

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:

I am not involved in any of the business categories listed below.

Jewelry shop/dealer trading precious metals/stones

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.

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.


Casino (including internet and ship-based casinos with respect to their casino cash transactions related to their gaming)

An individual or company engaged in Real Estate Brokerage and/or Property Development

A company that is an Offshore Gaming Operator/Business (OGO/OGB) or a Service Provider for an Offshore Gaming Operator/Business (OGO/OGB SP)

CUSTOMER INFORMATION NUMBER

SUPPLEMENTARY CARD APPLICANT DETAILS

Full Name <small>(Last Name, Middle Name, First Name)</small>		Name to Appear on Card <small>(Maximum of 21 characters including spaces)</small>											
Date of Birth <small>(MM/DD/YYYY)</small>	Place of Birth <small>(City, Country)</small>	Citizenship	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Civil Status								
Mother's Maiden Name <small>(First Name, Middle Name, Last Name)</small>		SSS/GSIS Number	Tax Identification Number			Educational Attainment							
Present Home Address <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>								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 <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>								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 <small>(+63XXXXXXXXXX)</small> 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 registered:

- Home Address
- Office Address

STATEMENT OF ACCOUNT

Your EqB Visa credit card 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.

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 Loan/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.



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? Yes No

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

- 1. Is the Applicant verified as Director Officer Stockholder EqB Employee Not Applicable
- 2. Is the Applicant verified related to Director Officer Stockholder EqB Employee Not Applicable
- 3. Is the Applicant considered a Related Party of EqB? Yes No
- 4. Does the Applicant fall under the Designated Non-Financial Business and Profession (DNFBP) category? Yes No

Referred By	Employee Number	Branch Code
Verified By	Reviewed By	Approved By