

PERSONAL INFORMATION SHEET

APPLICATION FORM

FMLO-0115-99

YOUR PERSONAL INFORMATION		
Cardholder's Complete Name (FIRST, MIDDLE, LAST)	Birthdate (MMDDYYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mother's Full Maiden Name (FIRST, MIDDLE, LAST)	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Tax Identification No.
If married, please indicate name of spouse (FIRST, MIDDLE, LAST)	Educational Attainment <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Some College <input type="checkbox"/> Post College	No. of Dependents
Spouse's Current Employer/Business Name	POSITION	E-mail Address (Applicant)

YOUR RESIDENCE DETAILS		
Home Address  No. Street Village/Brgy/Municipality  City/Province Zip Code	Home Telephone No.  Years of Stay	Home Ownership <input type="checkbox"/> Owned/Not Mortgaged <input type="checkbox"/> Owned/Mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Living with Relatives

YOUR PARENT'S WORK/FINANCES		
NAME OF PARENT		
Employment <input type="checkbox"/> Private Sector <input type="checkbox"/> Government <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired	Office Telephone No.	Years with Company
Company Name	Position	
Company Address  Floor Bldg. No. Street  City/Province Zip Code	Gross Annual Income	Spouse's Gross Annual Income
Are you a current depositor of UnionBank? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate your account no. _____		
Are you a holder of other credit cards? <input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship with Other Banks	
Credit Card Card Number Date of Issue Credit Limit	Date Openec	Bank/Account No. <input type="checkbox"/> Deposit <input type="checkbox"/> Loan
_____	_____	<input type="checkbox"/> Deposit <input type="checkbox"/> Loan

OTHER INSTRUCTIONS
Send my monthly billing statements to my: <input type="checkbox"/> Home Address <input type="checkbox"/> Office Address

SUPPLEMENTARY CARD INFORMATION		
Supplementary Cardholder's Complete Name (FIRST, MIDDLE, LAST)	Birthdate (MMDDYYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship with Principal Cardholder	Sub-limit requested for Supplementary Cardholder	

TERMS AND CONDITIONS
By signing below, I confirm that the information given by me is true and correct. I authorize UnionBank to verify and investigate from whatever sources they may consider appropriate. I understand that falsifying any information in this document is sufficient ground for legal action and cancellation of my card. By signing at the back of the card when delivered to me, I signify my agreement to the UnionBank VISA Terms and Conditions accompanying said card. I understand that should my application be disapproved, UnionBank has no obligation, on its part to furnish the reason for such rejection.
_____ Signature of Cardholder _____ Date

CERTIFICATION OF COMPANY'S HRMD
_____ Authorized Signatory's Signature over Printed Name _____ Date

FOR BANK'S USE ONLY	
Received by/Date	Processed by/Date
Source Code <b>A-L-S-T-G-R-A</b> □□□□□□	Cardholder Number □□□□ □□□□ □□□□ □□□□