

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.

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

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

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

*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.

STOCKHOLDER/OFFICER DETAILS		
Name	Official Title	Interest in Business

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

TRADE REFERENCE DETAILS

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

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

REWARDS CARD ASSIGNEE DETAILS

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

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)

OTHER DETAILS

Are you a Director, Officer, or Stockholder (DOS) of Equicom Savings Bank, or its Subsidiary and/or Affiliate?
 Yes. If 'Yes,' please provide **Name** _____ **Relationship** _____
 No

Are you related to a DOS of EqB or any of its Subsidiary and/or Affiliate of the Equicom Group of Companies?
 Yes. If 'Yes,' please provide **Name** _____ **Relationship** _____
 No

Are you related to any EqB Employee?
 Yes. If 'Yes,' please provide **Name** _____ **Relationship** _____ **Position** _____
 No

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?
 Yes. If 'Yes,' please accomplish the **DNFBP Self-Certification Form** below.
 No

DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSIONS (DNFBP) SELF-CERTIFICATION

Please select the industry or category that best represents your business operations:

<input type="checkbox"/>	I am not involved in any of the business categories listed below.
<input type="checkbox"/>	Jewelry shop/dealer trading precious metals/stones
<input type="checkbox"/>	Company service provider/law firm/accounting firm which provides any of the following services to third parties: a. Acting as a formation agent of juridical persons; b. Acting as (or arranging for another person to act as) a director or corporate secretary of a company, a partner of a partnership, or a similar position in relation to other juridical persons; c. Providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement; and d. Acting as (or arranging for another person to act as) a nominee shareholder for another person.
<input type="checkbox"/>	An individual/law firm/accounting firm who/which provides any of the following services: a. Managing of client money, securities or other assets; b. Management of bank, savings or securities accounts; c. Organization of contributions for the creation, operation or management of companies; and d. Creation, operation or management of juridical persons or arrangements, and buying and selling business entities.
<input type="checkbox"/>	Casino (including internet and ship-based casinos with respect to their casino cash transactions related to their gaming)
<input type="checkbox"/>	An individual or company engaged in Real Estate Brokerage and/or Property Development
<input type="checkbox"/>	A company that is an Offshore Gaming Operator/Business (OGO/OGB) or a Service Provider for an Offshore Gaming Operator/Business (OGO/OGB SP)

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.

AML & DNFBP Compliance: I/We acknowledge that the Bank is required to comply with the Anti-Money Laundering Act (AMLA), as amended, and BSP regulations on 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. If I/we am/are a Designated Non-Financial Business and Profession (DNFBP), I/we undertake to immediately provide a valid copy of my/our Certificate of Registration (COR) issued by the Anti-Money Laundering Council (AMLC). If permitted to open an account or avail of this card facility without the immediate submission of said COR, I/we explicitly bind myself/ourselves to submit the same within a non-extendible period of two (2) months from the date of application/account opening. I/We acknowledge that during this 2-month period, the card/account shall be subject to the Bank's applicable regulatory due diligence, verification, and heightened transaction monitoring procedures in accordance with law. In the event of my/our failure or refusal to submit the required COR within the prescribed period, or if the documents submitted fail to meet the Bank's internal standards, the Bank shall have the absolute right to immediately restrict, suspend, or cancel the card facility and close my/our account/s without prior notice and without any liability. If I/we subsequently engage in DNFBP activities, I/we undertake to register with the AMLC and notify the Bank before transacting.

By signing below, I/we acknowledge that I/we have read, understood, and agreed to be bound by the foregoing and the specific Terms and Conditions for the Credit Card Product/s applied for which is published at www.equicomavings.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 in compliance with the Data Privacy Act of 2012.

Bank Secrecy Waiver: The verification and investigation of my/our accounts under R.A. No. 1405 (Bank Deposits Secrecy Law), as amended.

AFASA Compliance: The Bank's authority to temporary hold funds, delay, or restrict the card/accounts under R.A. No. 12010 (Anti-Financial Account Scamming Act) and its implementing regulations in case of suspected fraud, anomalous velocity, or disputed transactions.

Set-Off: The Bank's right to offset any of my/our deposits against my/our credit card outstanding obligation in case of default.



Authorized Signatory 1 Signature Above Printed Name

Authorized Signatory 2 Signature Above Printed Name

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

FOR BANK USE ONLY

To be filled-out by Account/Branch Officer

Does the Applicant fall under the VIP category? Yes No

To be filled-out by Customer Information Build-Up Officer

- | | | | | | |
|---|-----------------------------------|----------------------------------|--------------------------------------|---------------------------------------|---|
| 1. 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 |
| 2. 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 |
| 3. Is the Applicant considered a Related Party of EqB? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |
| 4. 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