

ALL FIELDS ARE MANDATORY AND MUST BE FILLED UP. MY SOURCE OF FUNDS

MY CHOICE OF A METROBANK CREDIT CARD

☐ Classic MasterCard ☐ Gold MasterCard ☐ M Lite MasterCard
☐ Classic Visa ☐ Gold Visa ☐ designmycard*

Image Reference No.

*Visit www.designmycard.com.ph for more details.

If we cannot process the application for your chosen Metrobank Card,

would you accept another card type? ☐ YES ☐ NO

Save&Swipe (Secured Card) Application?

☐ YES ☐ NO

MY OTHER METROBANK CREDIT CARD(S) Credit Limit Member Since

<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Existing Metrobank Credit Card must be over 12 months to qualify for another card.

MY OTHER CREDIT CARD(S)

Must be a principal credit cardholder for at least one (1) year. Credit card must be issued in the Philippines with credit limit of at least Php 10,000.

Card Company Card Number Credit Limit Member Since

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MY PERSONAL DATA

NAME: Family Given Middle

H <input type="text"/>	G <input type="text"/>	<input type="text"/>
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NAME TO APPEAR ON CARD

BIRTHDATE	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	NATIONALITY/CITIZENSHIP <input type="checkbox"/> Filipino <input type="checkbox"/> Others <input type="text"/> <small>(For foreigners, attach ACR & ICR)</small>
0 6 M M 0 5 D D			

☐ Employment__Private__Gov't ☐ Self-employment/Business ☐ Others, please specify
☐ Investments (Property, Deposits, etc)
☐ Retired (Pension, etc.)

COMPANY NAME

BUSINESS MOBILE NO.

OCCUPATION/POSITION

NATURE OF WORK/BUSINESS

BUSINESS PHONE NO.1

BUSINESS PHONE NO.2

BUSINESS ADDRESS

ZIPCODE

YEARS WITH PRESENT EMPLOYER

TOTAL NO. OF YEARS

WORKING

EMPLOYER STATUS ☐

REGULAR ☐ PROBATIONARY ☐ PROJECT
BASE ☐ CONTRACTUAL

MY FINANCIAL STANDING

GROSS MONTHLY INCOME

MY SPOUSE

NAME: Family Given Middle

<input type="text"/>	<input type="text"/>
<input type="text"/>	

Date of Birth

0 6

M M

0 5

D D

9 5

Y Y

COMPANY NAME

OCCUPATION/POSITION

NATURE OF

WORK/BUSINESS

BUSINESS PHONE NO.1

BUSINESS PHONE

9 5

YY

Place of birth

MOBILE PHONE NO. 1 HOME PHONE
NO. 1MOBILE PHONE NO. 2 HOME PHONE
NO. 2

PRESENT HOME ADDRESS

ZIPCODE

PERMANENT HOME ADDRESS (if different from Present Home Address)

PHONE NO. (if different from home)

HOME OWNERSHIP

☐ Owned ☐ Rented ☐ Mortgaged ☐ Living with
parents/relatives Length of stay

CAR OWNERSHIP

Number of Cars: Model/Year:

EDUCATION

☐ High School ☐ Some College ☐ Vocational ☐ College ☐ Post
GraduateHOME EMAIL ADDRESS BUSINESS EMAIL
ADDRESS

MOTHER'S FULL MAIDEN NAME:

T.I.N ☐ SSS NO. ☐ GSIS NO.

1 2 3 4 5 6 7 8 9

1 2 3 4 5 6 7 8 9 1 2

OTHER IDENTIFICATION CARDS

☐ DRIVER'S LICENSE NUMBER ☐ PRC ID☐ PASSPORT NUMBER☐ OTHERS

(Please specify type of ID and ID number)

PERSONAL REFERENCE

NAME RELATIONSHIP

NO.2

BUSINESS ADDRESS

ZIPCODE

MY SUPPLEMENTARY

Supplementary Cardholder must be 14 to 80 years old. Supplementary card applicants are required to submit a photocopy of a valid government-issued ID and complete the fields marked (*). The spending 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 Cardholder will be the same as the approved credit limit.

NAME: Family Given Middle

NAME TO APPEAR ON CARD

HOME ADDRESS

PHONE NO.

SOURCE OF FUNDS

☐ Employment _ Private _ Gov't ☐ Self-
employment/Business ☐ Others, please
specify☐ Investments (Property, Deposits, etc)☐ Retired (Pension, etc.)

NATURE OF WORK/BUSINESS

COMPANY NAME

RELATION TO
PRINCIPAL
APPLICANT

NATIONALITY/CITIZENSHIP

☐ Filipino☐ Others (For foreigners, attach ACR
& ICR)

<div></div>		BIRTHDATE 0 6 M M 0 5 D D 9 5 Y Y PLACE OF BIRTH <div></div>		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
ADDRESS <div></div>		TEL NO. <div></div>		MOBILE PHONE <div></div>	
HOME PHONE <div></div>		ASSIGNED SPENDING LIMIT <input type="checkbox"/> 100% of Principal's Credit Limit <input type="checkbox"/> Others:Php <div></div>			

T.I.N ☐ SSS NO. ☐ GSIS NO.

1 2 3 4 5 6 7 8 9
 1 2 3 4 5 6 7 8 9 1 2

MY DELIVERY INSTRUCTIONS

DELIVER CARD & STATEMENT TO:

(choose one) ☐ Home ☐ Business Is this a condominium ☐ Yes ☐ NO

☐ **YES!** I want to receive my statements via EMAIL ☐ Home ☐ Business

By choosing this, I understand that i will no longer receive my paper statement via mail. Instead, i will receive my statement via my chosen email address above

MY PAYMENT INSTRUCTIONS

☐ I will pay in cash or check through accredited Payment Channels

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

Please debit my Peso current/savings account no.:

at Metrobank Branch

☐ Minimum amount due ☐ Total amount due

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 agents 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 Metrobank 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 certify that I personally know the supplementary cardholder and I attest to the truthfulness of all the personal circumstances and declarations he/she stated herein

SIGNATURE OF PRINCIPAL CARDHOLDER
--

DATE

SIGNATURE OF PRINCIPAL CARDHOLDER
--

DATE

FOR METROBANK BRANCH USE ONLY

Referror's Name:

	Referror's
--	-------------------

Card Number:

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Branch Name:

--

Branch Code:

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Applicant Details

Metrobank Client ☐ YES ☐ NO **Depositor Since:**

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☐ At least 3 months latest net payroll credit per month of > Php10,500/month (indicate credits per month)
(Php _____)

☐ At least 6 months, ADB ? Php 10,000
(Php _____)

☐ At least 4 months, ADB of > Php30,000 or \$500
(Php _____)

Branch Remarks

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Certification (Third-Party Reliance)

This certifies that the aboe identified prospective customer is an existing customer of MBTC and that the required customer identification process, which includes face-to-face contact and gatehering of minimum information and identification documents, was duly conducted in accordance with the Anti-Money Laundering Act and its implementing rules and regulations, relevant rules and regulations of the BSP and AMLC and the MLPP of MBTC.

This further certifies that copies of identification documents are in the custody of MBTC and shall be provided without delay upon request by MCC or the relevant regulatory

agency(ies). Access to the identification documents shall be subject to retention limitations specified under relevant laws and regulations.

**BRANCH OFFICER'S SIGNATURE OVER PRINTED
NAME DATE**

☐ **DEED OF ASSIGNMENT FOR SAVE%SWIPE
ACCOMPLISHED**

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

**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**