

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.

REQUIREMENTS:

- Principal Cardholder and Supplementary card applicants are both required to submit a photocopy of any valid ID.
- Supplementary Cardholder must be 14 to 80 years old.
- Complete the application form and submit via fax to (02) 751-6161 or email to credit_supplementary@metrobankcard.com

PRINCIPAL CARDHOLDER

First Name	Middle Name	Last Name
<input type="text"/>		
Date of Birth	Place of Birth	Mother's Maiden Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
M M D D Y Y		
Home Phone No.	Mobile Phone No.	Assigned Spending Limit
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 100% of Principal's Credit Limit
		<input type="checkbox"/> Others:Php
*T.I.N.	*SSS/GSIS No.	
<input type="text"/>	<input type="text"/>	

SUPPLEMENTARY CARDHOLDER 1

(Annual Fee waived on first year)

First Name	Middle Name	Last Name
<input type="text"/>		
Name to appear on the card		
<input type="text"/>		
Home Address		
<input type="text"/>		
Relation To Principal Cardholder		
Nationality/Citizenship	<input type="checkbox"/> Filipino	
	<input type="checkbox"/> Others:_____ (For foreigners, attach ACR & ICR)	
Date of Birth	Place of Birth	Mother's Maiden Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
M M D D Y Y		
Home Phone No.	Mobile Phone No.	Assigned Spending Limit
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 100% of Principal's Credit Limit
		<input type="checkbox"/> Others: Php
*T.I.N.	*SSS/GSIS No.	
<input type="text"/>	<input type="text"/>	

SUPPLEMENTARY CARDHOLDER 2

(Annual Fee waived on first year)

First Name	Middle Name	Last Name
<input type="text"/>		
Name to appear on the card		
<input type="text"/>		
Home Address		
<input type="text"/>		
Relation To Principal Cardholder		
Nationality/Citizenship	<input type="checkbox"/> Filipino	
	<input type="checkbox"/> Others:_____ (For foreigners, attach ACR & ICR)	
Date of Birth	Place of Birth	Mother's Maiden Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
M M D D Y Y		
Home Phone No.	Mobile Phone No.	Assigned Spending Limit
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 100% of Principal's Credit Limit
		<input type="checkbox"/> Others:Php
*T.I.N.	*SSS/GSIS No.	
<input type="text"/>	<input type="text"/>	

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 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. 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/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 except when the denial is based on credit data 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 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
<input type="text"/>	<input type="text"/>
Signature of Supplementary Cardholder 1	Date
<input type="text"/>	<input type="text"/>
Signature of Supplementary Cardholder 2	Date
<input type="text"/>	<input type="text"/>