

Date _____

Customer Information File (CIF) ID: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			
Name of Applicant/Account Holder			Request Type
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<input type="checkbox"/> New Card <input type="checkbox"/> Replacement Card <input type="checkbox"/> Account Maintenance <input type="checkbox"/> PIN Regeneration
Name to Appear on Card (maximum of 21 characters including space)			
<input type="text"/>			

ACCOUNT ENROLLMENT AND MAINTENANCE REQUEST	
Account Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
<input type="checkbox"/> Link <input type="checkbox"/> Unlink or Change Enrolled Account/s <input type="checkbox"/> Block Card Number <input type="checkbox"/> Unblock Card Number	
<input type="checkbox"/> Change Limit: <input type="checkbox"/> Withdrawal _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

CARDHOLDER'S CONFORMITY AND AUTHORIZATION		
I/We hereby certify that I/we have read, understood and agree to be bound by the terms and conditions governing the use of the ShopNPay Visa Card - Debit. I/We hereby hold Sterling Bank of Asia Inc. (A Savings Bank) (the "Bank") free from any and all liabilities, claims, and demands of whatever kind or nature arising from this request. I/We also authorize the Bank to debit from my/our deposit account any payment for the above request/s. Further, I/we declare under penalties of perjury that my/our co-depositor/s is/are still living.		
Printed Name	Signature 	Date (MM/DD/YYYY) __ / __ / ____

AUTHORIZATION		
This is to authorize _____ to: (1) Facilitate my application for a ShopNPay Visa Card - Debit; (2) Receive my ShopNPay Visa Card - Debit and PIN mailer; I hold Sterling Bank of Asia Inc. (A Savings Bank) and its officers and staff free and harmless from any liability, damage, claim or whatsoever arising out or in connection with its implementation of this authorization.		
Printed Name	Signature 	Date (MM/DD/YYYY) / /

FOR BANK USE ONLY				
ATM Application Number:				
Amount Due	Processed By/Date	Checked and Approved By/Date	Card Released By/Date	PIN Mailer Released By/Date

ACKNOWLEDGEMENT RECEIPT				
ATM Card Number <input type="text"/>	PIN Mailer Serial Number			
Printed Name	Signature 	Date (MM/DD/YYYY) __ / __ / ____	Card Received By:	PIN Mailer Received By: