

**MY PERSONAL INFORMATION**

Full Name (FIRST, MIDDLE, LAST)		Birthdate (DD / MM / YYYY)	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Name to appear on card (Must not exceed 19 spaces)		Nationality <input type="checkbox"/> FILIPINO <input type="checkbox"/> OTHERS _____	Civil Status <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED
Mother's Full Maiden Name (FIRST, MIDDLE, LAST)		Educational Attainment <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Some College <input type="checkbox"/> Post Graduate	
Name of spouse, if married (FIRST, MIDDLE, LAST)		Spouse's Complete Business Address	Position/Rank
Spouse's Current Employer/Business Name		Floor Bldg. No. Street City/Province Zip Code	Office Phone

**MY RESIDENCE DETAILS**

Home Address		Years of Stay	Home Ownership <input type="checkbox"/> Owned/Not Mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Owned/Mortgaged <input type="checkbox"/> Company Provided <input type="checkbox"/> Living with Relatives
No. Street	Village/Brgy/Municipality	Home Phone	
City/Province	Zip Code	Mobile Phone	

**MY WORK/FINANCES**

Employment <input type="checkbox"/> Private Sector <input type="checkbox"/> Government <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired		Nature of Business <input type="checkbox"/> Agricultural/Mining <input type="checkbox"/> Insurance <input type="checkbox"/> Banking <input type="checkbox"/> Manufacturing <input type="checkbox"/> Business/Commercial Services <input type="checkbox"/> Real Estate <input type="checkbox"/> Community/Social/Personal <input type="checkbox"/> Transportation/Communication <input type="checkbox"/> Construction <input type="checkbox"/> Utilities <input type="checkbox"/> Financing <input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Others _____	
Company/Business Name		Position/Rank <input type="checkbox"/> Clerk <input type="checkbox"/> Officer-Junior/Supervisor <input type="checkbox"/> Officer-Senior <input type="checkbox"/> Executive <input type="checkbox"/> Non-Officer (Lawyer, Teacher) <input type="checkbox"/> OCW <input type="checkbox"/> Religious <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed/Proprietor <input type="checkbox"/> Others _____	
Company/Business Address		Occupation <input type="checkbox"/> Administrator/Executive <input type="checkbox"/> Agricultural <input type="checkbox"/> Armed Forces/Military <input type="checkbox"/> Clerical <input type="checkbox"/> Product/Transport <input type="checkbox"/> Professional/Technical <input type="checkbox"/> Sales Worker <input type="checkbox"/> Service Worker <input type="checkbox"/> Self Employed <input type="checkbox"/> Others _____	
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

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 P85/month Gold P170/month)  Semi-Annually (Silver P500/6 months Gold P1000/6 months)  
 Quarterly (Silver P250/4 months Gold P500/4 months).  Annually (Silver P1000/year Gold P2000/year)

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

**SUPPLEMENTARY CARD APPLICATION**

I would like to request for a Supplementary Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Name (FIRST, MIDDLE, LAST)
Name to appear on Card (Must not exceed 19 spaces)	Birthdate (DD / MM / YYYY) Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 O O O O O O O O O O O O
Cardholder Number	_____
Remarks:	_____