

DOCUMENT REQUIREMENTS

Principal applicants must be 21 to 65 years old, earning a minimum monthly income of at least P10,000 for Allied Bank Essentials MasterCard applicants and at least P50,000 for Allied Bank Premium MasterCard applicants.

The following documents are required to process your application. Kindly check submitted documents:

1. Latest Income Tax Return (BIR Form 1700) or Certificate of Payment/Tax Withheld (BIR Form 2316)*
2. If employed, submit ANY one of the following:
 - a. Photocopy of most recent 1 month payslips
 - b. Copy of latest two (2) months credit card billing statement. (Must be an existing principal cardholder with good credit standing for the past 12 months with another card company)
 - c. Original Certificate of Employment stating the following:
 - c1. Date Hired
 - c2. Position
 - c3. Gross Income
3. If self-employed, proprietor, or business person, submit the following:
 - a. Copy of registration papers with DTI or SEC
 - b. Audited Financial Statements (Balance Sheet and Income Statement) for the last 2 years
 - c. Latest Income Tax Return (ITR) with BIR or Bank validation
4. If company-sponsored, submit the following:
 - a. Certified True Copies of Articles of Incorporation and By-Laws
 - b. Audited Financial Statements (Balance Sheet and Income Statement) for the last 3 years
5. If you are a foreign national, you must also submit the following:
 - a. Photocopy of passport or valid visa
 - b. Immigration Certificate of Residence (ICR)
 - c. Deed of assignment for hold-out deposit or Filipino local resident as co-obligor. (Complete a co-obligor form)
6. Proof of identification (any one of the following):
 - a. Driver's License
 - b. PRC (Professional Regulation Commission) Identification card
 - c. Passport
 - d. TIN or S.S. ID
7. Proof of billing address (any one of the following):
 - a. Utility bills (i.e. electricity, telephone, water, cable, etc.)
 - b. Insurance Premium billings
 - c. Credit Card or Bank statement of accounts

*For BSP Circular #12, all credit card applicants are required to submit the latest copy of their ITR. Applicants with incomplete requirements and/or information will not be processed.

CARD TYPES & FEES

Place a check on the box of the card type you prefer.

| Card Type | *Annual Fee | *Extension Fee |
|--|-------------|----------------|
| <input type="checkbox"/> Allied Bank Essentials MasterCard | FREE | FREE |
| <input type="checkbox"/> Allied Bank Premium MasterCard | FREE | FREE |

MABUHAY MILES MEMBERSHIP

Provide your Mabuhay Miles membership number in order to enjoy conversion of My Ally. My Rewards points earned to Mabuhay Miles. A new Mabuhay Miles membership number will be auto-generated if the Mabuhay Miles membership number portion below is left blank or an invalid number is provided. No adjustment can be made afterwards.

Are you a current member of Mabuhay Miles Club? Yes No

If you are, please indicate your existing Mabuhay Miles membership number

____ - ____ - ____ - ____ - ____ - ____

PERSONAL INFORMATION

1. **PERSONAL INFORMATION**

First Name _____ Middle Name _____

Last Name _____

Name to Appear on the Card (must not depart from the real name)

Date of Birth: m m d d y y y y Sex: Male Female No. of cars: _____ Mother's Full Maiden Name _____

No. of dependents: _____ Citizenship: _____ Status: Single Married Separated Widow

MOBILE NUMBER

Mobile Number _____

SSS Number _____ TIN _____

EMAIL ADDRESS

Email Address _____

URL ADDRESS

URL Address _____

QUALIFICATION

Qualification: High School Some College College Graduate School

HOME ADDRESS

Home Address (number, street, district) _____

City/Province _____ ZIP Code _____ Years of Stay _____

HOME LANDLINE NUMBER

Home Landline Number _____ Property: Owned Rented Mortgaged Living with Relatives

REFERENCE PERSON'S NAME

Reference Person's Name: (not living with you) _____

RELATIONSHIP

Relationship _____

ADDRESS

Address _____

TELEPHONE NUMBERS

Telephone Numbers _____

CURRENT RELATIONSHIP WITH ALLIED BANKING CORPORATION

Current Relationship with Allied Banking Corporation: ABC CASA account # _____ ABC Top Saver Bank Client # _____

YOUR OTHER CREDIT CARDS

| Credit Card Company | Card Number | Credit Limit | Member Since |
|---------------------|-------------|--------------|--------------|
| | | | |
| | | | |

EMPLOYMENT STATUS

Employment Status: Private Self-employed Unemployed/retired Government Variable/Commission earner Others _____

POSITION

Position: Senior Management Professional Teacher/lecturer Director Executive Sales Supervisor Managerial Diplomat Others _____

BUSINESS NAME

Business Name _____

BUSINESS ADDRESS

Business Address (number, street, district) _____

CITY/PROVINCE

City/Province _____ ZIP Code _____

YEAR WITH THE FIRM

Year with the firm _____ Business Phone Number _____ Annual Income _____

OCCUPATION

Occupation _____ Position _____ Length of employment _____

NAME OF PREVIOUS EMPLOYER

Name of previous employer _____

ADDRESS

Address (number, street, district) _____

TELEPHONE NUMBER

Telephone Number _____ Position _____

DATE OF BIRTH

Date of Birth: m m d d y y y y Citizenship: _____ Employment Status: Employed Unemployed Self-employed

BUSINESS NAME

Business Name _____

BUSINESS ADDRESS

Business Address (number, street, district) _____

CITY/PROVINCE

City/Province _____ ZIP Code _____

BUSINESS PHONE NUMBER

Business Phone Number _____ Occupation _____ Position _____

4 SUPPLEMENTARY CARD (must be at least 13 years old)

4. **SUPPLEMENTARY CARD (must be at least 13 years old)**

First Name _____ Middle Name _____

Last Name _____

Date of Birth: m m d d y y y y Sex: Male Female Mother's Full Maiden Name _____

Relationship with principal applicant: _____ Assigned Sub Limit: 25% 50% 100%

Mobile Number _____

Email Address _____

SUPPLEMENTARY 2

Supplementary 2: First Name _____ Middle Name _____

Last Name _____

Date of Birth: m m d d y y y y Sex: Male Female Mother's Full Maiden Name _____

Relationship with principal applicant: _____ Assigned Sub Limit: 25% 50% 100%

Mobile Number _____

Email Address _____

FOR BANK USE ONLY

Program Name/Code: _____ Source Tag _____

Branch/Channel Code: _____

Employee Number: _____

Employee/Solicitor's Printed Name: _____

PHOTOCARD (OPTIONAL)

1. Only 2"x2" (5.08 cm x 5.08 cm) colored photos of the Cardholder with white background will be accepted.

2. Print your name at the back of the photo and paste it on the space provided.

3. Please use only black sign pen for signature.

4. Your signature should be the same signature at the back of your credit card.

5. A non-photocard will be processed if submitted picture is not qualified. Request for replacement will be charge accordingly.

PRINCIPAL CARD

NOTE: Please do not use sign, staples, or pins to mark your photo.

Please paste a recent 2" x 2" colored photo of the Cardholder with WHITE BACKGROUND

BILLING INFORMATION

5. **BILLING INFORMATION**

Billing Address: Home Office

Mode of Payment: Pay to Bank Auto Debit my ABC Pass acct. # _____ Full Minimum Auto Debit my ABC Dollar acct. # _____ Full Minimum

DECLARATION

6. **DECLARATION**

By signing below, I/we are applying for an Allied Bank Credit Card. I/we agree to abide by and be governed by the Terms and Conditions governing the issuance and use of the Allied Bank Credit Card and all future amendments thereto. I/we authorize you to verify the information in this application and to receive and exchange information about me/us, including requesting reports from your consumer credit reporting or reference agencies. I/we also authorize you and your affiliates to contact these sources for information at any time, to use information about me/us, including information from this application and from consumer credit reports, for marketing and administrative purposes and to share such information with each other.

I/we, hereby agree to waive my/our rights regarding the confidentiality of deposits under RA. 1405, as amended, as the disclosure is necessary and relevant in the evaluation of my/our application for an Allied Bank Credit Card and to ensure a successful debit under an auto-debit payment arrangement with my/our Allied Bank account should I/we decide to avail of the auto-debit payment facility for my/our Allied Bank Credit Card. I/we hereby authorize the bank, in the event that my account becomes past due, to offset against my deposit any unpaid balances and subsequently cancel my card. I/we further authorize and consent Allied Banking Corporation to be the recipient of these information and to conduct random verification with the BIR in order to establish authenticity of the Income Tax Return (ITR).

I/we hold ourselves, jointly and severally liable for all obligations and liabilities incurred with the use of the Allied Bank Credit Card and supplementary cards and, in an event my/our application for an Allied Bank Credit Card is disapproved, Allied Banking Corporation is under no obligation to provide me/us with the reason for such a decision.

The accomplished application form and requirements submitted, become a property of Allied Banking Corporation. Allied Banking Corporation is under no obligation to return the said documents.

Sub-limit Declaration: Sub-limit is expressed in Peso currency. International transactions are authorized based on the available limit. However, international transactions are posted and billed on the Dollar account.

When enrolling Allied Balance Transfer - I hereby agree to pay the above total amount according to the Terms and Conditions of Allied Banking Corporation. I promise to pay at least the minimum amount due as stated on the monthly Statement of Account subject to and in accordance with the Terms and Conditions thereof.

Please log on to www.alliedbank.com.ph/cards for the complete Terms and Conditions.

APPLICANT'S SIGNATURE: _____

Signature of Principal Applicant: _____

Date: _____

Card No.: _____

NOTE: Please do not use sign, staples, or pins to affix your photo.

Please paste a recent 2" x 2" colored photo of the Cardholder with WHITE BACKGROUND

*For Sub Limit, Allied Bank Credit Card Department shall round off to the nearest thousand.