American Express® Platinum Credit Card Application Form.

Completely fill-out the application form and send it together with photocopies of required documents to:
Banco De Oro Unibank, Inc., P.O. Box 2506, Makati Central Post Office, Makati City, Philippines

MY PERSONAL INFORMATION

Gender ☐ Female ☐ Male

First Name Full Middle Last Name

Name to appear on card (limited to 19 characters only including spaces; aliases/nicknames are not accepted)

Birthdate
DD MM YYYY

TIN
SSS/GSIS/Passport No.

Nationality

No. of Dependents

Car Ownership
No. of cars owned ☐ Owned ☐ Mortgaged

Marital Status ☐ Single ☐ Married ☐ Widow/er ☐ Separated

School Last Attended

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

Mother's Full Maiden Name
First Name Full Middle Last Name

Spouse's Full Name

Spouse's Birthdate
DD MM YYYY

MY COMMUNICATION & DELIVERY INSTRUCTIONS

Home Ownership
☐ Owned by Applicant ☐ Mortgaged/Financed ☐ Living with Relatives
☐ Rented ☐ Company Quarters ☐ Boarding

Residence/Home Address
House No. & Street

District

City/Province Zip Code

Residence Phone Number
( )
Area Code
☐ Post Paid
☐ Pre Paid

Mobile Number
( )
Area Code

Email Address

Years at Present Address Years at Previous Address

Office Address
Company Name & Department

Floor & Bldg. Name

Street & District

City/Province Zip Code

Office Phone Number
( )
Area Code

Mobile Number
( )
Area Code

Email Address

Please deliver my American Express Platinum Credit Card and Monthly Statement of Account to my: ☐ Home ☐ Office

MY WORK

Employment
☐ Private Sector ☐ Self-Employed w/ Business
☐ Government ☐ Self-Employed Professional
☐ Employed Professional ☐ Retired/Unemployed

Nature of Business

Rank
☐ Non-Officer ☐ Senior Officer (AVP up)
☐ Junior Officer (Supervisor to Manager)

Position

Job/Business Tenure Current Job yrs. mos.
Previous Job yrs. mos.

Gross Annual Income

MY WORK (REQUIRED FOR SELF-EMPLOYED ONLY)

Business Type ☐ Proprietorship ☐ Partnership ☐ Corporation

MY FINANCES / BANK RELATIONSHIP

Are you a BDO Customer? ☐ Yes ☐ No
If yes: ☐ Deposit ☐ Loan ☐ Others

Other Credit Cards

Credit Card	Card Number	Credit Limit	Outstanding Balance	Member Since

MY PERSONAL / TRADE REFERENCES

(Personal references not living with me)

Name

Relationship

Company Name/Address (P.O. Box Address not Acceptable)

Contact No. (Include Local No. if any)

Mobile No.

Name

Relationship

Company Name/Address (P.O. Box Address not Acceptable)

Contact No. (Include Local No. if any)

Mobile No.

MY SUPPLEMENTARY CARD

ENJOY LIFETIME FEE WAIVER for your first 5 Supplementary accounts!

Sub-Limit Assignment: Php _____

Sub-Limit Assignment begins at a minimum of Php 2,000.00 and increments of Php 1,000.00

Complete Name (Supplementary Applicant)
First Name | Full Middle | Last Name

Name to appear on card (limited to 19 characters only including spaces; aliases/nicknames are not accepted)

Relationship
☐ Spouse ☐ Parent ☐ Son/Daughter
☐ Brother/Sister ☐ Others _____

Gender
☐ Male
☐ Female

Birthdate
DD | MM | YYYY

Residence Phone Number
( )
Area Code

Office Phone Number
( )
Area Code

Mother's Full Maiden Name
First Name | Full Middle | Last Name

Supplementary Sub-Limit Assignment
Sub-Limit Assignment for Supplementary Cardmembers begins at a minimum of Php 2,000.00 and can increase in increments of Php 1,000.00. If no Sub-limit is assigned for Supplementary Cardmembers aged 13-15 years old, the default amount will be the minimum sub-limit assignment. If no sub-limit is assigned for Supplementary Cardmembers aged 16 and above, he/she shares in the Basic/Principal Cardmember's credit limit.

UNDERTAKING

I hereby certify that all information given in this application is true and correct. I/We hereby authorize the Issuer/its representative/s to conduct independent verification of the information provided by me/us in connection with this application including verification of my/our employment and/or credit history with other institutions/persons. I/We understand that non-disclosure/falsification of information as herein required shall be grounds for disapproval of my/our application, immediate termination of my/our card privileges once approved, and/or legal action against me/us. In case of disapproval, I/we understand that Banco De Oro Unibank, Inc. is under no obligation to disclose the reason/s for such disapproval.

I understand that as the Basic Cardmember, I shall be sharing my Credit Limit with the Supplementary Cardmember(s) and shall be liable for all purchases and cash advances made, including all interest charges incurred through the use of the supplementary card(s).

By signing at the back of the card(s) and/or using the card(s), I/we legally and validly bind myself/ourselves to the Terms and Conditions governing the issuance and use of the American Express Platinum Credit Card.

Signature of Basic/Principal Applicant | Date

SCHEDULE OF CERTAIN CREDIT CARD FEES & CHARGES

Membership Fee	Basic Card PhP 5,000	Supplementary Card PhP 2,500

*First 5 Supplementary cards, free for life

Interest on Goods and Services
- 36% per annum

If your Credit Card account is not maintained in good standing at any time, we may adjust the interest rate applied to your Account.

Method to Calculate the Balance Subject to G&S Interest Charges
- If you choose to pay only the Minimum Payment or any amount less than the Outstanding Balance on or before the Payment Due Date, you will be treated as a borrower or a "revolver". Hence, a finance charge (based on prevailing rates), will be imposed on the Outstanding Balance stated in your previous Statement of Account (SOA) computed from cut-off date to payment date and on the unpaid balance from payment date to the next cut-off date. Outstanding balance is the statement balance as of cut-off date inclusive of previous unpaid balance, new retail purchases, cash advances, charges and fees.

Cash Advance Fee
- 5% of cash advance amount or PhP 500, whichever is higher

Reimbursement of Expenses and Losses for Pre-payment of IPP
- PhP 2,000 for every pre-paid IPP

Late Payment Fee
- 7.5% of the minimum payment amount or PhP 500, whichever is higher

Returned Check/Failed Autopay Payment Fee
- PhP 1,000 for returned check
- PhP 1,000 for failed AutoPay attempt

Card Replacement Fee
- Php250.00

Erroneous Dispute Fee
- PhP 100 for each Charge

FOR BDO USE ONLY

CIF Number (If bank client)

Recommended by:
First Name | M.I. | Last Name

Department/Unit/Branch | Branch Code

Title/Rank | Employee No.

Remarks

Notes	Notes
Notes	Notes
Notes	Notes

Encoded by/Date | Controlled by/Date | Confirmed/Rejected