eastwest MasterCard

ONLINE APPLICATION FORM

MY PERSONAL INFORMATION

Full Name (FIRST, MIDDLE, LAST)

Birthdate (DD / MM / YYYY)

Gender ☐ MALE ☐ FEMALE

Name to appear on card (Must not exceed 19 spaces

Nationality ☐ FILIPINO ☐ OTHERS_____

Civil Status ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ WIDOWED

Mother's Full Maiden Name (FIRST, MIDDLE, LAST)

Educational Attainment ☐ High School ☐ College ☐ Some College ☐ Post Graduate

Name of spouse, if married (FIRST, MIDDLE, LAST)

Spouse's Complete Business Address

Floor Bldg. No. Street

City/Province Zip Code

Position/Rank

Spouse's Current Employer/Business Name

Office Phone

MY RESIDENCE DETAILS

Home Address

No. Street Village/Brgy/Municipality

City/Province Zip Code

Years of Stay

Home Phone

Mobile Phone

Home Ownership ☐ Owned/Not Mortgaged ☐ Rented ☐ Owned/Mortgaged ☐ Company Provided ☐ Living with Relatives

MY WORK/FINANCES

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

Company/Business Name

Company/Business Address

No. Street Village/Brgy/Municipality

City/Province Zip Code

Office Phone Fax No.

E-mail Address

Gross Annual Income

Spouse's Gross Annual Income

Tax Identification No.

Years w/ Present Employer

No. of Cars Owned

Nature of Business ☐ Agricultural/Mining ☐ Banking ☐ Business/Commercial Services ☐ Community/Social/Personal ☐ Construction ☐ Financing ☐ Insurance ☐ Manufacturing ☐ Real Estate ☐ Transportation/Communication ☐ Utilities ☐ Wholesale/Retail ☐ Others _____

Position/Rank ☐ Clerk ☐ Officer-Junior/Supervisor ☐ Officer-Senior ☐ Executive ☐ Non-Officer (Lawyer, Teacher) ☐ OCW ☐ Religious ☐ Retired ☐ Self-employed/Proprietor ☐ Others _____

Occupation ☐ Administrator/Executive ☐ Agricultural ☐ Armed Forces/Military ☐ Clerical ☐ Product/Transport ☐ Professional/Technical ☐ Sales Worker ☐ Service Worker ☐ Self Employed ☐ Others _____

Are you a holder of other credit cards? ☐ Yes. How Many? _____ ☐ No

if YES, please indicate card details below.

Card Company	Card Number	Member	Credit Limit

MY PERSONAL REFERENCE

Name (Relative/Friend) _____

Employer/Business Name _____

Complete Business Address _____

Business Telephone _____

OTHER INSTRUCTIONS

Send my monthly billing statements to my: ☐ Home Address ☐ Office Address

ANNUAL FEE is WAIVED for the FIRST YEAR! Membership fee will be billed on installment at no interest* upon card renewal based on your chosen term.

Please bill my membership fee ☐ Monthly (Silver ₱85/month Gold ₱170/month) ☐ Semi-Annually (Silver ₱500/6 months Gold ₱1000/6 months) ☐ Quarterly (Silver ₱250/4 months Gold ₱500/4 months). ☐ Annually (Silver ₱1000/year Gold ₱2000/year)

No interest on installment if Total Amount Due is payed in full. Finance Charges apply if Cardmember chooses to revolve outstanding balance.

SUPPLEMENTARY CARD APPLICATION

I would like to request for a Supplementary Card: ☐ Yes ☐ No

Full Name (FIRST, MIDDLE, LAST)

Name to appear on Card (Must not exceed 19 spaces)

Birthdate (DD / MM / YYYY)

Gender ☐ Male ☐ Female

Relationship to Principal Applicant

TERMS AND CONDITIONS

By signing below, I confirm that the information given by me is true and correct. I hereby authorize East West Bank to verify such information and investigate from whatever sources it may consider appropriate. I understand that falsifying any information in this document is sufficient ground for cancellation of my card. I also hereby agree that by signing below or calling to request for activation or signing and using the card when delivered to me, I signify my agreement to the Terms and Conditions governing the Issuance and Use of the East West Bank Card accompanying said card and all future amendments thereto.

✓ _____ Signature of Principal Cardholder / Date

✓ _____ Signature of Supplementary Applicant / Date

FOR BANK'S USE ONLY

Received by/Date

Processed by/Date

Source Code I R E G 0 0 0 0 0 0 0 0 0 0 0

Cardholder Number

Remarks: