

EASTWEST SUPPLEMENTARY CARD APPLICATION FORM

Please ensure to fill out all fields in this form.

Submit a completely filled out EastWest Supplementary Card Application Form together with a photocopy of one (1) valid ID with picture and signature of the Supplementary Card Applicant (e.g., Company ID, Driver's License, Passport, Professional Regulation Commission (PRC) ID, SSS ID, BIR ID, School ID, etc.) through credit_evaluation@eastwestbanker.com.

Upon approval, your EastWest Supplementary Card will be delivered to your billing address on record.

▶ PRINCIPAL CARDHOLDER INFORMATION

Full Name		
First Name	Middle Name	Last Name

▶ SUPPLEMENTARY CARD APPLICANT'S PERSONAL INFORMATION

Important note: Must be at least 13 years old if related to the Principal Cardholder within second degree of consanguinity. If not related, Supplementary Card Applicant must be at least 16 years old.

Full Name		
First Name	Middle Name	Last Name

Name to appear on Card (Must not exceed 19 characters including spaces)

Birthdate (MM/DD/YYYY)	Place of Birth (City, Town, Province and Country)	Gender
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Citizenship/Nationality	
<input type="checkbox"/> Filipino <input type="checkbox"/> Others	ACR No. <input type="text"/>

Relationship to Principal Cardholder		
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent	<input type="checkbox"/> Son/Daughter <input type="checkbox"/> Parent-in-Law	<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other

Present/Home Address

No. <input type="text"/>	Street <input type="text"/>	Village/Brgy./Municipality <input type="text"/>
City/Province <input type="text"/>		Zip Code <input type="text"/>

Permanent Address Please check if same as Present/Home Address

No. <input type="text"/>	Street <input type="text"/>	Village/Brgy./Municipality <input type="text"/>
City/Province <input type="text"/>		Zip Code <input type="text"/>

Home Phone Number (if provincial, include area code) <input type="text"/>	Mobile Phone Number <input type="text"/>
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▶ AGREEMENT

I/We hereby certify that all information and documents given in this application are complete, true and correct and that my/our signatures herein are genuine.

Disclosure and Sharing of Information

a. Processing of Application
I/We hereby consent and authorize EastWest, any of its offices, branches, subsidiaries, affiliates, agents, representatives and third parties, to conduct random verification with the BIR, any other appropriate government agency or third party, including banks and financial institutions, to establish the authenticity of the information I/we declared and the documents I/we submitted in relation to my/our application as it may be necessary for the processing and evaluation of my/our application. I/We hereby waive any rights on the confidentiality of my/our income information as required by BSP Circular 955 as amended by BSP Circular 955. I/We further consent and authorize the disclosure of personal and sensitive personal information by the Bank, provided that such disclosure is in accordance with the provisions of Republic Act No. 10173 or the Data Privacy Act of 2012, its Implementing Rules and Regulations, and other rules and regulations relating to data privacy, including the Bank's data privacy policy published in its website.

b. Account Maintenance and Servicing
I/We hereby authorize the transfer, disclosure and communication of EastWest of any information, including personal and sensitive personal information, relating to my/our account/s with EastWest together with all of the documents submitted for this application to any of its offices, branches, subsidiaries, affiliates, agents, representatives and third parties for application processing, data processing/storage, customer satisfaction surveys, and for any other purpose as EastWest may deem appropriate, and/or as described in the Bank's data privacy policy, and its as may be required by law or regulation. I/We hereby also authorize the regular submission and disclosure to any and all credit information service providers listed in the Bank's data privacy policy published in its website, of any information, whether positive or negative, relating to my/our basic credit data (as defined under Republic Act No. 9510) with EastWest, as well as any update or correction thereof. The foregoing constitutes my/our written consent for any such submission and disclosure of information relating to my/our account/s for the purpose indicated above and under applicable laws, rules and regulations. I/We agree to hold EastWest free and harmless from any liability that may arise from any transfer, disclosure or storage of information relating to my/our account/s.

c. Marketing and Sales Offers
I/We hereby authorize the transfer, disclosure and communication of EastWest of any information, including personal and sensitive personal information, relating to my/our account/s with EastWest together with all of the documents submitted for this application to any of its offices, branches, subsidiaries, affiliates, agents, representatives and third parties for product and service offers to be made to me/us through mail/e-mail/fax/SMS/television or through other forms of media, and for any other purpose as EastWest may deem appropriate, and/or as described in the Bank's data privacy policy published in its website, unless I/we expressly notify EastWest otherwise through the following contact information:
Customer Service: (+632) 8888-1700 E-mail: cards@eastwestbanker.com

I/We understand that this application is subject to EastWest's credit policies and procedures. I/We understand and agree that should my/our credit card application be approved, my/our Card/s may be delivered activated subject to EastWest's activation policy and guidelines. In case of disapproval of my/our application, I/We understand that EastWest is under no obligation to disclose the reason/s for such disapproval unless required by law or regulation. The accomplished application form and requirements I/we submitted become the property of EastWest, and the Bank is under no obligation to return the said documents to me/us regardless of the outcome of the application.

Credit Card Number (Please indicate the first 6 digits and last 4 digits of your EastWest credit card number.)		
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▶ SUPPLEMENTARY CARD APPLICANT'S WORK AND FINANCES

If not applicable, please write N/A.

Source of Funds <input type="checkbox"/> Salary/Benefits <input type="checkbox"/> Allowances <input type="checkbox"/> Business Income	<input type="checkbox"/> Remittance <input type="checkbox"/> Retirement/Separation <input type="checkbox"/> Others	Employment <input type="checkbox"/> Self-Employed <input type="checkbox"/> Government <input type="checkbox"/> Private
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No. of years with Present Employer/Business	Position/Job Title	Company/Business Name
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Nature of Present Work/Business <input type="checkbox"/> Agricultural/Mining <input type="checkbox"/> Banking <input type="checkbox"/> BPO <input type="checkbox"/> Business/Commercial Services <input type="checkbox"/> Check Cashing Facilities/Bayad Center <input type="checkbox"/> Communication <input type="checkbox"/> Community/Social/Personal	<input type="checkbox"/> Construction <input type="checkbox"/> Financing <input type="checkbox"/> Government <input type="checkbox"/> Insurance <input type="checkbox"/> Manufacturing <input type="checkbox"/> Money Changers/ Foreign Exchange Dealer <input type="checkbox"/> Money Transmitters/Remittance Agents	<input type="checkbox"/> Pawnshop <input type="checkbox"/> Real Estate <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale/Retail
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Company/Business Address

Floor <input type="text"/>	Bldg. <input type="text"/>	No. <input type="text"/>	Street <input type="text"/>
Village/Brgy./Municipality <input type="text"/>		City/Province <input type="text"/>	

Company/Business/Phone Number (include local/extension and if provincial, include area code) <input type="text"/>	Gross Annual Income <input type="text"/>
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Tax Identification Number (TIN) <input type="text"/>	SSS/GSIS Number <input type="text"/>
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Monthly Sub-limit* (optional) Php
 (Unless otherwise indicated, the default monthly sub-limit is 100% of the Principal Cardholder's credit limit.)

*The assigned monthly sub-limit on the EastWest Supplementary Card ("Supplementary Card") is not separate from and forms part of the Principal Cardholder's credit limit. Minimum monthly sub-limit for Supplementary Cards is Php2,500, except for EastWest Everyday Mastercard with minimum monthly sub-limit of Php10,000. The assigned sub-limit is the same every month even if the Supplementary Card transactions in previous months are not paid in full, for as long as the Principal Cardholder has an available credit limit.

By signing below, I/we also acknowledge that I/we have fully read and understood the Terms and Conditions Governing the Issuance and Use of EastWest Credit Cards as found in the Bank's website and the Bank's data privacy policy published in its website: https://www.eastwestbanker.com/info/ew_privacy.asp. I/We agree to abide by and be bound by the said Terms and Conditions and data privacy policy, as well as all laws, rules, regulations and official issuances applicable to EastWest which may hereinafter be issued, including other terms and conditions governing the use of other facilities, benefits, products or services which shall be made available to me/us. I/We also agree that EastWest may amend from time to time its Terms and Conditions, which include the fees and charges for its products and/or services, and its data privacy policy, and I/we agree to be notified of such changes through notice sent to me/us through any of the following means, at the option of EastWest unless I/we request otherwise: (i) mailed and/or e-mailed notices (sent to my/our mailing or e-mail addresses indicated in EastWest's records), (ii) notices posted at EastWest's branches or (iii) notices in its website, and I/we agree to be bound by such changes unless I/we expressly notify EastWest otherwise through the contact information indicated above.

d. Card Delivery
I/We authorize EastWest or its official courier to deliver the Card/s to me/us, to any member of my/our household, to any of my/our offmccateco-employee or to any other person that I/we may authorize through an authorization letter, subject to the existing delivery policy of EastWest. I/We agree to hold EastWest free and harmless from any claim, loss or liability, whatsoever arising from the delivery of the Card/s to my/our authorized representative.

PRINCIPAL CARDHOLDER'S SIGNATURE	SUPPLEMENTARY APPLICANT'S SIGNATURE
<input checked="" type="checkbox"/> Signature Over Printed Name <input type="text"/>	<input checked="" type="checkbox"/> Signature Over Printed Name <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

By signing in this section, I/we agree that this Application Form may also serve as my/our application for other products of EastWest, such as, but not limited to auto loan, home loan, personal loan, EEL, among others, as I/we may subsequently request from EastWest or if I/we are deemed qualified by EastWest. I/We understand that to submit additional documents as may be required by EastWest for the processing of my/our application. I/We understand that the availing of the other products of EastWest is my/our option but the approval shall be subject to credit evaluation and sole discretion of EastWest. I/We understand that EastWest can rely on the authority/ies given under this section unless I/we explicitly revoke the same.

PRINCIPAL CARDHOLDER'S SIGNATURE	SUPPLEMENTARY APPLICANT'S SIGNATURE
<input checked="" type="checkbox"/> Signature Over Printed Name <input type="text"/>	<input checked="" type="checkbox"/> Signature Over Printed Name <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

▶ FOR BANK USE ONLY			
AML RATING	BL/WL	EVALUATION	SOURCE CODE
<input type="checkbox"/> HR <input type="checkbox"/> NR			