ALL FIELDS ARE MANDATORY AND MUST BE FILLED UP. MY CHOICE OF A METROBANK CREDIT CARD Classic Visa/MasterCard Femme Visa Gold Visa/MasterCard Platinum Peso MasterCard Gold Dollar MasterCard Platinum Dollar MasterCard If we cannot process your application for a Gold card, YES NO would you accept a Metrobank Classic Card? **MY PERSONAL DATA** NAME: Family Middle NAME TO APPEAR ON CARD BIRTHDATE CIVIL STATUS GENDER NATIONALITY/CITIZENSHIP ☐ Male Single | Widowed Filipino M M D D Y Y Married Separated ☐ Female Others Place of birth (For foreigners, attach ACR & ICR) NO. OF DEPENDENTS: MOBILE PHONE NO HOME PHONE NO. HOME ADDRESS 7IP PERMANENT ADDRESS (If different from Home Address) HOME OWNERSHIP: Owned Mortgaged Rented Living with parents/relatives MOTHER'S FULL MAIDEN NAME E-MAIL ADDRESS SSS/GSIS NO PERSONAL REFERENCE RELATIONSHIP _ TEL. NO. **MY JOB** SOURCE OF FUNDS Employment Self-employment/Business Retired (Pension, etc.) Investments (Property, Deposits, etc.) Unemployed Others, please specify_ COMPANY NAME OCCUPATION/POSITION _

OFFICE TEL. NO.

TOTAL NO. OF YEARS WORKING ___

NATURE OF WORK/BUSINESS

YEARS WITH PRESENT EMPLOYER

BUSINESS ADDRESS

MY FINANCIAL STANDING GROSS MONTHLY INCOME Credit Limit MY OTHER METROBANK CREDIT CARD(S) Member Since Note: Existing MCC Credit Card must be over 12 months to qualify for another card. MY OTHER CREDIT CARD(S) Must be a principal credit cardholder for least one (1) year. Credit card must be issued in the Philippines with Credit Limit of at least Php 10,000. Card Company Card No. Credit Limit Member Since MY SPOUSE Date of Birth NAME: Family Given Middle MY SUPPLEMENTARY Supplementary card applicants not related to the principal cardholder are required to submit a photocopy of a valid government-issued ID and complete the fields marked (*). The monthly spending limit given to the Supplementary Cardholder is part of the Principal's credit limit. If the monthly spending limit indicated is greater than the approved credit limit, the monthly spending limit to be given to the Supplementary Cardholder will be the same as the approved credit limit Note: Supplementary Cardholder must be 14 - 80 years old. * NAME: Family Middle NAME TO APPEAR ON CARD HOME ADDRESS RELATION TO PRINCIPAL APPLICANT NATIONALITY/CITIZENSHIP Filipino Others (For foreigners, attach ACR & ICR) BIRTHDATE PLACE OF BIRTH GENDER ☐ Male ☐ Female M M D D CONTACT NO. ASSIGNED MONTHLY SPENDING LIMIT 100% of Principal's Credit Limit Others:Php_ T.I.N.* MY DELIVERY/PAYMENT INSTRUCTIONS DELIVER CARD & STATEMENT TO: ☐ OFFICE ☐ HOME Preferred payment mode: I will pay in cash or check at a Metrobank branch/PSBank branch Automatic Debit Arrangement (ADA):

For inquiries, call our 24-hour Customer Service Hotline at 8-700-700 or 1-800-1-888-5775 (Domestic Toll-Free) or fax this form to

Full amount due

Please debit my Peso current/savings account no.: __

Minimum amount due

DECLARATION

I/We hold myself/ourselves liable for all obligations and liabilities incurred with the use of the Metrobank Credit 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 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 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) 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/our 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/s and/or agent/s 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; (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 Credit 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 BIR in order to establish the authenticity of my ITR and the accompanying financial statements I submitted.

SIGNATURE OF PRINCIPAL CARDHOLDER	DATE
SIGNATURE OF SUPPLEMENTARY	DATE

Referror's	s Name:
Referror's	s Card Number:
Branch ar	nd Branch Code:
Applicant	Details
Metrob	pank/PSBank Client: YES NO Depositor Since:
	At least 4 months, ADB of > Php30,000 or \$500 (Php)
	At least 6 months, ADB of > Php10,000 (Php)
	At least 3 months, netpayroll credit of > Php8,600/month
	(Php)
Branch F	Remarks:

THE CONTRACTS IN THIS APPLICATION FORM ARE BETWEEN THE CARDHOLDER/CARD APPLICANT AND METROBANK CARD CORPORATION (A FINANCE COMPANY), A SUBSIDIARY OF METROBANK. ALL TRANSACTIONS ARISING OUT OF OR RELATED TO THESE CONTRACTS SHALL BE BINDING ONLY BETWEEN THESE TWO (2) CONTRACTING PARTIES. IT IS UNDERSTOOD THAT THE TRANSACTION IS NEITHER INSURED BY THE PHILIPPINE DEPOSIT INSURANCE CORPORATION NOR GUARANTEED BY METROBANK.