BALANCE TRANSFER	75.578.75.76	(antenia francesia)
Credit Ca	rd Account No.	Card Company
Total Balance Transfer	Amount	-
Preferred Term: 6 months	9 months 12 months	s 18 months 24 months
l understand that, should the reason for such	d my application be denie rejection. I understand	ve or reject my request at your sole discretion d, MCC has no obligation on its part to furnish this application is non-transferable are with the Balance Transfer processing up to n
available credit limit ev signing below, I agree to and the Terms and Con interests, fees and other	en if my PSBank Credit abide by the Terms and C ditions governing the Ba r charges and any govern	MasterCard has not yet been delivered. E conditions governing the use of the Credit Ca lance Transfer facility. I also agree to pay a ment tax that may be levied thereon.
available credit limit eve signing below, I agree to and the Terms and Con	en if my PSBank Credit abide by the Terms and C ditions governing the Ba r charges and any govern	Conditions governing the use of the Credit Ca Ilance Transfer facility. I also agree to pay
available credit limit evisigning below, I agree to and the Terms and Coninterests, fees and other Signature of Princip MY CARD BALAN	en if my PSBank Credit abide by the Terms and C didie by the Terms and C didie by the Terms and C r charges and any govern pal Cardholder	Conditions governing the use of the Credit Ca lance Transfer facility. I also agree to pay a ment tax that may be levied thereon. Date REDITPROTECT
available credit limit evisigning below, I agree to and the Terms and Con interests, fees and other Signature of Princip MY CARD BALAN CreditProtect is a PSBa	en if my PSBank Credit abide by the Terms and C nditions governing the Ba r charges and any govern pal Cardholder ICE PROTECTOR: Cl ank Credit MasterCard be the event of death or to	Conditions governing the use of the Credit Ca lance Transfer facility. I also agree to pay a ment tax that may be levied thereon. Date

I authorize MCC to provide any relevant information about me and/or my card account to AXA Philippines for purposes of enrolling in CreditProtect. I understand the features and benefits of AXA's CreditProtect and that the monthly premiums will be posted on my succeeding billing statements for as long as I have an outstanding balance.

AXA shall automatically cancel this coverage in the event of my failure to pay the monthly premium which cannot be collected through my PSBank Credit MasterCard for a period of 30 days from the premium due date. The authority is to remain in effect until I terminate it by written notification to AXA at least 30 days in advance of the intended date of termination.

Signature of Principal Cardholder

Date



ISSUED BY METROBANK CARD CORPORATION (A FINANCE COMPANY)

To view the Terms and Conditions of Metrobank Card, visit www.metrobankcard.com.

For inquiries, call Metrobank Card's 24-hour Customer Service
at 8-700-772 or 1-800-10-8700-772 (Domestic Toll-Free).

To apply, fill out this application form and fax to 858-8890 or 858-8891.



No annual fee for life. Simple lang. The PSBank Credit MasterCard

One simple card that takes care of your needs and helps you manage your expenses.

- · Worldwide acceptance
- · Exclusive perks and privileges
- · 0% installment program

Simple lang. Maaasahan.





TABLE OF FEES AND RATES

IABLE OF FEED AND	IUTIES
Annual Fee Principal / Supplementary	Perpetually waived
Retail Monthly Effective Interest Rate	3.54% based on actual calendar days
Cash Advance Monthly Effective Interest Rate	3.96% based on actual calendar days and Cash Advance Fee
Cash Advance Fee	Php500 or 3% of the cash amount availed, whichever is higher. Additional Php500 if transacted over-the-counter
Late Payment Fee	Php700 or 7.5% of the minimum amount due, whichever is higher
Over Credit Limit Fee	Php700 per occurence
Monthly Account Maintenance Fee	Php200 or an amount equivalent to the credit balance, whichever is higher (for closed accounts)
Installment Pre-termination Fee	Php500 or 5% of the remaining principal balance, whichever is higher
Gaming Fee	5% of the amount transacted
Statement Reprinting Fee	Php100 per request for printing and delivery of monthly statement
Returned Check Fee	Php1,000 for every returned check
Multiple Payment Fee	Php50 for each payment made to PSBank Credit MasterCard in excess of two (2) within a calendar month
Third Currency Conversion Rate	All charges, advances or amounts in currencies other than Philippine Peso (Php) shall be converted to Php based on MasterCard's currency conversion rate at the time of posting and charged MasterCard's assessment fee plus 2.50% processing fee, the rate of which may be adjusted from time to time. The assessment fee shall likewise apply to transactions involving foreign currencies converted to Php at point of sale, whether executed in the Philippines, abroad or online. Service fees may also be charged to cover costs incurred to discharge the amount(s) due MasterCard and / or the acquiring bank and / or foreign merchant affiliates.

APPLICATION REQUIREMENTS

PROOF OF IDENTIFICATION

Photocopy of any of the following valid IDs

- Passport
 PhilHealth Card
- Driver's License Senior Citizen's Card Police Clearance

· Company ID

- NBI Clearance
 SSS ID
 Postal ID
- Voter's ID
 GSIS ID
 PRC ID
 All other valid IDs issued by the Philippine government and its
- All other valid ibs issued by the Philippine government and instrumentalities
- · All other acceptable IDs per BSP Circular Nos. 608 and 792

PROOF OF INCOME/DOCUMENTATION

For Employed Card Applicants

 Copy of latest Income Tax Return (ITR) duly stamped as received by the BIR or its authorized agent (BSP Circular No. 622 as amended) and/or the employee's copy of BIR Form 2316 duly signed by the employer (Minimum Gross Basic Annual Income of Php 180.000).

As per BSP Circular No. 622, in the absence of an ITR/W2, payslip for the last 3 months from date of application may be used.

In addition to the above documents, you may also submit a copy of the following as these documents may hasten the processing of your application:

- Certificate of Employment (Only for Top 1,000 Corporations)

 must contain name, position, date of employment and
 Minimum Gross Annual Income of Php 180,000 or payslip for the last 3 months
- Billing Statement of Other Credit Card/s with at least one (1) year as principal cardholder (or complete the appropriate field in the application form)

For Self-employed Card Applicants

- Copy of latest Audited Financial Statement (in the last 1 year with at least Php 180,000 Annual Taxable Income) with bank or BIR Stamp as required by BSP
- · Copy of SEC or DTI business registration

For Foreigners

- · Copy of Visa
- Copy of Alien Certificate of Registration (ACR) and Immigrant's Certificate of Residence (ICR).

Note: All documents submitted to MCC shall become MCC's property and will not be returned regardless of the outcome of the application.

THE PSBANK CREDIT MASTERCARD AND THE PRODUCT FEATURES OF METROBANK CARD CORPORATION (A FINANCE COMPANY) ARE NOT INSURED BY THE PHILIPPINE DEPOSIT INSURANCE CORPORATION (PDIC) AND ARE NOT GUARANTEED BY THE PHILIPPINE SAVINGS BANK. THE PSBANK CREDIT MASTERCARD IS A CROSS SELLING ARRANGEMENT BETWEEN PHILIPPINE SAVINGS BANK AND METROBANK CARD CORPORATION.

PRINTING DATE: JUNE 2015

ALL FIELDS ARE MANDATORY AND MUST BE FILLED UP.

IV OTHER METROBANK CREDIT CARD(S)		_	Credit Limit			Member Since			
Note: Existing Metrobank Credit Card n	must be over 12 ma	onths to qualif	fy for anothe	r card					
			y ioi dilodic						
WYOTHER CREDIT CARD(S) Must be a principal credit cardho credit limit of at least Php 10,000	older for at least).	t one (1) ye	ar. Credit	card mus	t be issued	in the P	hilippi	ines v	vith
Card Company	Card Nu	mber		Credi	t Limit		Memi	er Si	nce
				_		=			
MY PERSONAL DATA NAME: Family	Giv	en			Midd	le			
NAME TO APPEAR ON CARD									
BIRTHDATE M M D D Y Y Place of birth	_ Single	L STATUS Widow Separ	ved	NDER Male Female	_ Filipin _ Other				
MOBILE PHONE NO. 1			HOME	PHONE N	0.1	101101011111111111111111111111111111111		300.673	
MOBILE PHONE NO. 2			515000501600	PHONE N	ORUSAN				
					ZI	CODE			
PERMANENT ADDRESS (If diffe	erent from Hom	e Address)			ZI	CODE			
PERMANENT ADDRESS (If diffe	erent from Hom	250	PHONE NO). (If differen	ZI	CODE			
HOME OWNERSHIP Owned Rented ! CAR OWNERSHIP Number of Care: EDUCATION		Living v		nts/relati	t from home)		tay:_	5%	100
CAR OWNERSHIP Number of Cars: EDUCATION	Mortgaged [Living v	vith pare	nts/relati	t from home) ives Leng	gth of s	tay:_	5%	100
HOME OWNERSHIP Owned Rented I CAR OWNERSHIP Number of Cars: EDUCATION High School Som	Mortgaged [Living v	with pare	nts/relati	t from home) ives Leng	gth of s	tay:_	5%	100
HOME OWNERSHIP Owned Rented I CAR OWNERSHIP Number of Care: EDUCATION High School Som HOME EMAIL ADDRESS	Mortgaged [Mode	Living v	with pare	nts/relati	t from home) ives Leng	gth of s	tay:_	5%	100
HOME OWNERSHIP Owned Rented I CAR OWNERSHIP Number of Care: EDUCATION High School Som HOME EMAIL ADDRESS	Mortgaged [Mode	F Living v /Year: Voc	with pare	CG EMAIL A	ves Leng	gth of s	tay:_	5%	100
HOME OWNERSHIP Owned Rented I CAR OWNERSHIP Number of Care: EDUCATION High School Som HOME EMAIL ADDRESS MOTHER'S FULL MAIDEN NAME: T.I.N. OTHER IDENTIFICATION CARDS	Mortgaged [Mode	F Living v /Year: Voc	with parent attional	CG EMAIL A	t from home) ives Leng	gth of s	tay:_	5%	100
HOME OWNERSHIP Owned Rented I CAR OWNERSHIP Number of Care: EDUCATION High School Som HOME EMAIL ADDRESS MOTHER'S FULL MAIDEN NAME: T.I.N. OTHER IDENTIFICATION CARDS DRIVER'S LICENSE NUMBER DRIVER'S LICENSE NUMBER	Mortgaged [Mode	F Living v /Year: Voc	with parent attional	GSIS	tet from home).	gth of s	tay:_	5%	100
HOME OWNERSHIP Owned Rented I CAR OWNERSHIP Number of Care: EDUCATION High School Som HOME EMAIL ADDRESS MOTHER'S FULL MAIDEN NAME: T.I.N. OTHER IDENTIFICATION CARDS	Mortgaged [Mode	F Living v /Year: Voc	with parent attional	CGS EMAIL A	t from home).	gth of s	sst Gr	adua	ate
HOME OWNERSHIP Owned Rented I CAR OWNERSHIP Number of Care: EDUCATION HOME EMAIL ADDRESS MOTHER'S FULL MAIDEN NAME: T.I.N. OTHER IDENTIFICATION CARDS DRIVER'S LICENSE NUMBER PASSPORT NUMBER	Mortgaged [Mode	F Living v /Year: Voc	with parent attional	GSIS	t from home).	Po	sst Gr	adua	ate
HOME OWNERSHIP Owned Rented I CAR OWNERSHIP Number of Care: EDUCATION High School Som HOME EMAIL ADDRESS MOTHER'S FULL MAIDEN NAME: T.I.N. OTHER IDENTIFICATION CARDS DRIVER'S LICENSE NUMBER DRIVER'S LICENSE NUMBER	Mortgaged [Mode	F Living v /Year: Voc	ational ISSS NO.	GSIS	t from home).	Po	sst Gr	adua	ate

MY JOB

SOURCE OF FUNDS Employment Private Go Investments (Property, Deposits,	하는 10mm : 10mm
COMPANY NAME	
OCCUPATION/POSITION	NATURE OF WORK/BUSINESS
OFFICE PHONE NO. 1	OFFICE PHONE NO. 2
BUSINESS ADDRESS	
-	
<u>(1)</u>	ZIP CODE
YEARS WITH PRESENT EMPLOYER . EMPLOYMENT STATUS REGULA!	TOTAL NO. OF YEARS WORKING R
MY FINANCIAL STANDING	G GROSS MONTHLY INCOME
MY SPOUSE	Date of Birth
NAME: Family Given	Middle M M D D Y Y
COMPANY NAME	1998 1894 IEEE/1990 - 64 - 65 - 65 - 65 - 65 - 65 - 65 - 65
OCCUPATION/POSITION	NATURE OF WORK/BUSINESS
OFFICE PHONE NO	MOBILE PHONE NO
BUSINESS ADDRESS	
	ZIP CODE
approved credit limit, the spending limit to credit limit. NAME: Family NAME TO APPEAR ON CARD	o be given to the Supplementary Cardholder will be the same as the approved Given Middle
HOME ADDRESS	
10 2-	ZIP CODE
RELATION TO PRINCIPAL APPLICANT	Filipino Others (For foreigners, attach ACR & ICR)
* BIRTHDATE PLA	CE OF BIRTH GENDER
* MOBILE PHONE NO.	ASSIGNED SPENDING LIMIT 100% of Principal's Credit Limit Others:Php
T.I.N.*	□SSS NO.* □GSIS NO.*
MY DELIVERY INSTRUCT	IONS
	Office Home Is this a condominium? Yes
DELIVER STATEMENT TO: (choose any)	Office Home Email
MY INTERNET TRANSACT	TON SECURITY
internet transactions at participating on	sword (SOS-OTP) is a FREE Metrobank Card feature that authenticates your line merchants. All Metrobank issued cards will automatically be enrolled in in SOS-OTP, your mobile numbers on record should be updated both for principal

DECLARATION

I/We hold myself/ourselves liable for all obligations and liabilities incurred with the use of the PSBank Credit MasterCard 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. the CIC or 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 from CIC 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.

I hereby authorize MCC to transfer, disclose and communicate of any information relating to the Credit Card accounts, or any of my properties or investments with MCC, if any, to any of the offices, branches, subsidiaries, affiliates, agents and representatives of MCC and third parties selected by any of them, wherever situated, for references, referrals, cross selling, data processing and storage, anti-money laundering monitoring, review and reporting, statistical and risk analysis purposes. In addition to the foregoing, MCC and any branch, subsidiary, affiliate, agent and representative or third party may transfer and disclose any such information as may be required by any law or regulation. By signing on the application form, or by using the credit cards shall constitute my written consent for any transfer and disclosure of information relating to their accounts, properties and investments for the purposes indicated above and under applicable laws, rules and regulations. I agree to hold MCC, and any branch, subsidiary, affiliate, agent and representative or third party, free and harmless from any liability that may arise from any transfer, disclosure or storage of information relating to my accounts, properties or investments.

I hereby give MCC a general lien upon, and/or right of set-off, and/or right to hold and/or apply to the credit card obligation all rights, titles and interests in and to the balance of the assigned PSBank deposit account in case of failure of the Card Applicant to pay even the Minimum Amount Due.

GNATURE OF PRINCIPAL CARDHOLDER	DATE	
GNATURE OF SUPPLEMENTARY CARDH	DATE	
FOR PSB	ANK BRANCH USE OI	NLY
Referror's Name:		
Referror's Card Number:		
Branch Name:	Branc	h Code:
Applicant Details		
PSBank Client: YES 1	O Depositor Since	:
At least 3 months latest net payr	oll credit per month of > Php10,50	0/month (indicate credits per mont
(Php)		
At least 6 months, ADB of > Phy (Php)	10,000	
At least 4 months, ADB of > Phr	30,000 \$500	
(Php)	30,000 01 \$300	
Branch Remarks:		
Certific	eation (Third-Party Reliance)	
This certifies that the above identified pro- required customer identification process, information and identification documents, Act and its implementing rules and regulat MLPP of PSBank.	which includes face-to-face cor vas duly conducted in accordance ions, relevant rules and regulation	ntact and gathering of minimum e with the Anti-Money Laundering ns of the BSP and AMLC and the
This further certifies that copies of identification request by MCC or the relevant regulations specified under the retention limitations specified under the retention limitations.	latory agency(ies). Access to the	identification documents shall be
BRANCH OFFICER'S SIGNATURE OVE	R PRINTED NAME	DATE

	DEED OF ASSIGNMENT
KNOW ALL MEN BY T	HESE PRESENTS:
This Deed of Assignme	nt made and executed by and between:
single/married and resi	(hereinafter referred to as the "ASSIGNOR/CARDHOLDER"), of legal age, dent of
	-and-
	CORPORATION (A FINANCE COMPANY), a domestic quasi-banking institution, with principal ter, 6778 Ayala Avenue, 1226 Makati City, (hereinafter referred to as the "ASSIGNEE").
	WITNESSETH : THAT
	he approval, issuance, renewal and/or extension of the privileges of the credit card/s issued by ASSIGNOR/CARDHOLDER, the ASSIGNOR hereby agrees to assign his/her deposits from with account number(s)
	("deposit account(s)"), as and by way of security.
conveys unto the ASSI the payment of the ASS authorized credit limit ASSIGNEE arising fror Upon default by the ASS as shown in the credit	or and in consideration of the foregoing premises, the ASSIGNOR hereby assigns transfers and GNEE, its successors or assigns all the rights, title and interest in his/her PSBank deposits for SIGNOR/CARDHOLDER'S credit card obligations including any and all sums in excess of the as well as all interests, fees, and penalties, if any, due thereon ("OBLIGATIONS") to the m the availments/charges under the credit cards issued to the ASSIGNOR/CARDHOLDER. SIGNOR in the payment of the OBLIGATIONS for a period of sixty (60) days from date of billing, card statement of account, PSBank, upon request of the ASSIGNEE is hereby authorized to NS due from the deposit account of the ASSIGNOR and remit the same to the ASSIGNEE.
OBLIGATIONS due the	ited the right of general lien upon, and/or right of set-off, and/or right to hold and/or apply to the ASSIGNEE all rights, titles and interests in and to the balance of the assigned deposit account SBank. The liabilities of the ASSIGNOR for the payment of the OBLIGATION under this be solidary.
attorney-in-fact of the A	ereby, irrevocably authorized and constituted, by the virtue of this instrument, to act as SSIGNOR to collect and receive the amount due from the deposit account and apply the same IBLIGATIONS aforementioned.
	HOLDER further authorizes PSBank to pay the ASSIGNEE the total outstanding balance of the DER'S credit card's from the amount withheld, subject to existing right of PSBank to

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

PSRank Representative

compensation/set-off under the ASSIGNOR'S deposit account. Should the amount withheld be insufficient, the ASSIGNOR/CARDHOLDER shall continuously be liable to the ASSIGNEE for the remaining balance and shall make

It is the condition of this Deed that if the ASSIGNOR shall pay all the OBLIGATIONS to the ASSIGNEE under the credit card/s issued, then this ASSIGNMENT shall become null and void, otherwise, it shall remain in full force and effect.

the necessary payments directly to the ASSIGNEE.

Noted by:

Assignor/Cardholder SIGNED IN THE PRESENCE OF:

PHILIPPINE SAVINGS BANK.

IN WITNESS WHEREOF, the ASSIGNOR has signed this Deed at .

