

Employment Type/Source of Funds <input type="checkbox"/> Employed/Salary <input type="checkbox"/> Self-Employed/Business <input type="checkbox"/> Retired <input type="checkbox"/> OFW <input type="checkbox"/> Others _____			If Self-Employed <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Others _____		
Rank <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 _____			Position		Date of Hire (MM/DD/YYYY)
Employment Status <input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Probationary <input type="checkbox"/> Others _____			Gross Monthly Income ₱		
Office Number		Office Email Address		Total Years Working/In Business	

AUTHORIZED CORPORATE OFFICER			
Full Name (Last Name, Middle Name, First Name)		Recommended Limit <input type="checkbox"/> Peso PHP _____ <input type="checkbox"/> USD USD _____	Purpose for New Card
Employer/Business Name			Years/Mos. with Employer
Position	Office Phone Number	Mobile Number (+63XXXXXXXXXX) 6 3	Email Address

UNDERTAKING AND ACKNOWLEDGMENT

I/We hereby certify that:

1. 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.
2. 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.
3. AMLA Compliance & VIP/PEP Tagging: I/We acknowledge that the Bank is required to comply with the Anti-Money Laundering Act (AMLA) 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.equicomsavings.com. In particular, I/we provide my/our express consent to:

1. 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.
2. Bank Secrecy Waiver: The verification of my accounts under R.A. 1405.
3. 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.
4. 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	