

PREMIERE WEALTH MANAGEMENT APPLICATION	
NAME (FIRST, MIDDLE, LAST)	
EMAIL ADDRESS (maximum of 30 characters)	MOBILE NUMBER

ELIGIBILITY CRITERIA:

- Unless waived by the Bank at its sole discretion, the Customer shall maintain a minimum aggregated total deposit and investment of equivalent to Pesos: Three Million (PHP 3,000,000), or such other amount as the Bank determine from time to time, maintained under the Customer's sole account, or joint account where the Customer is the primary account holder.
- The Customer shall maintain his good credit standing with respect to his other transaction with the Bank.
- The Bank reserves the right to change or impose such other criteria from time to time.


PRIVILEGES:

- Wealth Solutions based on the understanding of the client's investment risk profile, knowledge and experience, product suitability, by providing customized solutions and portfolio management.
- Personalized Approach through a dedicated Relationship Manager, access to preferential Peso Time Deposit rates, waivers and/or discounts on select transactional fees, and access to Premier centers and lounges.
- Lifestyle Privileges made available through the Visa Infinite Credit Card, such as, but not limited to, complementary airport lounge access, concierge service, travel protection.

DECLARATION:


I hereby acknowledge and agree that, by signing this Enrolment Form, I signify my understanding and my agreement to the eligibility criteria set forth by Maybank Premier Wealth Management. I also agree to be bound by Maybank Philippines, Inc.'s Terms and Conditions as set in the Deposit Contract, and the relevant Rules and Regulations and Terms and Conditions particular to each product, service or privilege linked to my account.


VISA INFINITE CARD FORM: Yes, I would like to avail of the Visa Infinite Credit Card

CONFORMITY	
With Conformity _____ Signature over Printed Name	<div style="text-align: center;">  </div> ID Details: ID Type: _____ ID Number: _____ Valid until: _____

VISA INFINITE CREDIT CARD APPLICATION	
NAME TO APPEAR ON CARD (maximum of 19 characters including spaces)	
CARD DELIVERY OPTION <input type="checkbox"/> Home Address <input type="checkbox"/> Business Address	STATEMENT DELIVERY To receive your statement faster, an electronic statement of Account (eSOA) will be sent to the email address you have provided.

OTHER CREDIT CARDS			
Bank/Institution	Card Number	Credit Limit	Member Since

DECLARATION	
I hereby acknowledge and agree that by submitting this application, by calling to request for card activation, or by signing or using my 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. Moreover, I am authorizing Maybank Philippines, Inc. to inform my Referrer, if any, the status of my credit card application at any time. 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 credit card subject of this application and other financial products, I agree that Maybank may collect, hold, use, and share my Personal Information pursuant to the Data Privacy Act of 2012 (Republic Act No. 10173) for so long as I remain to be a client and for as long as my records and Personal Information are required and/or allowed by law to be retained and processed, whether for my protection or for the protection and pursuit of the legitimate interests and/or business purposes of Maybank, such as (but not limited to) provision of any service or product to me, or relating to my deposit account, outsourcing purposes and for data processing or storage, statistical and risk analysis and risk management purposes.	
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 to submit to CIC, for its consolidation, my basic credit data and any update or corrections thereon, as may be defined in said Republic Act and its IRR. Consequently, for purposes of establishing my credit worthiness, I consent to the sharing of my basic credit data and update or corrections thereon to the CIC, other lenders and other credit reporting agencies duly authorized or accredited by the CIC.	
_____ Signature over Printed Name	<div style="text-align: center;">  </div> _____ Date

AUTOMATIC DEBIT ARRANGEMENT (ADA)			
ACCOUNT NAME	BRANCH OF ACCOUNT		
ACCOUNT NUMBER TO BE ENROLLED <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	PAYMENT OPTIONS (based on cardholders Statement of Account) <input type="checkbox"/> Minimum Amount Due <input type="checkbox"/> Total Amount Due		
I/We the undersigned, authorized Maybank Philippines Inc. to debit from my/our Savings/Checking Account the amount indicated in the payment options. I/We have chosen above for the monthly billings of Maybank Credit Card Number herein provided when they fall due. I/we agree that the minimum amount due will be debited should I/we fail to choose among the payment option indicated in the form. I/We understand that this automatic debit arrangement will take effect on the next cycle. It is understood that I/we shall be responsible in seeing to it that the account is sufficiently funded on the date it is to be debited as this authority is automatic in nature. Failure on my/our part to ensure sufficiency of the account balance when payment is due shall cause classification of the credit card account to past due. Further, failure to settle past due balance may cause suspension/cancellation of the credit card account. It is further understood that any change in the account number (to be debited) and selected payment option should be reported immediately to Maybank Philippines Inc. The arrangement may be terminated subject to 30 days prior notice. I/We also agree to bind myself/ourselves with the regulations that Maybank Philippines Inc. may deem necessary regarding this automatic debit arrangement.			
_____ Signature over Printed Name	<div style="text-align: center;">  </div> _____ Date		
FOR BANK USE ONLY			
CIF No.	Branch of Account:	SOURCE CODE: <input type="checkbox"/> PW01 <input type="checkbox"/> PW03	APPLICATION NO.
REFERRED BY: RM / BH		SIGNATURE VERIFIED BY/ DATE (Receiving Unit) for ADA	REFERROR CODE:
_____ Printed name and signature		_____ ENCODED BY/ DATE (Cards) for ADA	_____ DATA ENCODED VERIFIED BY (Cards) for ADA