



CARDHOLDER REQUEST FORM

24/7 Customer Service Hotline : 818-9-818
 Domestic Toll-Free : 1-800-10-818-9-818
 Email Address: PNBCreditCards@pnb.com.ph

Please change my PNB Credit Card to:

- | | |
|---|---|
| <input type="radio"/> PNB Essentials Mastercard | <input type="radio"/> PNB Classic Visa |
| <input type="radio"/> PNB Platinum Mastercard | <input type="radio"/> PNB Gold Visa |
| <input type="radio"/> PNB-PAL Mabuhay Miles Platinum Mastercard | <input type="radio"/> PNB-The Travel Club Platinum Mastercard |
| <input type="radio"/> PNB-PAL Mabuhay Miles World Mastercard | <input type="radio"/> PNB-Jewelmer Joaillerie Platinum Mastercard |
| <input type="radio"/> PNB Diamond UnionPay* | <input type="radio"/> Others _____ |
- Single Currency Dual Currency

*If no selection is made, default is single currency.

Note: For upgrades, please attach income documents.

Please increase my credit limit/s to:

Php _____ / US\$ _____

I understand that my approved aggregate credit limit shall be applicable to all my PNB Credit Cards, including all its Supplementary Cards. This will still be subject to credit evaluation.

For dual currency cards, local transactions are billed in Peso while international transactions are billed in US Dollars. There will be separate monthly statements for Peso and Dollar Billings.

Note: Please attach income documents - ITR / 2 months latest billing statements of a Non-PNB Credit Card / 1 month latest payslip.

Supplementary Card

1. _____
Last Name

_____ M.I.
First Name

Sub-Limit: _____
For Sub-limit: Principal cardholder assigns the sub-limit. Specify the amount, rounded off to the nearest thousand. If not specified, the default sub-limit is 100%.

Birthday (mm/dd/yyyy): _____

Gender: _____ Civil Status: _____

Relationship to Principal Cardholder: _____

Mother's Maiden Name: _____

2. _____
Last Name

_____ M.I.
First Name

Sub-Limit: _____
For Sub-limit: Principal cardholder assigns the sub-limit. Specify the amount, rounded off to the nearest thousand. If not specified, the default sub-limit is 100%.

Birthday (mm/dd/yyyy): _____

Gender: _____ Civil Status: _____

Relationship to Principal Cardholder: _____

Mother's Maiden Name: _____

Signature of Supplementary Cardholder

Signature of Supplementary Cardholder

I understand that, if issued, the supplementary card will bear a different card number. Nevertheless, in all cases, all purchases/transactions made through the use of supplementary card will be billed to me. The supplementary cardholder/s has read and understood the Terms and Conditions set forth in my signed application form and agrees to use his/her supplementary card accordingly. He/she agrees to be held jointly and severally liable with me for the payment of obligations under the agreement.

Mode of Payment

- Auto Debit Arrangement (ADA)*
- | | |
|---|---|
| a. <input type="checkbox"/> PNB | <input type="checkbox"/> PNB Savings |
| b. <input type="checkbox"/> Full Amount | <input type="checkbox"/> Minimum Amount |

Account to Auto Debit

Peso Account: _____
FOR PESO BILLS ONLY

Dollar Account: _____
FOR DOLLAR BILLS ONLY

- Pay to Bank Peso Bills Dollar Bills

If the account number does not belong to the principal cardholder, kindly attach an authorization letter signed by the depositor and signature verified by branch officer/personnel. Request for ADA will apply to the indicated/specified card number only. If account is under a company/corporation, submission of secretary's certificate or board resolution is required. If sole proprietorship, DTI/SEC permit is required.

* If selection is not checked, payment will automatically be minimum.

Please replace my card due to:

- Correction ** Change of Name **
- Damaged Card Others _____

** Attach a valid ID and supporting documents such as birth certificate, marriage certificate and the like.

First Name _____

Middle Name _____

Last Name _____

Information Update

Please update the following details:

Contact Number/s:

Mobile Number: Principal: _____
 Supplementary: _____

Home Tel No.: _____

Office Tel No.: _____

Address:

Home Address: _____
 Office Address: _____

Preferred Billing Address: Home Office

Email Address:

Principal: Old: _____
 New: _____
 Supplementary: Old: _____
 New: _____

| | | | |
|------------------------------|----------------------|-------------|----------------------------------|
| NAME OF PRINCIPAL CARDHOLDER | | CARD NUMBER | PRINCIPAL CARDHOLDER'S SIGNATURE |
| MOBILE NUMBER | MABUHAY MILES NUMBER | DATE | |

Note: If request was coursed through the branch, branch officer/personnel should signature verify.