


CARD APPLICATION FORM

Date: _____

Primary Account Owner:

FILREMIT CORP.

A. CARDHOLDER INFORMATION

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Applicant's Name Last Name First Name Middle Name			
Phone No. _____ Mobile No. _____		Mother's Maiden Name			
Residence Address Street No. Subdivision/Village City Province Country					
Date of Birth	Place of Birth	Nationality	Type of ID Presented	ID Number	
Email Address		TIN Number SSS Number		Occupation/Nature of Work	
Source of Funds <input type="checkbox"/> Salaries <input type="checkbox"/> Remittance Others: _____				Employer/Business	
<p>By signing this Card Application Form, I am applying for my Cash Card to be designated for gaining access for transactions to be carried out using the VISA Debit Card. I hereby certify that I have read and agree to abide by and be bound by the terms and conditions governing the Debit Card Facility and all future amendments thereto. I likewise waive my right/s regarding the confidentiality of deposits under R.A. 1405, as amended, as the disclosure is necessary and relevant to complete the transactions desired by Chinatrust and the cardholder/s. I further warrant that all information given by me in this application is true and correct, that the signature/s affixed herein is the same as reflected in all government issued identification documents in my favor, and I authorize Filremit Co., Inc. &/or Chinatrust to confirm all information from whatever source it may choose. I hereby authorize the payment of funds or transactions of other business on my Cash Card in favor of Filremit Co., Inc. and all Debit VISA Card transactions pursuant to this Agreement and, if the Cash Card is assigned to my beneficiary, that either one of us is authorized to do whatever he/she desires with the funds without the consent of the other.</p>					
_____ CARDHOLDER'S/BUYER'S SIGNATURE			 _____ DATE		
Received: CARD and PIN MAILER					
_____ CARDHOLDER'S/BUYER'S SIGNATURE			_____ DATE		
Sender Name: _____			Beneficiary Name: _____		
Address: _____			Address: _____		
Tel./Mobile No. _____			Tel./Mobile No. _____		

FOR BANK USE ONLY

_____ Branch of Account	
Processed by: _____	Approved by: _____