S. C. 08/ _ _ /_ _ _ /_ _ _ _ /_ _ _ _ /_ _

I WOULD LIKE TO APPLY FOR:

CLASSIC GOLD

☐ Bankard MasterCard ☐ Bankard Visa ☐ Bankard JCB
☐ Bankard MasterCard ☐ Bankard Visa ☐ Bankard JCB

APPLICATION REQUIREMENTS AND REMINDERS

- Must be 21-65 years old for prinipal and 13-65 years old for supplementary.
- Must have a landline in his place of work or business.
- If WITH CREDIT CARD, must be an existing Principal cardholder for at least 12 months with a credit limit of P20,000 and above of ANY of the following credit cards: Locally issued MasterCard, Visa, JCB, Diners Club, American Express, BPI or Unicard; or if WITHOUT CREDIT CARD, must have a minimum annual income of P120,000 for Classic and P650,000 for Gold.
- Billing address must be within areas serviced by RCBC and RCBC Savings Bank Business Centers nationwide.
- Photocopy of Income Tax Return and / or W2 with BIR or Bank Stamp.
- Applications without the required documents or with incomplete information will not be processed.
- Applicant must sign and complete the application form placing N.A. where Not Applicable.
- Previously declined applicants can only re-apply after six (6) months.

DOCUMENTS REQUIRED

A. For Bankard MasterCard, Bankard Visa or Bankard JCB applicants with non-Bankard credit cards:
- Photocopy of Income Tax Return and / or W2 with BIR or Bank Stamp.
- Statement of Account (SOA) within the last six (6) months from your non-Bankard credit card.
- Proof that your non-Bankard credit card account is at least one (1) year old (eg. Statement of Account, charge slip or payment receipt at least 12 months ago, photocopy of card showing date of "member since").

B. For Bankard MasterCard, Bankard Visa or Bankard JCB applicants without credit cards:
- If employed, submit any of the following:
  a. Photocopy of Income Tax Return and / or W2 with BIR or Bank Stamp AND latest payslip stating monthly salary
  b. Photocopy of Income Tax Return and / or W2 with BIR or Bank Stamp AND Original Certificate of Employment (COE) with annual income details signed by authorized Personnel Department signatory. COE must not be more than 6 months old.
- If self-employed, proprietor or businessman: Photocopy of latest Audited Financial Statement with BIR or Bank Stamp AND photocopy of Income Tax Return and / or W2 with BIR or Bank Stamp.

C. For Balance Transfer, please refer to Balance Transfer mechanics.

ABOUT YOU

COMPLETE NAME

Last First Middle (in full)

Name to appear on the card (limited to 20 characters only, including spaces)

BIRTHDATE (must be between 21 to 65 years old) mm dd yy

SEX ☐ Male ☐ Female

CIVIL STATUS ☐ Single ☐ Married ☐ Separated ☐ Widowed

CITIZENSHIP

HOME PHONE NO.

MOBILE PHONE NO.

TAX IDENTIFICATION NO. (TIN)

EMAIL ADDRESS

MOTHER'S FULL MAIDEN NAME

Last First Middle (in full)

HOME ADDRESS (all fields must be filled-up properly)

House No. & Street

Subdivision/Barangay

Town/Municipality

City/Province

Zip Code

HOME OWNERSHIP

_____ Years _____ Months of Stay

☐ Owned (not mortgaged)
☐ Owned (mortgaged)
☐ Living with Parents/Relatives
☐ Rented

DO YOU OWN A CAR?

☐ No
☐ Yes. How many? _____
☐ Not mortgaged
☐ Mortgaged

NO. OF DEPENDENT CHILDREN

EDUCATIONAL ATTAINMENT ☐ High School ☐ Some College ☐ College ☐ Post-Graduate

PERMANENT ADDRESS

YOUR FINANCIAL STATUS

EMPLOYMENT ☐ Private Sector ☐ Government ☐ Self-Employed ☐ Retired

NAME OF COMPANY

ADDRESS (all fields must be filled-up properly)

Department

Floor and Building

No. and Street

Subdivision/Barangay

Town/Municipality

City/Province Zip Code

_____ Years _____ Months of Stay (with Present Company/Business) Telephone No.

_____ Years _____ Months of Stay (with Previous Company/Business)

NATURE OF BUSINESS

POSITION OCCUPATION

TOTAL GROSS ANNUAL INCOME (Must be at least P120,000. Declared income must match documents submitted.)

BASIC P _____ per annum

OTHERS/ NON-FIXED (e.g. Commission, Allowance, etc.)

Description Annual Amount

TOTAL

YOUR SPOUSE

COMPLETE NAME

Last First Middle (in full)

BIRTHDATE mm dd yy

☐ Employed ☐ Self-Employed ☐ Others

Telephone No.

NAME OF COMPANY

ADDRESS

POSITION

PREFERRED BILLING ADDRESS (your Card & Monthly Statements will be delivered here)

☐ HOME ☐ OFFICE

FINANCIAL SERVICES

- Applications for a second Bankard Credit Card will be accepted only after at least 12 months of membership of current Bankard Credit Card (e.g. if a Cardholder has a Bankard MasterCard issued April 2005, he can apply for a Bankard Visa by May 2006)

ARE YOU AN EXISTING BANKARD/RCBC CARDHOLDER: ☐ Yes ☐ No

Card Number	Credit Limit	Issue Date

NO. OF OTHER CREDIT CARDS (non-Bankard) ☐ 1 ☐ 2 ☐ more than 2

Card Brand	Card Number	Credit Limit	Issue Date

DEPOSITS

Bank/Branch	Type of Account (Savings/Current/Time Deposit)

EXTENSION CARDS (for immediate family members only, 13 years old and above)

COMPLETE NAME

Last First Middle (in full)

Name to appear on the card (limited to 20 characters only, including spaces)

BIRTHDATE mm dd yy | TELEPHONE NO. | RELATIONSHIP | SEX ☐ Male ☐ Female

Signature of Extension Cardholder 1

COMPLETE NAME

Last First Middle (in full)

Name to appear on the card (limited to 20 characters only, including spaces)

BIRTHDATE mm dd yy | TELEPHONE NO. | RELATIONSHIP | SEX ☐ Male ☐ Female

Signature of Extension Cardholder 1

COMPLETE NAME

Last First Middle (in full)

Name to appear on the card (limited to 20 characters only, including spaces)

BIRTHDATE mm dd yy | TELEPHONE NO. | RELATIONSHIP | SEX ☐ Male ☐ Female

Signature of Extension Cardholder 1

FEES INFORMATION (subject to change upon prior notice)

ANNUAL FEES

Principal Gold - P3,000.00 Extension Gold - P1,500.00
Principal Classic - P1,500.00 Extension Classic - P 750.00

NO PROCESSING FEE REQUIRED. PLEASE DO NOT ENCLOSE PAYMENT.
APPLICABLE FEES WILL BE BILLED UPON APPROVAL OF APPLICATION.

YOUR SIGNATURE

All information given in this application is true, correct and complete. By signing below, I/We authorize Bankard, Inc. to make any credit investigation to evaluate or verify all information, including financial standing or employment. I/We understand that falsification and/or giving false information in this application, and/or supporting documents submitted, shall be grounds for the rejection of my/our application, immediate termination of my/our credit card privileges, once approved, and/or legal action against me/us. Bankard, Inc. shall have no obligation to provide the reason for rejection of the application. By signing at the back of the card/s, and/or using the card/s, I/we accept the terms and conditions of membership, including any amendments thereto.

Applicant's Signature _____ Date _____

FOR BANKARD USE ONLY

Reference No. _____

Processed by: _____ Date _____

All information contained in this application form is accurate as of printing date October 2005

BALANCE TRANSFER MECHANICS

1. Your card balance from your other non-Bankard accounts may be transferred as PEP Installment or as a Straight or Regular charge to your new Bankard Credit Card.
2. Only Principal cardholders may apply for Balance Transfer.
3. The Balance Transfer amount should not exceed the ending balance reflected in the existing/other card's Statement of Account.
4. Balance Transfer will be allowed from non-Bankard card accounts, provided these accounts are at least one (1) year old and in good credit standing in the last 12 months. Only Peso outstanding balances are accepted for Balance Transfer.
5. Balance Transfer to any Bankard Credit Card is allowed from a maximum of two (2) non-Bankard credit cards only.
6. The Balance Transfer Request shall be processed upon completion of this form and submission of the following documents:
   - Latest month's Statement of Account (SOA) from your non-Bankard credit card.
   - Photocopy of card or any proof that your non-Bankard credit card account is at least one (1) year old.

YOUR BALANCE TRANSFER INFORMATION

I would like to transfer the following amounts from my other credit card/s to Bankard Credit Card under its Balance Transfer Program. My personal data and instructions are as follows:

A. Card Company/Payee

Credit Card Number Card Issue Date

Amount to be Transferred

Mode of Payment: ☐ Straight/Regular
☐ Installment ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ 18 months ☐ 24 months

B. Card Company/Payee

Credit Card Number Card Issue Date

Amount to be Transferred

Mode of Payment: ☐ Straight/Regular
☐ Installment ☐ 3 months ☐ 6 months ☐ 9 months ☐ 12 months ☐ 18 months ☐ 24 months

BALANCE TRANSFER TERMS AND CONDITIONS

1) Bankard holds absolute and exclusive right to approve or reject an application for Balance Transfer, or approve only a portion of the amount applied for, without any obligation to give reasons for such denial or partial approval.
2) Bankard will only transfer the amount requested, as indicated on this request form, as long as it does not exceed the total amount due from the applicant's other credit cards and the approved credit limit of his Bankard credit card.
3) Bankard allows Balance Transfer from a maximum of two (2) non-Bankard credit cards. In such a case, the higher amount requested for Balance Transfer will be the first to be considered. If the higher balance approved for transfer does not exceed the applicant's Bankard credit card credit limit, Bankard may allow the transfer of a portion of the second balance equal to the remaining credit limit of the applicant's Bankard credit card .
4) A period of two (2) weeks shall be provided for Bankard to effect the Balance Transfer Request. Prior to this, the applicant must continue to pay the minimum amount due required by the other credit card company.
5) Applicant acknowledges his/her liability to Bankard for any Balance Transfer Request that has been fulfilled and will form part of the applicant's liability to his Bankard credit card.
6) Upon approval of the Balance Transfer Request, Bankard will send the check payment directly to the issuer of the applicant's other credit card. Receipt of payment by the other credit card company shall be deemed as receipt by the applicant himself.
7) Any penalties or charges incurred by the Balance Transfer applicant/cardholder resulting from non-payment of his minimum amount due to the other credit card company shall be for the cardholder's charge. Bankard shall be deemed free from any liability arising from penalties imposed by the other credit card company.
8) The Balance Transfer applicant/cardholder hereby warrants that all information given on this Balance Transfer form are true and correct and that Bankard is authorized to investigate the information from whatever sources Bankard may consider appropriate.
9) In the event of delay in the payment/crediting of payment to the other credit card or rejection/ non-acceptance of payment to the other credit card, the cardholder hereby holds Bankard free and blameless from the penalties to be imposed by the other credit card company.
10) Balance Transfer applicant/cardholder acknowledges that Bankard, in its sole judgment, may discontinue or cancel the Balance Transfer feature of the card at any time without prior notice and shall have no claim whatsoever against Bankard for the discontinuance or cancellation of the Balance Transfer feature of the card.

This Balance Transfer application is based on my instruction and has no implication on my relationship with any establishment or with any card issuer. If my Balance Transfer request is approved, this shall serve as my written irrevocable authorization to Bankard to initiate the payment of my obligation as specified above. By affixing my signature on this form, I agree to abide by the Terms and Conditions governing the use of my Bankard credit card and the Terms and Conditions of the Bankard Balance Transfer Program and to pay the monthly installment required for my chosen payment term as well as the minimum monthly amount due on the remaining revolving portion of my outstanding balance with my Bankard credit card .

Applicant's signature over printed name Date of Balance Transfer Request