

FOR BANK USE ONLY			
SOURCE CODE	CIF NUMBER	APPLICATION NUMBER	REFERRER CODE

CARD TYPE			
MASTERCARD <input type="checkbox"/> Standard <input type="checkbox"/> Gold <input type="checkbox"/> Platinum	VISA <input type="checkbox"/> Classic <input type="checkbox"/> Gold <input type="checkbox"/> Platinum	For Platinum (or Gold) Card Application, if we are unable to issue your preferred card at this time, would you accept a Gold (or Classic/Standard) Card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
WITH EXISTING MAYBANK ACCOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No	WITH EXISTING MAYBANK CREDIT CARD <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE INDICATE CARD NUMBER	

PERSONAL DETAILS			
NAME (First, Middle, Last, Suffix)		NAME TO APPEAR ON CARD (Maximum of 19 characters including spaces)	
DATE OF BIRTH (mm/dd/yy)	PLACE OF BIRTH	GENDER (Male/Female)	CIVIL STATUS (Single/Married/Others)
EDUCATIONAL ATTAINMENT <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Vocational <input type="checkbox"/> Masteral <input type="checkbox"/> Doctorate <input type="checkbox"/> Others			
NUMBER OF DEPENDENTS	NATIONALITY	GSIS / SSS NUMBER	TIN
MOTHER'S MAIDEN NAME (First, Middle, Last)		SOURCE OF FUNDS <input type="checkbox"/> Allotment <input type="checkbox"/> Employment <input type="checkbox"/> Others <input type="checkbox"/> Income from business <input type="checkbox"/> Remittances	
PRESENT HOME ADDRESS			ZIP CODE
HOME OWNERSHIP <input type="checkbox"/> Owned <input type="checkbox"/> Free use <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Others _____ years of Stay _____			
PERMANENT HOME ADDRESS			ZIP CODE
HOME OWNERSHIP <input type="checkbox"/> Owned <input type="checkbox"/> Free use <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Others _____ years of Stay _____			
EMAIL ADDRESS	HOME PHONE NUMBER	MOBILE NUMBER (01) <input type="checkbox"/> Post-paid <input type="checkbox"/> Pre-paid	MOBILE NUMBER (02) <input type="checkbox"/> Post-paid <input type="checkbox"/> Pre-paid

BUSINESS / WORK DETAILS			
BUSINESS/ EMPLOYER'S NAME		NATURE OF BUSINESS / WORK	GROSS ANNUAL INCOME
EMPLOYMENT TYPE <input type="checkbox"/> Private Sector <input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/> Self-employed <input type="checkbox"/> Others _____		PROFESSION / OCCUPATION	DESIGNATION
BUSINESS / OFFICE ADDRESS			ZIP CODE
BUSINESS/ OFFICE PHONE NUMBER	BEST TIME TO CONTACT	YEARS IN PRESENT BUSINESS / EMPLOYER	YEARS IN BUSINESS / WORKING

OTHER CREDIT CARDS			
BANK / INSTITUTION	CARD NUMBER	CREDIT LIMIT	MEMBER SINCE

SPOUSE DETAILS		
NAME (First, Middle, Last, Suffix)		DATE OF BIRTH (mm/dd/yy)
PROFESSION / OCCUPATION		MOBILE NUMBER
BUSINESS/ EMPLOYER'S NAME		BUSINESS / OFFICE PHONE NUMBER
BUSINESS / OFFICE ADDRESS		

CARD & STATEMENT OPTION		
DELIVER CARD TO <input type="checkbox"/> Present home address <input type="checkbox"/> Permanent home address <input type="checkbox"/> Business/Office address	DELIVER BILLING STATEMENT TO <input type="checkbox"/> Present home address <input type="checkbox"/> Permanent home address <input type="checkbox"/> Business/Office address <input type="checkbox"/> Email address	STATEMENT CUT-OFF <input type="checkbox"/> 12th of the month <input type="checkbox"/> 26th of the month

PROMO ALERTS	
I want to receive details about Maybank Credit Card promos through:	
<input type="checkbox"/> Mobile Number	<input type="checkbox"/> Email Address

SUPPLEMENTARY CARD			
NAME (First, Middle, Last, Suffix)			DATE OF BIRTH (mm/dd/yy)
NAME TO APPEAR ON CARD (Maximum of 19 characters including spaces)		MOBILE NUMBER	RELATIONSHIP TO PRINCIPAL APPLICANT
ASSIGNED CREDIT LIMIT	HOME PHONE NUMBER	BUSINESS/OFFICE PHONE NUMBER	

PERSONAL REFERENCES			
NAME (First, Middle, Last, Suffix)			DATE OF BIRTH (mm/dd/yy)
PRESENT HOME ADDRESS			ZIP CODE
RELATIONSHIP TO PRINCIPAL APPLICANT	MOBILE NUMBER	HOME PHONE NUMBER	BUSINESS/OFFICE PHONE NUMBER

EZYTRANSFER REQUEST			
BANK / INSTITUTION	CARD NUMBER	CARD EXPIRY DATE	EZYTRANSFER AMOUNT
PREFERRED TERM (Month) <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24		If we are not able to process your balance EzyTransfer request, would you still accept the card? <input type="checkbox"/> Yes <input type="checkbox"/> No	

DECLARATION	
<p>I hereby acknowledge and agree that, by signing this application, or supplementary card application, or by calling to request for card activation, or by signing or using my Maybank credit card, I signify my understanding of, and my agreement to be bound by the Terms and Conditions for Maybank Credit Card. I authorize Maybank Philippines, Inc., its agents and service providers to conduct inquiries on the information and documents I have provided with any source as it deems appropriate and to have access to information and records relating to me contained in any government or private records, including but not limited to tax, employment, or financial records and to secure copies thereof. I understand that falsifying any information on the enclosed documents is sufficient ground for legal action and for rejection of my application. I understand that should my application be denied, Maybank Philippines, Inc. has no obligation to furnish the reason for such rejection. Furthermore, I acknowledge that in case of issuance of a Supplementary Card, I hold myself jointly and severally responsible for all obligations, charges and liabilities incurred by my supplementary cardholders and that, in the event of delinquency, I hereby authorize Maybank Philippines, Inc. to report and include my/our names in the negative listing of any credit card bureau or institution. I further waive any defense of minority or illiteracy on any extension Cardholders.</p>	
<input checked="" type="checkbox"/> _____ Name and Signature of Applicant (Principal Cardholder)	<input checked="" type="checkbox"/> _____ Name and Signature of Applicant's Supplementary Cardholder
_____ Date Signed	_____ Date Signed

APPLICATION REQUIREMENTS		
Must be a resident of the Republic of the Philippines and between 21 to 65 years of age.		
GROSS ANNUAL INCOME		
Classic / Standard 150,000	Gold 450,000	Platinum 1,000,000
DOCUMENTARY REQUIREMENTS		
Photocopy of any of the following IDs*		
Passport	TIN ID Card	GSIS ID
Driver's License	SSS ID	Other Government Issued IDs
Company ID		
*As per BSP Circular No. 608		
PROOF OF INCOME		
Employed		
<ul style="list-style-type: none"> • Latest Income Tax Return (ITR) with Bank / BIR Stamp / or BIR Form 2316 • Payslips received within the past three months • Original Certificate of Employment • Active credit card number to be declared in the application form 		
Self Employed		
<ul style="list-style-type: none"> • DTI or SEC Registration • Latest Audited Financial Statements (AFS) with Bank / BIR Stamp • Latest Income Tax Return (ITR) with Bank / BIR Stamp • Active credit card number to be declared in the application form 		

FEES AND CHARGES			
ANNUAL FEE*	CLASSIC	GOLD	PLATINUM
PRIMARY	Php 1,000.00	Php 2,000.00	Php 3,000.00
SUPPLEMENTARY	Php 500.00	Php 1,000.00	Php 1,500.00
*First Year Annual Fee is waived			
FINANCE CHARGE	3% per month, computed based on average daily balance (or 36% effective rate annually).		
CASH ADVANCE FEE & FINANCE CHARGE	3% of the cash advance amount or Php500 whichever is higher; and 3% finance charge imposed on the cash advance amount, which shall accrue from the date of availment until full settlement or payment.		
CARD REPLACEMENT FEE	Php400 for each lost/stolen card.		
LATE PAYMENT FEE	5% of the minimum amount due or Php500 whichever is higher.		
ISSUER'S SERVICE FEE <i>(Foreign Currency Transactions)</i>	1% of MasterCard and Visa foreign exchange rate at the time the transaction is posted.		
PAYMENT PROCESSING FEE	Php40 shall be charged for each Maybank Credit Card payment made more than 4 times per month. This shall be applicable for payments made in all payment centers except via Maybank Branches, ATMs and Phone Banking.		
RETURNED CHECK FEE	Php500 will be charged for every check returned due to reason such as insufficient funds, uncollected deposits, stop payment order or closed account, on top of the standard bank charges on returned checks.		
SALES SLIP RETRIEVAL FEE	Php250 for each sales slip retrieved upon request, for whatever reason. The same amount will be charged to the Cardholder for each sales slip retrieved by the Bank arising from an invalid dispute.		
REWARDS HANDLING FEE	Php500 will be charged to the Cardholder for each Rewards Item retrieved by the Bank arising from an invalid dispute.		
ACCOUNT MAINTENANCE FEE	In case of terminated or cancelled accounts and an overpayment is unclaimed for more than one (1) month from the date of termination or cancellation, a monthly Account Maintenance Fee of Php200 shall be charged on the account until the Card balance is zeroed out.		
EZYCASH (Manager's Check Delivery Charge)	Php100 for the delivery of the Manager's Check availed under the EzyCash facility.		
EZYPLAN'S PRE-TERMINATION FEE	5% of the unbilled principal component of the total Amount Payable or Php500, whichever is higher, applicable to products with Monthly Installment Dues: EzyPay, EzyTransfer, EzyConvert, and EzyCash.		
ATTORNEY'S FEES	25% of the amount due.		
CASINO TRANSACTION AND GAMING FEE	Casino Transactions are considered cash advance transactions and will therefore incur a fee of 3% of the transaction amount or Php500 whichever is higher; and a 3% finance charge will be computed from the date of the transaction.		