American Express® Card Supplementary Card Application Form. Completely fill-out the form and fax to +632 6881270

BASIC/PRINCIPAL CARDMEMBER'S INFORMATION

Complete Name
First Name Full Middle Last Name

American Express® Card Number

SUPPLEMENTARY 1

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 acceptable)

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

Relationship

- ☐ Spouse
- ☐ Parent
- ☐ Son/Daughter
- ☐ Brother/Sister
- ☐ Parent-in-Law
- ☐ Son/Daughter-in-Law
- ☐ Grandparent
- ☐ Grandparent-in-Law
- ☐ Others _____ (Please specify)

Date of Birth
mm dd yy

Residence Phone Number ( )

Office Phone Number ( )

SUPPLEMENTARY 2

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 acceptable)

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

Relationship

- ☐ Spouse
- ☐ Parent
- ☐ Son/Daughter
- ☐ Brother/Sister
- ☐ Parent-in-Law
- ☐ Son/Daughter-in-Law
- ☐ Grandparent
- ☐ Grandparent-in-Law
- ☐ Others _____ (Please specify)

Date of Birth
mm dd yy

Residence Phone Number ( )

Office Phone Number ( )

SUPPLEMENTARY 3

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 acceptable)

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

Relationship

- ☐ Spouse
- ☐ Parent
- ☐ Son/Daughter
- ☐ Brother/Sister
- ☐ Parent-in-Law
- ☐ Son/Daughter-in-Law
- ☐ Grandparent
- ☐ Grandparent-in-Law
- ☐ Others _____ (Please specify)

Date of Birth
mm dd yy

Residence Phone Number ( )

Office Phone Number ( )

SUPPLEMENTARY 4

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 acceptable)

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

Relationship

- ☐ Spouse
- ☐ Parent
- ☐ Son/Daughter
- ☐ Brother/Sister
- ☐ Parent-in-Law
- ☐ Son/Daughter-in-Law
- ☐ Grandparent
- ☐ Grandparent-in-Law
- ☐ Others _____ (Please specify)

Date of Birth
mm dd yy

Residence Phone Number ( )

Office Phone Number ( )

UNDERTAKING

I hereby certify that all information given in this application is true and correct. I hereby authorize the Issuer/its representatives to conduct independent verification of the information provided by me/us in connection with this application including verification of employment and/or credit history with other institutions/persons. I understand that non-disclosure/falsification of information as herein required shall be grounds for disapproval of the application, immediate termination of my/our card privileges once approved, and/or legal action against me/us. I 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/Principal Cardmember, I shall be liable for all purchases and cash advances made including all interest and 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 legally and validly bind myself to the Terms and Conditions governing the issuance and use of the American Express® Card.

Printed Name & Signature of Basic/Principal Cardmember

Date

TERMS AND CONDITIONS

1. The program offer is open to all active and current Basic/Principal cardmembers.
2. The supplementary card issued will be the same card of the Basic/Principal cardmember (American Express Card).
3. All names to be referred for supplementary card issuance must be at least 13 years old to qualify for the supplementary issuance.
4. Only completely filled-out and signed forms will be processed.
5. The supplementary card application is subject to BDO's credit policies and procedures.
6. The supplementary card, when approved, should be delivered to and received by the Basic/Principal cardmember.
7. The supplementary Annual Membership Fee for the American Express Card is $40.

All transactions of both Basic/Principal and Supplementary cardmembers are summarized in a single monthly Statement of Account (SOA) charged to the Basic/Principal Cardmember and sent to the Basic/Principal Cardmember's billing address.

BDO
Exclusive Issuer
24th Floor The JMT Corporate Condominium
27 ADB Avenue, Ortigas Center Pasig City 1605, Metro Manila, Philippines