

Name of Principal Cardholder (First Name, Middle Name, Last Name, Suffix)												Preferred Card Format (choose one): <input type="checkbox"/> Regular Card <input type="checkbox"/> Virtual Card (card for Internet use only)											
Principal Card Number (Please indicate first 6-digits and last 4-digits)												Monthly Spending Limit (MSL): _____											
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Notes:	1. Supplementary Card applicant must be at least 13 years old.	3. Incomplete application will be declined.
	2. Supplementary Card application is subject to evaluation and approval.	4. Card will be delivered to Principal Cardholder's address on record.

Name (First Name, Middle Name, Last Name, Suffix)												Name to Appear on Card (Maximum of 21 characters including spaces. Nicknames/Aliases are not allowed)											
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Home Phone No. (include area code)				Mobile Phone No.				Personal E-mail Address				Alternate E-mail Address			
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Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Place of Birth (City, Country) <input type="checkbox"/> Philippines <input type="checkbox"/> _____	Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> _____	Mother's Maiden Name (First Name, Middle Name, Last Name)		No. of Dependents
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	Highest Educational Attainment <input type="checkbox"/> Post-Graduate <input type="checkbox"/> College <input type="checkbox"/> High School <input type="checkbox"/> Undergraduate	Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Living with Parents	Car Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Leased <input type="checkbox"/> None	TIN	<input type="checkbox"/> SSS No. / <input type="checkbox"/> GSIS No.

Home/Permanent Address (Unit No./Floor, Building Name, Building/House No., Street, Subdivision/Village, Barangay, City/Municipality, Province)						ZIP Code	Length of Stay (months/years)
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Present Address (Unit No./Floor, Building Name, Building/House No., Street, Subdivision/Village, Barangay, City/Municipality, Province)						ZIP Code	Length of Stay (months/years)
<input type="checkbox"/> Same as Home/Permanent Address							

Source(s) of Funds (Kindly select all applicable Source/s of Funds)							
<input type="checkbox"/> Business	<input type="checkbox"/> Commission	<input type="checkbox"/> Dividends	<input type="checkbox"/> Funds from Family Member	<input type="checkbox"/> Gifts and Donations	<input type="checkbox"/> Government Assistance	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Interest
<input type="checkbox"/> Investments	<input type="checkbox"/> Pension	<input type="checkbox"/> Profession	<input type="checkbox"/> Remittance	<input type="checkbox"/> Rent	<input type="checkbox"/> Salary	<input type="checkbox"/> Sale of Property	<input type="checkbox"/> Savings
				<input type="checkbox"/> Winnings / Rewards			

Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed (Business) <input type="checkbox"/> Self-employed (Professional) <input type="checkbox"/> Not Applicable	<input type="checkbox"/> _____	Employer/Business Name	Occupation / Designation / Position / Title (Others, kindly specify in the blank) <input type="checkbox"/> Accountant <input type="checkbox"/> Custom Broker <input type="checkbox"/> Expatriate/Consular or Ambassadorial Staff <input type="checkbox"/> Jeweler <input type="checkbox"/> Lawyer <input type="checkbox"/> Money Changer <input type="checkbox"/> Student	<input type="checkbox"/> _____
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Work/Business Address (Unit No./Floor, Building Name, Building No., Street, Subdivision/Village, Barangay, City/Municipality, Province)		Zip Code	Work/Business Phone No.	Years in Work / Business
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Nature of Business / Employment (Others, kindly specify in the blank)				Gross Annual Income
<input type="checkbox"/> Admin/Support	<input type="checkbox"/> Agriculture/Fishing	<input type="checkbox"/> Construction	<input type="checkbox"/> Education	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Mining/Quarrying	<input type="checkbox"/> Professional Service	<input type="checkbox"/> Transportation/Storage	
<input type="checkbox"/> Financial/Insurance				<input type="checkbox"/> IT/Communication
<input type="checkbox"/> Wholesale/Retail				<input type="checkbox"/> _____

Relationship to Principal Cardholder	Monthly Spending Limit (Principal and Supplementary Cardholders share the same credit limit)	Type of ID Submitted <input type="checkbox"/> Passport <input type="checkbox"/> PRC ID	<input type="checkbox"/> Voter's ID <input type="checkbox"/> TIN/SSS/GSIS ID	<input type="checkbox"/> Driver's License <input type="checkbox"/> _____
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Residency *FCBS Non-Resident Indicator: **Resident** = NQ ; **Non-Resident** = YES*

☐ **Resident** (Filipino / Alien / Special Resident Retiree's Visa) ACR I-Card No. (if applicable) _____

☐ **Non-Resident** (Alien / Filipino Immigrant / OFWs with contract to work abroad for more than a year / Sea-based OFWs with immigrant or working visa)

1. Do you have relatives working in China Bank?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name/Unit _____	Relationship _____
2. Are you / Are you related or associated to a person currently/formerly holding a position in any branch of the Philippine or foreign government or an international organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship with the government personnel: <input type="checkbox"/> Occupying <input type="checkbox"/> Relative <input type="checkbox"/> Associate (Position and Dept. of the Gov't Personnel _____)	

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) INFORMATION

1. Are you a US Citizen/Green Card Holder or do you meet the Substantial Presence Test?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If YES, kindly accomplish FATCA Customer's Information for U.S. Persons Form.</i>			
2. If No to Item No. 1. Do you have <u>any</u> of the following records in the US?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<div><div><div>Born in the U.S.</div><div>U.S. Residence</div><div>Standing Instruction to transfer funds to accounts maintained in the U.S.</div></div><div><div>Mailing Address (including a U.S. Post Office Box)</div><div>U.S. Telephone Number</div></div></div>			
<div><div>Do you have a Power of Attorney or signatory authority granted to a person with a U.S. Address; or "in-care-of" or "hold mail" address?</div><div><i>If YES, kindly submit the following Requirements: U.S. IRS Form W-8BEN* AND valid non-U.S. passport or any similar documentation establishing non-U.S. citizenship (e.g., Driver's License, Tax Certificate issued by the Government)</i></div><div><i>Additional Requirement if Born in the U.S.: Copy of Individual's Certificate of Loss of Nationality of the U.S. OR Written explanation of your renunciation of U.S. Citizenship or reason you did not obtain U.S. citizenship at birth</i></div><div><i>* Kindly ask the Bank for a copy of U.S. IRS Form W-8BEN (Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting - Individuals)</i></div></div>			

DECLARATION

By signing below, I/we confirm that the information provided in this application form is true and correct. I/we authorize China Banking Corporation (CBC) and its affiliates/authorized agents to verify and investigate the information contained herein or any document/paper submitted in connection herewith, as well as updates or corrections thereof, from whatever sources it may deem appropriate. I/we hereby consent and/or was/were authorized to give consent to the collection, retention, processing, disclosure (as provided under applicable confidentiality and data privacy laws of the Philippines including all subsequent amendments or supplements thereto) of any personal, sensitive personal and privileged information relating to me/us, the Partnership/Corporation/Judicial Entity and its officers, directors and stockholders, whether provided by me/us or coming to CBC's possession, and sharing of the said personal, sensitive personal and privileged information to CBC and its offices, branches, subsidiaries and affiliates (Chinabank Insurance Brokers, Inc., China Bank Securities Corporation, China Bank Capital Corporation, China Bank Savings, Inc., China Bank Properties and Computer Center, Inc., and Manulife-China Bank Life Assurance Corporation, among others), accredited third parties/vendors, or other persons or entities that CBC may reasonably select, personal information processors, credit reporting or credit reference agencies, credit protection provider, guarantee institutions, debt collection agencies, government agencies and private regulatory organizations and other financial institutions, and other outsourced service providers engaged by CBC as allowed by law and internal Bank policies, for purposes reasonably required by CBC such as, but not limited to, its conduct of everyday business (processing my/our Credit Card application and transactions, maintenance of my/our account/s), performance of daily technological and operational functions, communications technology services including updates and automation of the systems of CBC group and its affiliates, compliance with the law and regulatory organizations, research and statistics including conduct of surveys, marketing and cross-selling of products and services of CBC, its subsidiaries and affiliates, client relationship management, sales lead generation, running credit and negative information checks, conduct of skiptracing, asset and property search and/or verification, statistical and risk analysis, data analytics, client profiling, and in the event of default arising from non-payment of my/our Credit Card obligations with CBC, and all other purposes as allowed in the banking industry practice, businesses of CBC's subsidiaries and affiliates, and by law. I/we shall notify CBC in writing, which must be acknowledged by CBC, if I/we do not consent to the processing and disclosure of said information with CBC's representative offices, subsidiaries, affiliates, agents and accredited third parties/vendors or other persons or entities that CBC may reasonably select. I/we further acknowledge my/our right to information, access, correction, rectification, erasure of my/our personal, sensitive personal and privileged information, data portability, objection to processing, file complaint and damages under the Data Privacy Act.

I/We agree that CBC may retain my/our personal and account information for as long as necessary for the fulfillment of the purpose for which it was collected and such other purposes that I/we may have consented to from time to time, as required by pertinent laws and regulations, and provide information when required to do so in accordance with RA 1405, RA 6426, RA 8791, RA 9510, RA 9160, RA 10173, as amended, and other similar and applicable laws, by court order, and jurisprudence. I/We agree that CBC shall not be liable for any loss or damage arising from CBC's disclosure of personal and account information for the above.

I/We consent and authorize the Land Registration Authority, Register of Deeds, Land Transportation Offices, local government unit offices, and other government agencies and instrumentalities to give, provide, share, and disclose any and all information and documents as may be necessary and required by the Bank and its authorized representatives, in connection with its conduct of skiptracing, asset and property search and/or verification.

I/We hereby authorize the regular submission and disclosure to any and all credit information service providers such as, but not limited to, Credit Card Association of the Philippines and Credit Information Corporation, of any information, whether positive or negative relating to my/our basic credit data (as defined under R.A. No. 9510) with CBC as well as any updates or corrections thereof. I/We understand that my/our credit data may be shared by the CIC with other authorized lenders and duly accredited reporting agencies, for the purpose of establishing my/our credit worthiness. The foregoing constitutes my/our written consent for any such submission and disclosure of information relating to my/our accounts for the purpose indicated above and under applicable laws, rules, and regulations. I/we agree to hold CBC free and harmless from any liabilities that may arise from any such collection, processing, use, retention, sharing, and disclosure of information relating to my/our accounts, properties, or investments with CBC.

I/We understand that falsifying any information in the application or any of the enclosed documents is sufficient ground for legal action and for rejecting my/our application. In the event that my/our application for a CBC Credit Card is disapproved, CBC is under no obligation to provide me with the reason for such a decision. The accomplished Application Form and requirement(s) submitted become property of CBC. CBC is under no obligation to return the said documents.

I/We agree to indemnify and hold free and harmless CBC, its subsidiaries and affiliates, as well as any of its officers, directors, and employees against any and all losses, claims, damages, penalties, liabilities, choses of actions, and costs of any kind that may arise directly or indirectly from the execution of this consent.

I/We hereby expressly agree to CBC's credit policies and procedures in accordance with BSP Circular No. 855 (Sound Credit Risk Management Practices), as well as other applicable and related laws/regulations.

By signing and/or using my/our CBC Credit Card(s), I/we agree to abide and be governed by Terms and Conditions governing the issuance and use of the CBC Credit Card as found in the Bank's website and all future amendments thereto. Furthermore, I/we hold myself/ourselves liable for all obligations and liabilities incurred by the Supplementary Cardholder(s). In the event of delinquency, I/we hereby authorize CBC to submit my/our name(s) in negative listing of any credit bureau or institution. I/we also hereby affirm and acknowledge that I/we have understood and fully agreed that CBC may change any of the provisions in its Terms and Conditions and the fees and charges for its products and/or services from time to time and I/we agreed to be notified of such changes through notice sent to me/us through any of the following means, at the discretion of CBC, including, but not limited to, mail/e-mail/fax/SMS or telephone, and for any other purpose as CBC may deem appropriate unless I/we request otherwise.



Principal Cardholder's Signature Over Printed Name / Date				Supplementary Card Applicant's Signature Over Printed Name / Date		
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FOR BANK'S USE ONLY

Industry Sub-Class	Program Code	Main Sales Channel Code	Branch Code	Area Code	Region Code	Referrer's Name
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Employee No. _____