing; (b) account maintenance and servicing; (c) credit scoring and investigation; (d) collection; and (e) regulatory reporting. I/We acknowledge that these third parties are contractually bound to the Bank to maintain the confidentiality and security of my/our data.
- Bank Secrecy Waiver:** The verification of my accounts under R.A. 1405.
- AFASA Compliance:** The Bank's authority to hold funds or restrict accounts under R.A. 12010 (Anti-Financial Account Scamming Act) in case of suspected fraud.
- Set-Off:** The Bank's right to offset any of my deposits against my loan in case of default.

\_\_\_\_\_  
**Authorized Signatory 1 Signature Above Printed Name**

\_\_\_\_\_  
**Date** *(MM/DD/YYYY)*

\_\_\_\_\_  
**Authorized Signatory 2 Signature Above Printed Name**

\_\_\_\_\_  
**Date** *(MM/DD/YYYY)*

**FOR BANK USE ONLY**

To be filled-out by Account/Branch Officer					
Does the Applicant fall under the VIP category? <input type="checkbox"/> Yes <input type="checkbox"/> No					
To be filled-out by Customer Information Build-Up Officer					
Is the Applicant verified as <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder <input type="checkbox"/> EqB Employee <input type="checkbox"/> Not Applicable					
Is the Applicant verified related to <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Stockholder <input type="checkbox"/> EqB Employee <input type="checkbox"/> Not Applicable					
Is the Applicant considered a Related Party of EqB? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Referred By	Employee Number	Branch Code	Verified By	Reviewed By	Approved By