

SUPPLEMENTARY CARD APPLICATION FORM

Fax to 325-2377

Principal Cardholder Information

Name: _____
First Middle Last

Credit Card No.:

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Card Expiry Date: (MM/YY) _____ Birthdate: (MM/DD/YY) _____

Home phone no.: _____

Mobile phone no.: _____

Billing Address: _____

Note: Please photocopy this form should you apply for more than 3 Supplementary cards.

SUPPLEMENTARY APPLICANT 1

Name: _____
First Middle Last

Name to appear on card (must not exceed 19 spaces)

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Birthdate: (MM/DD/YYYY) _____ Sex: Male Female

Relationship to Principal Cardholder

- Spouse Son/Daughter Brother/Sister
 Parent Parent in Law Others _____

Assign Supplementary Card Sub-limit: _____ *

Signature of Supplementary Applicant

Date

SUPPLEMENTARY APPLICANT 2

Name: _____
First Middle Last

Name to appear on card (must not exceed 19 spaces)

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Birthdate: (MM/DD/YYYY) _____ Sex: Male Female

Relationship to Principal Cardholder

- Spouse Son/Daughter Brother/Sister
 Parent Parent in Law Others _____

Assign Supplementary Card Sub-limit: _____ *

Signature of Supplementary Applicant

Date

SUPPLEMENTARY APPLICANT 3

Name: _____
First Middle Last

Name to appear on card (must not exceed 19 spaces)

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Birthdate: (MM/DD/YYYY) _____ Sex: Male Female

Relationship to Principal Cardholder

- Spouse Son/Daughter Brother/Sister
 Parent Parent in Law Others _____

Assign Supplementary Card Sub-limit: _____ *

Signature of Supplementary Applicant

Date

*Minimum assignable sub-limit is P2,000. Maximum is Principal Cardholder's credit limit. Assigned sub-limits must be in increments of P1,000 (e.g. P2,000, P3,000, etc.). Should there be no sub-limit amount indicated, the minimum sub-limit will be assigned.

I hereby certify that all information given in this application is true and correct. I hereby authorize the issuer/its representative to conduct independent verification of the information provided by me in connection with this application including verification of employment and/or credit history with other institutions. I understand that non-disclosure/falsification of information as herein required shall be grounds for the disapproval of application, immediate termination of credit card privileges once approved, and/or legal action against me. I understand that EastWest Bank is under no obligation to disclose the reason for such disapproval. I understand that as the principal cardholder, I shall be sharing my credit limit to my supplementary cards and shall be liable for all purchases and cash advances made, including all interest and charges incurred through the use of my supplementary cards. By signing at the back of the cards and/or using the cards, I legally and validly bind myself to the Terms and Conditions governing the issuance and use of the EastWest Bank credit cards.

Signature of Principal Cardholder

Date