Hurry! Apply Now!

Submit or Fax this application form to your Alumni Office. For more details, please call (02)771-DLSZ (3579) loc. 810 (telefax). Applications are subject to Allied Bank's credit policies.

1 FOR EXISTING ALLIED BANK CARDHOLDERS

Allied Bank Credit Card No.

_____ – _____ – _____ – _____

If you are an existing Allied Bank Cardholder, please proceed to answer only items number 5, 9 and 10.

2 CREDIT CARDS OWNED (at least one year principal ownership)

Credit Card Company	Card Number	Credit Limit

If you have other credit cards, proceed to item number 4.

3 DOCUMENT REQUIREMENTS

Principal applicants must be Filipino citizens, 21 – 65 years old, earning a minimum monthly income of Php10,000 supported by income documents.

The following documents are required to process your application. Kindly check submitted documents:

1. Latest Income Tax Return (BIR Form 1700) or Certificate of Payment/Tax Withheld (BR Form 2316)*

2. If employed, submit ANY one of the following:

- ☐ a. Photocopy of recent monthly payslips for the last 3 months.
- ☐ b. Copy of latest two (2) months credit card billing statement. (Must be an existing principal cardholder with good credit standing for the past 12 months with another card company).
- ☐ c. Original Certificate of Employment stating the following:
  - c.1 Date Hired
  - c.2 Position
  - c.3 Gross Income

3. If self – employed, proprietor, or business person, submit the following:

- ☐ a. Copy of registration papers with DTI or SEC
- ☐ b. Audited Financial Statements (Balance Sheet and Income Statement) for the last 2 years.
- ☐ c. Latest Income Tax Return (ITR) with BIR or Bank validation.

4. Any valid I.D with signature and photo e.g passport, TIN, SSS

**Per BSP Circular 472, all credit card applicants are required to submit the latest copy of their ITR.*
Applications with incomplete requirements and/or information will not be processed.

4 MABUHAY MILES MEMBERSHIP

Provide your Mabuhay Miles membership number in order to enjoy conversion of reward points earned to Mabuhay Miles. A new Mabuhay Miles membership number will be auto-generated if the Mabuhay Miles membership number portion below is left blank or an invalid number is provided. No adjustment can be made afterwards.

Are you a current member of Mabuhay Miles Club? ☐ Yes ☐ No

If you are, please indicate your existing Mabuhay Miles membership number

___ – ___ – ___

5 PERSONAL INFORMATION

DLSZAA Batch Year _____

Name to appear on card is limited to 20 characters only.

First Name | **Middle Name**

Last Name

Date of Birth m m d d y y y y | **Sex** ☐ Male ☐ Female | **No. of dependents:**

Mother's Full Maiden Name | **SSS/GSIS**

Citizenship ☐ Filipino ☐ Others _____ | **Status** ☐ Single ☐ Married ☐ Separated ☐ Widow | **TIN**

Home Address *(Number, Street, District, City/Province)*

ZIP Code

Home Ownership
☐ Owned ☐ Rented P_____ ☐ Others _____
☐ Living with Relatives ☐ Mortgaged P_____

Home Landline Number | **Mobile Number** ☐ Postpaid ☐ Prepaid ☐ Wireless

Email Address | 0 9

Current Relationship with Allied Banking Corporation
☐ ABC CA/SA account. # | ☐ ABC Top Saver | ☐ Bank Client #

6 WORK AND FINANCE

☐ Employed ☐ Retired/Unemployed
☐ Self-employed Source of Income: _____
☐ Sales/Commission earner ☐ OFW

Business Name | **Business Number**

Business Address

Position | **Rank** | **Year/s with the Company** | **Annual Income**

7 SPOUSE INFORMATION

First Name | **Middle Name** | **Last Name**

Date of Birth m m d d y y y y | **Citizenship** ☐ Filipino ☐ Others _____ | **Mobile Number** 0 9

Business/Office Address *(Number, Street, District, City/Province)*

ZIP Code

Office Tel. No. | **Tenure with Present Employer or Business** _____ Year/s _____ Months

8 SUPPLEMENTARY CARD (must be at least 13 years old)

First Name | **Middle Name** | **Last Name**

Date of Birth m m d d y y y y | **Sex** ☐ Male ☐ Female | **Mother's Full Maiden Name** | **Sublimits**

Relationship with principal applicant | **Email Address**

Mobile Number 0 9

*For Sublimit: Allied Bank Credit Card Department shall round off to the nearest thousand. If none is chosen, default is 100%. Principal cardholder to assign sublimits.

Signature of Supplementary Applicant

9 BILLING INFORMATION

Choose your preferred billing address:
☐ Home ☐ Office (Card will automatically be delivered to billing address)

Mode of Payment:
☐ Pay to Bank
☐ Auto Debit my ABC Peso acct. # _____ ☐ Full ☐ Minimum
☐ Auto Debit my ABC Dollar acct. # _____ ☐ Full ☐ Minimum

(For Auto Debit, if selection is not checked, payment will automatically be minimum.)

10 DECLARATION

By signing below, I/We are applying for a DLSZAA–Allied Bank Credit Card. I/We agree to abide by and be governed by the Terms and Conditions governing the issuance and use of the DLSZAA–Allied Bank Credit Card and all future amendments thereto. I/We authorize you to verify the information in this application and to receive and exchange information about me/us including requesting reports from your consumer credit reporting or reference schemes. I/We also authorize you and your affiliates to contact these sources for information at any time, to use information about me/us, including information from this application and from consumer credit reports, for marketing and administrative purposes and to share such information with each other.

I/We hereby agree to waive my/our right/s regarding the confidentiality of deposits under R.A 1405, as amended, as the disclosure is necessary and relevant in the evaluation of my/our application for a DLSZAA–Allied Bank Credit Card and to ensure successful debit under an auto-debit payment facility for my/our DLSZAA–Allied Bank Credit Card. I/We further authorize and consent to Allied Banking Corporation to be the recipient of these information.

I/We hold ourselves, jointly and severally liable for all obligations and liabilities incurred with the use of DLSZAA–Allied Bank Credit Card and supplementary cards and, in event my/our application for a DLSZAA–Allied Bank Credit Card is disapproved, Allied Banking Corporation is under no obligation to provide me/us with the reason for such decision.

The accomplished application form and requirement/s submitted become properties of Allied Banking Corporation, Allied Banking Corporation is under no obligation to return the said documents.

Sublimit Declaration: Sublimit is applicable only to the Peso account. International transactions are authorized based on the available credit line of the Peso account. However, international transactions are posted and billed on the Dollar account.

Further hereby declare, that in compliance with BSP Circular #472, I agree to send copy of my latest duly-stamped ITR or BIR Form 2316, or Audited Financial Statements if self-employed.

Signature of Principal Applicant | **Date**

FOR BANK USE ONLY

Source Tag

Program Name/ Code: _____ | **Branch/ Channel Code:** _____

Employee# _____

Solicitor's Name: _____