Supplementary Credit Card Application FormPlease send the accomplished application form to mpi.customerservice@maybank.com



Name of Principal Cardholder		Maybank Credit Card Number	
Supplementary Credit Card Applicant (First Name, Middle Name, Last Name)		Name to Appear on Card (maximum of 19 characters including space)	
Date of Birth	Gender	Civil Status	Mobile Number
Present Home Address			Zip Code
Home Ownership (owned/free use/rented/mortgaged/living with relatives)		Source of Funds (business/employment/remittances/allotment/others)	
Relationship to Cardholder		Assigned Credit Limit	
Please include scanned copies of the signature bearing valid IDs of both Principal Credit Cardholder and Supplementary Credit Card applicant			
Declaration			
Maybank Credit Card, I signify my understanding of, and my agreement to be bound by, the Terms and Conditions for Maybank Credit Card. I authorize Maybank Philippines, Inc., its agents and service providers to conduct inquiries on the information and documents I have provided with any source as it deems appropriate and to have access to information and records relating to me contained in any government or private records, including but not limited to tax, employment, or financial records and to secure copies thereof. I understand that falsifying any information on the enclosed documents is sufficient ground for legal action and for rejection of my application. I understand that should my application be denied, Maybank Philippines, Inc. has no obligation to furnish the reason for my rejection. Furthermore, I acknowledge that in case of issuance of a Supplementary Card, I hold myself jointly and severally responsible for all obligations, charges and liabilities incurred by my Supplementary Cardholders and that, in the event of delinquency, I hereby authorize Maybank Philippines, Inc., to report and include my/our names in the negative listing of any Credit Card bureau or institution. I further waive any defense of minority or illiteracy on any extension Cardholders. By acceding to the Bank's Terms and Conditions for account opening and accommodation for other financial products, I/we agree that Maybank may collect, hold use, and share my/our Personal Information pursuant to the Data Privacy Act of 2012 (Republic Act No. 10173) for so long as I/we remain to be a client and for as long as my/our records and Personal Information are required and/or allowed by law to be retained and processed, whether for my/our protection or for the protection and pursuit of the legitimate interests and/or business purposes of Maybank. Finally, pursuant to Republic Act (R.A.) No. 9510 which created the Credit Card Information Corporation (CIC), and its implementing Rules and Regulations (IRR), I understand that Maybank is mandated			
Signature over Printed Name of Principal Cardholder		Signature over Printed Name of Supplementary Credit Card Applicant	
Date Signed		Date Signed	
For Bank Use Only			
Source Code	CIF Number	Application Number	Referrer Code