

FRAUD TRANSACTION INSURANCE ENROLLMENT FORM

Avail yourself of Fraud Transaction Insurance for only P120/year and protect yourself from unauthorized transactions due to lost or stolen card or identity theft.

Accomplish this form and send to **PNBCreditCards@pnb.com.ph**



I would like to enroll the following cards to the Fraud Transaction Insurance:

| Cardholder Name (First, Middle, Last) | Credit Card Number | Expiry Date |
|--|--------------------|-------------|
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All fields are required. Incomplete forms will not be processed.

By signing below, I agree to abide by the Terms and Conditions governing the Issuance and Use of the PNB Credit Card and to pay the fee amounting to P120 per year per enrolled card. This also serves as my written authorization to PNB to process the said transaction on my credit card. Annual Fraud Transaction Insurance Fee will be posted on the Statement of Account (SOA). Terms and Conditions apply.

| Principal Cardholder: | | | | |
|---------------------------|-------|--------------------------|------|--|
| • | First | Middle | Last | |
| Contact Number: | | | | |
| Cardholder's Signature: | | Cardholder Request Date: | | |
| For PNB Use Only: | | | | |
| Received and Verified by: | | Processed by: | | |
| Date: | | Date: | | |
| Branch Code: | | | | |

 $Contact \ (+632) \ 8818 \ 9818 \ or \ pnbcreditcards @pnb.com.ph, \ or \ visit \ www.pnbcards.com.ph \ for \ more \ details.$