SUPPLEMENTARY CARD APPLICATION

You may apply for up to 4 Supplementary Cardholders and assign spending limits to each. 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. Supplementary Cardholder must be 14 to 80 years old.

Complete the fields marked (*) and submit together with a photocopy of the Principal Cardholder and supplementary card applicant's valid government-issued ID with Date of Birth and Signature to credit supplementary@metrobankcard.com.

	R							
First Name	Middle Nam	ie	e Last Name					
ard No.								
UPPLEMENTARY CARD	HOLDER 1							
First Name	Middle Nam	ne			Last I	Name		
Name to appear on the ca	ırd*							
Present Home Address*								
Tesent Home Address								
Permanent Home Address	s (if different fron	n Present I	Home Add	dress)*				
Relation to Principal Cardh	nolder		ality/Citize					
		Filip	ino L	_Other	(For forei	gners, attac	ch ACR o	r ICR)
Date of Birth*	Place of Birth*	Mother	's Maiden	Name		Gende	er	
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Home Phone No.*	Mobile Phone	No.*	∐10	ned Sp 0% of I her:Php	ending Principa	Limit I's Cred	lit Lim	it
Source Of Funds*								
Employment Private		Self-empl	oyment/Bu	siness	0	thers, pl	ease s	pecify
Investments (Property, De	eposits, etc.)		Pension, etc		_			
			Company N	ame				
Nature of Work/Business			ompany re	uiiio				
Nature of Work/Business			SSS/GS					_
Nature of Work/Business								
Nature of Work/Business	DHOLDER 2							
Nature of Work/Business I.I.N.* SUPPLEMENTARY CARE	DHOLDER 2 Middle Nan				Last	Name		
Nature of Work/Business I.I.N.* SUPPLEMENTARY CARE					Last	Name		
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Nature of Work/Business T.I.N.* SUPPLEMENTARY CARE First Name Name to appear on the ca	Middle Nan	ne	SSS/GS	IS*	I	Name		

SUPPLEMENTARY CARDHOLDER 2 (CON'T

SUFFLEWIEN TAKT CARD	HOLDEIN 2 (OON	',					
Relation to Principal Cardholder		Nationality/Citizenship* Filipino Others (For foreigners, attach ACR			ACR or ICR)	_	
Date of Birth*	Place of Birth*	Mother's Maiden Name			Gender		
M M D D Y Y					□Male	□Femal	le
Home Phone No.	Mobile Phone No	0.*	Assigned Sp 100% of P Other: Php	rincipa		Limit	
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							
T.I.N.*		SS	S/GSIS*				

UNDERTAKING

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 myself/ourselves to the following declarations: 1) I/We certify that the foregoing facts are true and correct; (2) I/We authorize and consent METROPOLITAN BANK & TRUST COMPANY [Metrobankl. it's affiliates, subsidiaries, third-party service providers, assigns, to process, transfer, share, disclose and communicate any and all of my/our personal data as defined under the R.A. 10173 (The "Data Privacy Act of 2012") and its implementing Rules and Regulations, information relating to the credit card accounts, or any of the Card Member's or Supplementary credit card Member's basic credit data and any and all information concerning himself, his properties or investments with Metrobank, to any of the offices, branches, subsidiaries, affiliates, agents and representatives of Metrobank and third parties selected by any of them, including other financial institutions, for purposes of credit verification, collection and credit review and scoring, statistical and risk analysis and to government entities tasked to provide consumer credit reporting or reference schemes. anti-money laundering monitoring, purposes including but not limited to The National Privacy Commission, CIC or Credit Information Corporation pursuant to R.A. 9510 (the "Credit Information Act of 2008"), Republic Act (R.A.) 9160, as amended by R.A. 9194 (the Anti-Money Laundering Act), R.A. 8484 (the Access Device Act of 1998), and their respective Implementing Rules and Regulations; (3) I/We authorize and consent Metrobank to acquire my/our personal data and 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 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 Metrobank; (4) I/We understand that should my/our application be denied, Metrobank has no obligation on its part to furnish the reason for such rejection except when the denial is based on credit data from CIC used in the evaluation of my/our application; (5) I/We authorize Metrobank, its authorized representative/s and/or agent/s to verify and investigate these facts from whatever source it may deem appropriate: (6) I/We agree to the TERMS AND CONDITIONS governing the issuance of a Metrobank credit card.

Conformity to Terms & Conditions of Metrobank: (1) by signing on the application form or delivery acknowledgment receipt; (2) by using the credit cards shall constitute the Card Member's express consent and shall constitute a waiver of claims and exempt Metrobank, any of the offices, branches, subsidiaries, affiliates, agents and representatives, and/or Metrobank Group from liability under any and all bank deposits secrecy laws, including but not limited to, R.A. 1405 or The Law on Secrecy of Bank Deposits, R.A. 6426 or The Foreign Currency Deposit Act and R.A. 8791 or The General Banking Law, as well as R.A. 10173 or the Data Privacy Act of 2012 and other confidentiality laws enforced or which may hereinafter enforced.

*SIGNATURE OF PRINCIPAL CARDHOLDER	DATE
*SIGNATURE OF SUPPLEMENTARY CARDHOLDER 1	DATE
*SIGNATURE OF SUPPLEMENTARY CARDHOLDER 2	DATE