PNB

CARDHOLDER REQUEST FORM

24/7 Customer Service Hotline: 8818 9818
Domestic Toll-Free: 1 800 10 818 9818
Email Address: PNBCreditCards@pnb.com.ph

☐ **PLEASE CHANGE MY PNB CREDIT CARD TO:**
☐ **PLEASE ISSUE ADDITIONAL CREDIT CARD:**

- ○ PNB Essentials Mastercard
- ○ PNB Platinum Mastercard
- ○ PNB Ze-Lo Mastercard
- ○ PNB-PAL Mabuhay Miles NOW Mastercard
- ○ PNB-PAL Mabuhay Miles Platinum Mastercard*
- ○ PNB-PAL Mabuhay Miles World Mastercard*
- ○ PNB Diamond UnionPay*
- ○ PNB Classic Visa
- ○ PNB Gold Visa
- ○ Others ________________

*If no selection is made, default is single currency.
☐ Single Currency ☐ Dual Currency

Note: For credit card upgrade, please attach income documents.

☐ **PLEASE INCREASE MY CREDIT LIMIT/S TO:**

PHP ____________________ / USD ____________________

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 any of the following income documents:
ITR, 1 month latest payslip, or active principal credit card number (with at least 1 year membership)

☐ **MODE OF PAYMENT**

○ Auto Debit Arrangement (ADA)

☐ Full Amount ☐ Minimum Amount

If selection is not checked, payment will automatically be 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.

☐ **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 ________________
Suffix ________________

☐ **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: ________________

☐ **SUPPLEMENTARY CARD**

1. |___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|
Last Name Suffix
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
First Name
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Middle 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%.

Mobile Number: ____________ Email Address: ____________
Birthday (mm/dd/yyyy): ________________
Gender: ____________ Civil Status: ____________
(IF MARRIED)
Name of Spouse: ____________ Birthday (mm/dd/yyyy): ____________
Relationship to Principal Cardholder: ________________
Mother's Maiden Name: ________________

____
Signature of Supplementary Cardholder

2. |___|___|___|___|___|___|___|___|___|___|___|___|___| |___|___|___|
Last Name Suffix
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
First Name
|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|
Middle 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%.

Mobile Number: ____________ Email Address: ____________
Birthday (mm/dd/yyyy): ________________
Gender: ____________ Civil Status: ____________
(IF MARRIED)
Name of Spouse: ____________ Birthday (mm/dd/yyyy): ____________
Relationship to Principal Cardholder: ________________
Mother's Maiden Name: ________________

____
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 of PNB Credit Cards 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.

REFERRER'S DETAILS (For Bank Use Only)

Solicitor's Name: ________________ Branch Name: ________________
Employee Number: ________________ Branch Code: ________________

Your privacy is our concern. PNB is taking reasonable efforts to protect your personal data and prevent unlawful incidents in compliance with Data Privacy Act (R.A. 10173). Should you wish to report incidents or update your Credit Card information, please call us immediately. For more details about how PNB processes personal data, you may access PNB Privacy Policy Statement at www.pnb.com.ph.

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 verify the signature.