ALLIED BANK MasterCard
Always with you.

ALLY LIVE : (632) 816-5776
(632) 816-5508

CARDHOLDER REQUEST FORM

☐ **Please upgrade/downgrade my Allied Bank MasterCard to:**

- ◯ Allied Bank Essentials MasterCard
- ◯ Allied Bank Premium MasterCard

☐ **Please increase my credit limit/s to:**

Php.....

*US$ .....

I understand that my approved credit limit shall be applicable to my credit card account, including all its Supplementary Cards. This will still be subject to credit evaluation.

* For Allied Bank Premium MasterCard only

☐ **Supplementary Card**

1. Last Name

First Name M.I.

Asssigned Sub Limit* _____25% _____50% _____100%

Birthday (mm/dd/yyyy): _____

Relationship to Principal Cardholder .....

Mother's Maiden Name .....

_____
Signature

2. Last Name

First Name M.I.

Asssigned Sub Limit* _____25% _____50% _____100%

Birthday (mm/dd/yyyy): _____

Relationship to Principal Cardholder .....

Mother's Maiden Name .....

_____
Signature

I understand that, if issued, the supplementary card will bear a different card number. Nevertheless, in all cases, all purchases /transactions made through the use of supplementary card will be billed to me. The supplementary cardholder/s has read and understood the Terms and Conditions set forth in my signed application form and agrees to use his/her supplementary card accordingly. He/she agrees to be held jointly and severally liable with me for the payment of obligations under the agreement.

* Allied Bank Credit Card Department shall round off to the nearest thousand. If not specified, default sublimit is 100%. For Allied Bank Premium MasterCard, 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.

☐ **Mode of Payment**

- ◯ Auto Debit Payment
- ◯ Full Amount
- ◯ Minimum Amount

ABC Account to Auto Debit

Peso Account | | | | | | | | | | |
FOR PESO BILLS ONLY

Dollar Account | | | | | | | | | | |
FOR DOLLAR BILLS ONLY

- ◯ Pay to Bank
- ◯ Peso Bills
- ◯ Dollar Bills

If the account no. does not belong to the principal cardholder, kindly attach an authorization letter signed by the depositor and verified by branch of account.

☐ **PHOTO CARD**

SIGNATURE

2" X 2" Colored Picture with White Background

☐ **Change of Address and Contact information**

◯ Please change my billing address to:

☐ HOME ☐ OFFICE

_____
_____
_____
_____

◯ My New Telephone Number(s) is/are:

(home) _____
(office) _____
(mobile) _____

☐ **Please replace my card due to:**

☐ Defective Magnetic Strip ☐ Change of Name* ☐ Others
☐ Correction* ☐ Damaged Card _____

* Attach a valid ID and supporting documents such as birth certificate, marriage certificate and the like.

First Name _____

Middle Name _____

Last Name _____

CARDHOLDER NAME	CONTACT PHONE	CARDHOLDER SIGNATURE
CARD NUMBER	DATE	