

Are you a Director, Officer, or Stockholder (DOS) of Equicom Savings Bank, or its Subsidiary and/or Affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide: Name _____ Relationship _____
Are you related to a DOS of EqB or any of its Subsidiary and/or Affiliate of the Equicom Group of Companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide: Name _____ Relationship _____
Are you related to any EqB Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide: Name _____ Relationship _____ Position _____
Is your business or profession considered a Designated Non-Financial Business and Profession (DNFBP), such as casino, real estate, accounting, law, or dealing in precious metals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide sector: Sector _____

CUSTOMER INFORMATION NUMBER

SUPPLEMENTARY CARD APPLICANT DETAILS

Full Name (Last Name, Middle Name, First Name)		Name to Appear on Card (Maximum of 21 characters including spaces)					
Date of Birth (MM/DD/YYYY)	Place of Birth (City, Country)	Citizenship		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Civil Status	
Mother's Maiden Name		SSS/GSIS Number		Tax Identification Number		Educational Attainment	
Present Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)						Zip Code	Length of Stay ____ Years ____ Months
Home Ownership <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.							
Present Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)						Zip Code	Length of Stay ____ Years ____ Months
Home Ownership <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.							
Home Landline Number		Office Phone Number		Mobile Number (+63XXXXXXXXXX) 6 3		Email Address	
Employment Type/Source of Funds <input type="checkbox"/> Employed/Salary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others <input type="checkbox"/> Retired <input type="checkbox"/> OFW				Spend Limit (Peso)		Spend Limit (U.S. Dollar)	
_____ Supplementary Card Applicant Signature Above Printed Name						_____ Date (MM/DD/YYYY)	

CARD DELIVERY ADDRESS

Please deliver my EqB Visa credit card to my: Home Address Office Address

STATEMENT OF ACCOUNT

Your EqB 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 AND ACKNOWLEDGEMENT

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 (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.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.

Primary Card Applicant 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			
Does the Applicant fall under the Designated Non-Financial Business and Profession (DNFBP) category?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Referred By	Employee Number	Branch Code	Verified By	Reviewed By	Approved By	