

PNB CORE CREDIT CARDS APPLICATION FORM

Accomplish this form and fax to (02) 892-7427 or (02) 812-6247. You may also submit this form to any PNB branch.

Home Address (Number, Street, District) Home Landline Number Oil 9	PERSONAL INFORM	1ATION			
Moder's sulf Madden Name No. of dependents:	First Name	M	iddle Name	Last Name	
Sign	1				
Sign					
Description	Mother's Full Maiden Name		No. of dependents:	Citizenship	
Table of Filtrin See 555 / GSS TN	I			Filipino Non-Filipino	·
Major Mark Female Major Mark Major Mark Major Mark Major Mark Major					☐ Married ☐ Widow
Service Address Number Service Control	Date of Birth Sex	SSS / GSIS		TIN	
Septiment September Sept		_ 1	ı		
Copy / Province	Male	e 🗌 Female			
Trivial Triv	Home Address (Number, Street, District)			Home Landline Number	Mobile Number
Trivial Triv					
# you are a foreign national, you must also submit a photocopy of one of the following Would Plaquet with fleader Vas				Email	
# you are a foreign national, you must also submit a photocopy of one of the following Would Plaquet with fleader Vas					
# you are a foreign national, you must also submit a photocopy of one of the following Would Plaquet with fleader Vas	Ci. (Do in a		7ID C - d - V f St		
Your Apport with five direct rivis	City / Province		zir code fears of stay	Current Relationship with PNB: Yes	□ No
Valid Pasport with resident Visia Special Investor's Resident Visia Dikk				PNB Account Number:	
Valid Pasport with resident Visia Special Investor's Resident Visia Dikk	If you are a foreign national you must also	submit a photocopy of one of t	he following:		
Perspect No	,		•	9 - 10/15/10 ⁶ -	□ ACD (ICD → I C→ I
Credit Card Company Card Number Card Number Card Number Card Limit	_ ,	— .		it and valid visa	
Credit Carld Company Carld Number Credit Carld Number	Passport No	I.D. No	I.D. No		I.D. No
Credit Limit Cred					Expiry
Provide your Maluhay Miles membership number in order to epipy conversion of research points earned to Maluhay Miles. A new Maluhay Miles membership number will be auto-generated if the Mabuhay Miles membership number portion below is left blank or an invalid number is provided. No adjustment can be made afterwards. Are you a current member of Mabuhay Miles Club? Yes No If you are, please indicate your existing Mabuhay Miles membership number will be auto-generated if working the Maluhay Miles membership number will be auto-generated if you are, please indicate your existing Mabuhay Miles membership		YOUR NON		ne year principal ownership)	
Provides your Mabulay Miles membership number in order to enjoy conversion of resunds points earned to Mabuhay Miles. A new Mabuhay Miles membership number will be auto-generated if the Mabuhay Miles membership number portion below is left blank or an invalid number is provided. No adjustment can be made afterwards. Are you a current member of Mabuhay Miles Club? \[\text{Ves} \] No if you are, please indicate your existing Mabuhay Miles membership \[\] \[Credit Card Company				Credit Limit
Provides your Mabulay Miles membership number in order to enjoy conversion of resunds points earned to Mabuhay Miles. A new Mabuhay Miles membership number will be auto-generated if the Mabuhay Miles membership number portion below is left blank or an invalid number is provided. No adjustment can be made afterwards. Are you a current member of Mabuhay Miles Club? \[\text{Ves} \] No if you are, please indicate your existing Mabuhay Miles membership \[\] \[
Provides your Mabulay Miles membership number in order to enjoy conversion of resunds points earned to Mabuhay Miles. A new Mabuhay Miles membership number will be auto-generated if the Mabuhay Miles membership number portion below is left blank or an invalid number is provided. No adjustment can be made afterwards. Are you a current member of Mabuhay Miles Club? \[\text{Ves} \] No if you are, please indicate your existing Mabuhay Miles membership \[\] \[
Provides your Mabulay Miles membership number in order to enjoy conversion of resunds points earned to Mabuhay Miles. A new Mabuhay Miles membership number will be auto-generated if the Mabuhay Miles membership number portion below is left blank or an invalid number is provided. No adjustment can be made afterwards. Are you a current member of Mabuhay Miles Club? \[\text{Ves} \] No if you are, please indicate your existing Mabuhay Miles membership \[\] \[
Provides your Mabulay Miles membership number in order to enjoy conversion of resunds points earned to Mabuhay Miles. A new Mabuhay Miles membership number will be auto-generated if the Mabuhay Miles membership number portion below is left blank or an invalid number is provided. No adjustment can be made afterwards. Are you a current member of Mabuhay Miles Club? \[\text{Ves} \] No if you are, please indicate your existing Mabuhay Miles membership \[\] \[·	MARILLAY MILEC MEM	DEDCLUD	
Business / Company Name Business / Company Phone Numbers Business / Company Address (Number, Street, District) Gity / Province ZiP Code Employment Status Employed Self-employed Sel	,				
Business / Company Name Business / Company Phone Numbers Business / Company Address (Number, Street, District) Gity / Province ZiP Code Employment Status Employed Self-employed Sel	WORK AND FINANC	`FS			
Business / Company Address (Number, Street, District) City / Province ZIP Code Employment Status Employed Self-employed Sales/Commission-earner Position / Occupation Rank Year/s with the Company Annual Income Retired/Unemployed Source of Income OFW SPOUSE INFORMATION First Name Middle Name Last Name Date of Birth Citizenship Employment Status Employment		,		Duringer / Comment Dhara Niverb	
City / Province ZIP Code Employment Status Self-employed Sales/Commission-earner Position / Occupation Rank Year/s with the Company Annual Income Retired/Unemployed Source of Income OFW OFW SPOUSE INFORMATION Surprise Self-employed Source of Income OFW OFW Self-employed Source of Income OFW OFW Self-employed Source of Income OFW OFW OFW OFW OFW OFF Self-employed Source of Income OFW OFW OFF Self-employed Source of Income OFW OFF Self-employed Source of Income OFW OFW OFF Self-employed Self-employed Source of Income OFW OFF Self-employed Self-employed OFF Self-employed Self-employed OFF Self-employed OFF Self-employed Self-employed OFF Sel	business / Company Name			business / Company Phone Numb	leis i
City / Province ZIP Code Employment Status Self-employed Sales/Commission-earner Position / Occupation Rank Year/s with the Company Annual Income Retired/Unemployed Source of Income OFW OFW SPOUSE INFORMATION Surprise Self-employed Source of Income OFW OFW Self-employed Source of Income OFW OFW Self-employed Source of Income OFW OFW OFW OFW OFW OFF Self-employed Source of Income OFW OFW OFF Self-employed Source of Income OFW OFF Self-employed Source of Income OFW OFW OFF Self-employed Self-employed Source of Income OFW OFF Self-employed Self-employed OFF Self-employed Self-employed OFF Self-employed OFF Self-employed Self-employed OFF Sel					
Position / Occupation Rank Year/s with the Company Annual Income Retired/Unemployed Source of Income OFW SPOUSE INFORMATION First Name Middle Name Last Name Date of Birth Self-employed Source of Income OFW SPOUSE INFORMATION First Name Middle Name Last Name Date of Birth Self-employed Source of Income OFW Citizenship Self-employed Self-employ	Business / Company Address (Number, Str	reet, District)			
Position / Occupation Rank Year/s with the Company Annual Income Retired/Unemployed Source of Income OFW SPOUSE INFORMATION First Name Middle Name Last Name Date of Birth Self-employed Source of Income OFW SPOUSE INFORMATION First Name Middle Name Last Name Date of Birth Self-employed Source of Income OFW Citizenship Self-employed Self-employ					
Position / Occupation Rank Year/s with the Company Annual Income Retired/Unemployed Source of Income OFW SPOUSE INFORMATION First Name Middle Name Last Name Date of Birth Self-employed Source of Income OFW SPOUSE INFORMATION First Name Middle Name Last Name Date of Birth Self-employed Source of Income OFW Citizenship Self-employed Self-employ	City / Province		7IP Code	5 - 1 State	
Position / Occupation Rank Year/s with the Company Annual Income Retired/Unemployed Source of Income OFW SPOUSE INFORMATION Citizenship Employment State Employment State Supply State Supply State Supply State Supply State Supply State Supply Supp	City / Province		211 Code	Employment Status	
SPOUSE INFORMATION First Name				☐ Employed ☐ Self-emp	loyed Sales/Commission-earner
SPOUSE INFORMATION First Name	Position / Occupation	Rank Year/s wi	th the Company Annual Income	☐ Retired/Unemployed Source of	Income
First Name					
First Name					
Business / Company Address (Number, Street, District, City/Province) BilLING INFORMATION Billing Address:	SPOUSE INFORMATI	ON			
Business / Company Address (Number, Street, District, City/Province) BilLING INFORMATION	First Name	Middle Name	Last Name		
BILLING INFORMATION BILLING INFORMATION Billing Address: Home Office (Card will automatically be delivered to billing address) Mode of Payment: Pay to Bank Auto Debit my PNB Polar acct. # Full Minimum Auto Debit my PNB Dollar acct. # Full Minimum (For Auto Debit, if selection is not checked, payment will automatically be minimum.) FRAUD TRANSACTION INSURANCE I would like to enroll my card/s to Fraud Transaction Insurance Monthly Billing (P10/month) Annual Billing (P120/year)				mm dd yyyy	Filipino Employed
BILLING INFORMATION SUPPLEMENTARY CARD (must be at least 13 years old) - FREE FOR LIFE Billing Address:					Non-Filipino Unemployed
BILLING INFORMATION Billing Address:	Business / Company Address (Number, S	Street, District, City/Province)	Office Tel. No.	Tenure with Present Employer or Bu	usiness Mobile Number
BILLING INFORMATION SUPPLEMENTARY CARD (must be at least 13 years old) - FREE FOR LIFE Billing Address:		,,,,,	1	1	
Billing Address:				Year/s M	onth/s 0 9
Billing Address:					
Card will automatically be delivered to billing address) Mode of Payment: Pay to Bank	BILLING INFORMAL	ION	SUPPLEMENTAR	RY CARD (must be at least 13 year	s old) - FREE FOR LIFE
(Card will automatically be delivered to billing address) Mode of Payment: Pay to Bank	Billing Address: ☐ Home ☐ O	ffice	First Name	Middle Name	Last Name
Mode of Payment: Pay to Bank					
Pay to Bank Auto Debit my PNB Peso acct. # Full Minimum Auto Debit my PNB Dollar acct. # Mobile Number (For Auto Debit, if selection is not checked, payment will automatically be minimum.) FRAUD TRANSACTION INSURANCE I would like to enroll my card/s to Fraud Transaction Insurance Monthly Billing (P10/month) Annual Billing (P120/year)			Date of Rirth	Matheda Fr U.S. 11 M	
Auto Debit my PNB Peso acct. #	•		<u>_</u>		* Sub Limits
PNB Peso acct. #				Female	
Auto Debit my PNB Dollar acct. # Full Mobile Number 09 For Sublimit Specify amount rounded off to the nearest thousand. If not specified, default sublimit is 100%. Signature FRAUD TRANSACTION INSURANCE I would like to enroll my card/s to Fraud Transaction Insurance Monthly Billing (P10/month) Annual Billing (P120/year)	PNB Peso acct. #		,,,,		
PNB Dollar acct. #	-	☐ Minimum	Relationship with principal applicant	Email Address	1
Fraud Transaction Insurance Monthly Billing (P10/month) Annual Billing (P120/year)					
(For Auto Debit, if selection is not checked, payment will automatically be minimum.) *For Sublimit: Specify amount rounded off to the nearest thousand. If not specified, default sublimit is 100%. *Signature FRAUD TRANSACTION INSURANCE I would like to enroll my card/s to Fraud Transaction Insurance Monthly Billing (P10/month) Annual Billing (P120/year)		Minimum	Mobile Number	1	
FRAUD TRANSACTION INSURANCE I would like to enroll my card/s to Fraud Transaction Insurance Monthly Billing (P10/month) Annual Billing (P120/year)	_	_			
☐ I would like to enroll my card/s to Fraud Transaction Insurance ☐ Monthly Billing (P10/month) ☐ Annual Billing (P120/year)	(FOR AUTO DEDIT, IT SELECTION IS NOT CHECKED, pay	rrient will automatically be minimun	11.) "For Sublimit: Specify amount rounded off to the nearest	иноизана. и пот specified, default sublimit is 100%.	Signature
☐ I would like to enroll my card/s to Fraud Transaction Insurance ☐ Monthly Billing (P10/month) ☐ Annual Billing (P120/year)	FRAUD TRANSACTIO	ON INSURANCE			
DECLARATION	☐ I would like to enroll my card/s to		Monthly Billing (P10/month)	Annual Billing (P120/year)	
	DECLARATION				

By signing below, I/we are applying for a PNB Credit Card. I/We agree to abide by and be governed by the Terms and Conditions governing the issuance and use of the PNB Credit Card and all future amendments thereto. I/We authorize you to verify the information in this application and to receive and exchange information about me/us, including requesting reports from your consumer credit reporting or reference schemes. I/We also authorize you and your affiliates to contact these sources for information at any time, to use information about me/us, including information from this application and from consumer credit reports, for marketing and administrative purposes and to share such information with each other.

I/We hereby agree to waive my/our right/s regarding the confidentiality of deposits under R.A. 1405, as amended, as the disclosure is necessary and relevant in the evaluation of my/our application for a PNB Credit Card and to ensure a successful debit under an auto-debit payment arrangement with my/our PNB account should I/we decide to avail of the auto-debit payment facility to my/our PNB Credit Card. I/We hereby authorize the bank, in the event that my account becomes past due, to offset against my deposit, any unpaid balances, and subsequently cancel my card. I/We further authorize and consent to the Philippine National Bank to be the recipient of these information and to conduct random verification with the BIR in order to establish authenticity of the Income Tax Return (ITR)

I/We hold ourselves, jointly and severally liable for all obligations and liabilities arising from the use of the PNB Credit Card and supplementary cards and, in the the event that my/our application for a PNB Credit Card is disapproved, the Philippine National Bank is under no obligation to provide me/us with the reason for such a decision.

 $The accomplished application form and requirement/s \ submitted \ will \ become the property of the Philippine \ National \ Bank. The Philippine \ National \ Bank is \ under \ no \ obligation to \ return \ the \ said \ documents.$

Visit www.pnbcards.com.ph for the complete Terms and Conditions.

\checkmark		
	Signature of Principal Applicant	

_	
ı	Date

FOR B	ANK USE ONLY
Source Tag	THE STATE OF THE S
rogram Name/Code <u>:</u>	Employee
	Employee/
ranch/Channel	Solicitor's Printed