

CIF Number  
(for internal use)

I. CARDHOLDER INFORMATION

Full Name

Last Name

First Name

Middle Name

Suffix

Date of Birth  
(mm / dd / yyyy)

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Personal Mobile Number

Country Code

Mobile Number

Personal Email Address

Place of Birth

Country of Birth

Nationality

Home Address

Unit No. / Building / Block No. / Street

Subdivision / Village / Barangay

City / Municipality

Province / State

Country

Zip Code

II. EMPLOYMENT INFORMATION

Employee Number

Company Name

Branch

(if applicable)

Department

Position

III. REGULATORY REQUIREMENTS

Related Party Questionnaire

☒ Are you a director, officer, or stockholder of BDO or BDO-affiliated company?

☐ Yes

☐ No

☒ Are you a spouse or relative up to second degree, i.e. parent, child, grandparent, grandchild, brother, sister (biologically, legally adopted, or in-law) of a Director, Officer, Stockholder of BDO and/ or BDO-affiliated companies? If 'Yes', accomplish 'Form B10'

☐ Yes

☐ No

☒ Political Relations and Affiliations Questionnaire  
Do you have previous and current affiliation/dealings with the Government and/or relations to any government official in the Philippines or another country? If 'YES', accomplish 'Form A6'

☐ Yes

☐ No

☒ Foreign Account Tax Compliance Act (FATCA) Questionnaire (Refer to 'Instructions' for details on the 'Substantial Presence Test')  
Are you obligated to pay taxes to the U.S. IRS because of your citizenship, residency, or other reasons such as meeting the Substantial Presence Test? If 'YES', accomplish 'Form A7'

☐ Yes

☐ No

☒ Online Gaming Questionnaire (Refer to 'Instructions' for details on 'Online Gaming Business')  
Does your work / business provide service, process transactions, have transactions or related interests / relationships with any business or service provider in the online gaming industry? If 'YES', accomplish 'Form A8'

☐ Yes

☐ No

☒ Beneficial Ownership  
Are you opening this account on behalf of someone else?

☐ Yes

☐ No

IV. DATA PRIVACY CONSENT

In compliance with the requirements of the Data Privacy Act, I hereby give my consent to the BDO Group, consisting of BDO Unibank, Inc. and its subsidiaries [the members of the BDO Group may be accessed at [https://www.bdo.com.ph/privacy-statement]], to process, collect, store, my personal information or sensitive personal information obtained from me in the course of my transaction/s with the BDO Group. I understand and agree that these information may be disclosed or shared by BDO Group to its members for know-your-client, cross-selling, marketing, or profiling (manual or automatic) purposes to offer and provide new or related products and services of the BDO Group. Further, I hereby give my consent to any member of the BDO Group to process, collect, use, store, share or disclose my personal information or sensitive personal information to third parties for legitimate purposes, or to provide services to me or implement transactions which I may request, allow, or authorize. z

I confirm that I understand and agree that my information may continue to be processed, collected, used, stored, or disclosed for ten (10) years from my last transaction date with any member of the BDO Group or until the expiration of the retention limits set by applicable laws, whichever comes later.

I hereby acknowledge and understand that should I wish to withdraw my consent to receive information about new or related products and services of the BDO Group, or to access, update, or correct certain personal data as set out in this form, I may communicate directly with the relevant member of the BDO Group's Data Protection Officer through the email address found at [https://www.bdo.com.ph/privacy-statement]. I further acknowledge and understand that I may access and view the BDO Group's Data Privacy Statement at [https://www.bdo.com.ph/privacy-statement] or obtain a copy thereof from the office or branch of the relevant member of the BDO Group.

Signature

Date Signed  
(mm / dd / yyyy)

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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)

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For concerns, contact us thru our 24x7 hotline (+632) 8631-8000 or email us via [callcenter@bdo.com.ph](mailto:callcenter@bdo.com.ph)  
BDO Unibank is regulated by the Bangko Sentral ng Pilipinas with contact number (+632)8708-7087 and with email address [consumeraffairs@bsp.gov.ph](mailto:consumeraffairs@bsp.gov.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)

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AF REF