ALL FIELDS ARE MANDATORY AND MUST BE FILLED UP. MY SOURCE OF FUNDS Self-employment/Business Others, please specify Employment Private Gov't MY CHOICE OF A METROBANK CREDIT CARD Investments (Property, Deposits, etc) Retired (Pension, etc.) Notice: Undefined index: mccardtype in C:\xampp\htdocs\cardstest\scripts\tr\MBAppForm.php on line 335 COMPANY NAME BUSINESS MOBILE NO. OCCUPATION/POSITION NATURE OF WORK/BUSINESS Classic MasterCard Gold MasterCard M Lite MasterCard BUSINESS PHONE NO.1 BUSINESS PHONE NO.2 Classic Visa Gold Visa designmycard BUSINESS ADDRESS Image Reference No. ZIPCODE *Visit www.designmycard.com.ph for more details. YEARS WITH PRESENT EMPLOYER TOTAL NO. OF YEARS WORKING EMPLOYER STATUS REGULAR PROBATIONARY PROJECT BASE CONTRACTUAL If we cannot process the application for your chosen Metrobank Card, would you accept another card type? GROSS MONTHLY INCOME MY FINANCIAL STANDING Notice: Undefined index: mccothertype in C:\xampp\htdocs\cardstest\scripts\tI\MBAppForm.php on MY SPOUSE NO Save&Swipe (Secured Card) Application? NAME: Family Middle Date of Birth Given Notice: Undefined index: mccsaveswap in C:\xampp\htdocs\cardstest\scripts\tI\MBAppForm.php on 0 6 0 5 9 5 line 416 M M D D Y Y YFS. □ NO COMPANY NAME OCCUPATION/POSITION NATURE OF WORK/BUSINESS MY OTHER METROBANK CREDIT CARD(S) Credit Limit Member Since BUSINESS PHONE NO.1 BUSINESS PHONE NO.2 BUSINESS ADDRESS MY SUPPLEMENTARY Note: Existing Metrobank Credit Card must be over 12 months to qualify for another card. Supplementary Cardholder must be 14 to 80 years old. Supplementary card applicants are required to MY OTHER CREDIT CARD(S) submit a photocopy of a valid government-issued ID and complete the fileds marked (*). The spending Must be a principal credit cardholder for at least one (1) year. Credit card must be issued in the limit given to the Supplementary Cardholder is part of the Principal's credit limit. If the spending limit indicated is greater than the approved credit limit, the spending limit to be given to the Supplementary Philippines with credit limti of at least Php 10,000 Cardholder will be the same as the approved credit limit. Card Number Credit Limit Member Since NAME: Family Card Company NAME TO APPEAR ON CARD MY PERSONAL DATA NAME: Family Middle Giver HOME ADDRESS PHONE NO NAME TO APPEAR ON CARD SOURCE OF FUNDS Self-employment/Business Employment Private Gov't Others, please specify BIRTHDATE CIVIL STATUS GENDER NATIONALITY/CITIZENSHIP Investments (Property, Deposits, etc) Retired (Pension, etc.) 0 6 0 5 9 5 Male NATURE OF WORK/BUSINESS COMPANY NAME Single Widowed Filipino MMDDYY Female NATIONALITY/CITIZENSHIP Married Separated RELATION TO PRINCIPAL APPLICANT Others (For foreigners, attach ACR & ICR Place of birth Filipino MORILE PHONE NO. 1 HOME PHONE NO. 1 Others (For foreigners, attach ACR & ICR) MOBILE PHONE NO. 2 HOME PHONE NO. 2 BIRTHDATE PLACE OF BIRTH **GENDER** 0 6 0 5 9 5 Male PRESENT HOME ADDRESS Female MMDD ZIPCODE MOBILE PHONE HOME PHONE ASSIGNED SPENDING LIMIT PERMANENT HOME ADDRESS (if different from Present Home Address) 100% of Principal's Credit Limit Others:Php PHONE NO. (if different from home) TIN SSS NO GSIS NO HOME OWNERSHIP Owned Rented Mortgaged Living with parents/relatives Length of stay MY DELIVERY INSTRUCTIONS CAR OWNERSHIP Number of Cars: Model/Year DELIVER CARD & STATEMENT TO: (choose one) Home Business Is this a Yes NO **EDUCATION** Some College Vocational High School College Post Graduate YES! I want to receive my statements via EMAIL Home Business HOME EMAIL ADDRESS BUSINESS EMAIL ADDRESS By choosing this, I understand that i will no longer receive my paper statement via mail. Instead, i will myemail@rocketput.com receive my statement via my chosen email address above MOTHER'S FULL MAIDEN NAME: MY PAYMENT INSTRUCTIONS I will pay in cash or check through accredited Payment Channels

YES! I want to enroll in Automatic Debit Arrangement (ADA):

Branch

Total amount due

Please debit my Peso current/savings account no.:

at Metrobank

Minimum amount due

SSS NO. GSIS NO.

PRC ID

OTHERS

1 2 3 4 5 6 7 8 9

T.I.N

1 2 3

4 5 6

OTHER IDENTIFICATION CARDS

DRIVER'S LICENSE NUMBER

PASSPORT NUMBER

DECLARATION

I/We hold myself/ourselves liable for all obligations and liabilities incurred with the use of the Metrobank Card/s issued to me/us. I/We warrant that I/we shall be jointly and severally liable for the same obligations and that I/we hereby commit myself/ourselves to the following declarations: (1) I/We certify that the foregoing facts are true and correct; (2) I/We authorize METROBANK CARD CORPORATION (A FINANCE COMPANY) [MCC] to receive and exchange any and all information concerning myself/ourselves with other financial institutions, entities tasked to provide consumer credit reporting or reference schemes, the appropriate government agencies (e.g. the CIC or Credit Information Corporation pursuant to R.A. 9510) and third parties with whom MCC may reasonably share such information; (3) I/We authorize MCC to acquire any information from Metropolitan Bank & Trust Company (Metrobank) and Philippine Savings Bank (PSBank) and any of its subsidiaries and affiliates to facilitate the approval of my credit card application as well as all credit card transactions, e.g., cash advance, increase in credit limit, etc., initiated upon my/cur own initiative and in the event of default arising from non-payment of credit card obligations with MCC; (4) I/we authorize MCC, its authorized representative/5 and/or agentis to verify and investigate these facts from whatever source it deems appropriate; (5) I/we understand that should my/our application be denied, MCC has no obligation on its part to furnish the reason for such rejection except when the denial is based on credit card data from CIC used in the evaluation of my/our application; (6) I/We agree that by calling MCC or any of its service providers, MCC or its service providers may, at its sole option and discretion, tape or record all my/our telephone communications. I/We likewise agree that such taped or recorded communications or transactions may be used by MCC or its service provider against me/us or any third party, or replayed or communicated to any third party, for any purpose, including as evidence in any proceeding; and (7) I/We agree to the TERMS AND CONDITIONS governing the Issuance of a Melrobank Card.

This further serves as a waiver of confidentiality of all personal information that I/we have provided and authorizes MCC to conduct random verification with the Bureau of Internal Revenue in order to establish the authenticity of my ITR and the accompanying financial statements I submitted.

I certifythat i personally know the supplementary cardholder and I attest to the truthfullness of all the personal circumstances and declarations he/sqe stated herein

SIGNATURE OF PRINCIPAL CARDHOLDER	DATE
SIGNATURE OF PRINCIPAL CARDHOLDER	DATE

Branch Name:		Branch	Code:	
Applicant Details Metrobank Client	YES NO	Depositor S	ince:	
At least 3 months latest nu (Php At least 6 months, ADB ? In (Php At least 4 months, ADB of (Php At least 4 months, ADB of (Php At least 4 months, ADB of (Php At least 4 months)) Php 10,000	h of > Php10,500/mont	h (indicate credits per moi	nth)
This certifies that the aboe iden customer identification process identification documents, was d implementing rules and regulation	ified prospective or which includes fac- uly conducted in acons, relevant rules a	ce-to-face contact a ccordance with the and regulations of	ting customer of MB and gatehering of mir Anti-Money Launder the BSP and AMLC a	nimum information and ring Act and its

THE CONTRACTS IN THIS APPLICATION FORM ARE BETWEEN THE CARDHOLDER/ CARD APPLICANT AND METROBANK CARD CORPORATION (A FINANCE COMPANY) [MCC], A SUBSIDIARY OF METROBANK. ALL TRANSACTIONS ARISING OUT OF OR RELATED TO THESE CONTRACTS SHALL BE BINDING ONLY BETWEEN THESE TWO CONTRACTING PARTIES. IT IS UNDERSTOOD THAT THE TRANSACTION IS NEITHER INSURED BY THE PHILIPPINE DEPOSIT INSURANCE CORPORATION NOR GUARANTEED BY METROBANK

DEED OF ASSIGNMENT FOR SAVE%SWIPE ACCOMPLISHED

All the information indicated in this application form has been verified and noted by the Branch Officer

PERSONAL REFERENCE	DEL ATIONOUID	(Please specify type of ID and ID number)	
NAME	RELATIONSHIP		
ADDRESS			
	TEL NO.		