



E-CARD MEMBERSHIP APPLICATION FORM

NEW E-CARD APPLICATION

APPLICANT'S INFORMATION

✓ LAST NAME	✓ FIRST NAME	✓ M.I.
✓ EMPLOYEE NO.	✓ COMPANY	✓ COMPANY CODE
✓ POSITION	✓ BRANCH	✓ BRANCH CODE

FOR PERSONNEL DEPARTMENT'S USE

PAYROLL CLASS <input type="checkbox"/> F <input type="checkbox"/> C <input type="checkbox"/> E	PURCHASE LIMIT	PREPARED BY /DATE
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EMPLOYMENT CERTIFICATE

We hereby certify that Credit Card Applicant is a regular employee of _____, of good standing and that all information contained in this Application are to the best of our knowledge, true and correct.

SHERWIN WILLIAM H. VIDON
PERSONNEL MANAGER

FOR SM CREDIT MANAGEMENT DIVISION'S USE

RECEIVED BY: _____	ENCODED BY: _____
DATE RECEIVED FROM HR: _____	DATE ENCODED: _____

CREDIT AGREEMENT

✓ I, _____, with personal circumstances set forth in the Credit Card Application, hereby apply for an SM E-Card and upon approval of this application, agree to be bound by Policies and Guidelines as printed at the back hereof which I have fully understood. I further agree to be bound by the following terms and conditions:

- The use of the SM E-Card is not a right but a mere privilege. By virtue of this privilege, all employees are prohibited from:
 - Holding another SM Credit Card issued by SM Credit Partner/ Guarantor, or
 - Acting as a Co-Maker/Sub-Guarantor for SM Guarantor Cards.
- Purchase period shall be twice (2) a month which shall be 1st-15th and 16th - last day of the month. Purchase made thru the SM E-Card shall be paid in four (4) semi-monthly installments starting on the first (1st) pay date right after the purchase period thru salary deduction.
- Without prior notice to the employee, SM may, at any time and for any cause, suspend the SM E-Card.
- The employee shall be liable for all purchases made through the use of his card, or in case of loss until the lapse of forty-eight (48) hours after receipt by Banco De Oro & SM Credit Management of a written notice.

✓

(Signature Over Printed Name)
EMPLOYEE APPLICANT

UNDERTAKING AND AUTHORITY FOR SALARY DEDUCTION

✓ I, _____, as a Credit Applicant, bind myself and liable to SM for all purchases made through the use of the SM E-Card as may be issued to the here in applicant. I further irrevocably authorize SM or my employer to deduct from my salary and other financial benefits I may receive as employee, all unpaid credit purchases made thru the use of the card.

✓

(Signature Over Printed Name)
EMPLOYEE APPLICANT

PRIVACY CONSENT CLAUSE

By signing this application form and providing my personal information, I expressly give consent to SM RETAIL INC. (SMRI) and its service group to collect, use, store, share or otherwise process my personal information in line with my application for membership with the SM E-Card. I authorize SMRI to use and process my personal information in line with the legitimate business purposes of the SM E-Card Program.

✓

Name and signature of the Applicant

✓

DATE

POLICY AND GUIDELINES FOR SM E-CARD

I. POLICY

It is the policy of SM to extend a credit line to qualified employees in the purchase of goods at SM Department Store and/or other affiliated stores through the use of the SM E-CARD subject to such rules and control procedures as the Credit Management Division of SM may wish to impose.

II. ELIGIBILITY

All employees who have completed the probationary employment period and have been extended regular appointment subject to the requirement discussed in items 2.1 and 2.2 below:

2.1 SM E-CARD APPLICATION FORM

To facilitate the processing of the Credit Line Application, the employee must accomplish and submit an SM E-Card Application Form duly endorsed by Personnel Department (hereinafter known as Personnel) to SM Credit Management Division (hereinafter known as SM Credit). The same application form must likewise be accomplished and signed by the applicant.

2.2 MONTHLY LIMIT

A credit limit shall be assigned to each employee as determined by SM Credit to be implemented by Personnel based on the position/rank. It shall be the responsibility of the cardholder to see to it that his total purchases do not exceed his credit limit.

III. TERMS AND CONDITIONS ON THE USE OF THE SM E-CARD (SMEC)

3.1 PAYMENT TERMS

Credit purchases made thru the SMEC shall be paid in four (4) semi-monthly installments starting on the first pay date right after the purchase period thru salary deduction.

3.2 SUSPENSION / CANCELLATION OF THE SM E-CARD (SMEC)

3.2.1 If an employee goes on maternity leave/ prolonged absence / absence without leave, the SMEC of the employee shall be suspended on the first / actual day the employee goes on such leave or upon receipt of an advice from Personnel. The SMEC shall only be reinstated after full payment of the unpaid credit balance.

3.2.2 If the net pay of an employee is less than 30% of his gross pay for one (1) pay date.

3.2.3 If an employee incurs a past due in his credit balance. The SMEC shall be suspended immediately after the past due amount was incurred. The SMEC shall be reinstated after full payment/ settlement of the unpaid balance.

3.3 SEPARATION FROM SERVICE

No clearance shall be issued by Personnel to any employee upon the latter's resignation from the service until the SM E-CARD has been surrendered to Personnel and all credit purchases are fully settled.

3.4 USE OF PERSONAL INFORMATION

The personal information of the member shall be used or processed pursuant to any or all of the following purposes:

3.4.1. For administration of SM E-Card program, including registration, maintenance of the member's account and such services necessarily related to the program;

3.4.2. For direct marketing, market research and analysis aimed to improve the services and/or the program;

3.4.3. To send you information on marketing and promotions and such commercial communications related to your account or membership;

3.4.4. To serve the Company's legitimate business purposes, such as but not limited to monitoring your compliance with the terms of use.

In certain circumstances, we may need to provide or disclose the member's information with our SM affiliates and/or your employer on record in order to enforce the terms of use of the SM E-card; with the government or local authorities, as the case may be, in order to comply with legal or regulatory requirements, such as criminal, civil or administrative investigations, among others.

V. CUSTOMER UNDERTAKING

I hereby certify that all information and documents given in this application are true and correct. I understand that non-disclosure and/or falsification of information and documents herein required shall be grounds for the disapproval of my application, immediate termination of my credit card privileges once approved, and/or legal action against me.

I authorize BDO to obtain relevant information as it may require concerning my application under this application form from other institutions and/or persons. All information obtained by or provided to BDO pursuant to this application shall be BDO's property whether or not the SM Privilege Card is approved. In case of disapproval of my application, I understand that BDO is under no obligation to disclose the reason for such disapproval.

I agree that my application shall be subject to applicable laws (including BSP circulars, rules, and regulations), and policies of BDO and undertake to comply with/submit all the requirements. I recognize that BDO is committed to ensuring that confidentiality of my information under R.A. No. 1405 (Bank Secrecy Law of 1955) as amended, R.A. No. 8791 (General Banking Law of 2000) as amended, R.A. No. 6426 (The Foreign Currency Deposit Act) subject to applicable law, and will exert reasonable effort to protect against unauthorized use or disclosure. However, I understand that information regarding my deposit account/s with BDO may be inquired to, or disclosed, in relation to the evaluation of my application, as may be required by applicable rules and laws. I further authorize BDO to: (a) pursuant to BSP Circular No. 472 Series of 2005 as implemented by BIR Revenue Regulation RR-4 2005, conduct random verification with the BIR, to establish authenticity of the ITR, accompanying financial statements and such other documents/information/data submitted by me; (b) conduct checking with other governmental entities and third parties including banks and financial institutions to verify documents/information/data submitted by me; and (c) to request information regarding the status of any court case to which I may be a party. I further authorize BDO to disclose to any entity including the company named below, any and all information as may be stated herein or obtained by BDO in relation to my application as may be required to process my application.

If my application is approved, I acknowledge that by signing below and/or at the back of the credit card and/or by using the credit card, I agree to abide by the Terms and Conditions of my approved SM Privilege Card including all future amendments thereto.

I hold myself liable for all obligations and liabilities incurred with the use of the SM Privilege Card, I authorize SM Retail, Inc to deduct payment for the amounts due from my salary and other financial benefits to which I may be entitled to, and immediately remit the payment to BDO. For this purpose, I irrevocably authorize BDO to furnish SM Retail, Inc. my monthly statements of account with information regarding the transactions, amounts due, fees and charges imposed on my SM Privilege Card, and waive confidentiality of these information. Further, I agree that BDO may inquire from SM Retail, Inc. information concerning my employment, salary and other financial benefits to which I may be entitled to and such other information necessary for the settlement of the amounts due to BDO.

Signature

Date Signed
(mm / dd / yyyy)

/ /

For concerns, contact us thru our 24x7 hotline (+632) 8631-9000 or email us via callcenter@bdo.com.ph
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REVISED AS OF FEBRUARY 2023

Credit Limit

Settlement Code

- ☐ Company
- ☐ Branch

Rank Code

Company Code

Branch Code

Department Code

EMPLOYMENT CERTIFICATION AND RECOMMENDATION

I/we hereby certify that the applicant is a regular employee of good standing and that all information contained in this application form are to the best of my/our knowledge, true and correct.

I/we hereby recommend the approval of the SM Privilege Card application and I/we shall guarantee the payment of his/her purchases thru the use of The SM Privilege Card regardless of the actual amount deducted from his/her payroll.

Approving Officer's
Signature over Printed Name

Date Signed (mm / dd / yyyy)

/ /

SC

IC

AFREF