

SHOPNPAY VISA CARD - PREPAID APPLICATION FORM



Customer Information File (CIF) ID: - - - -

Please complete in CAPITAL LETTERS. Put a tick mark (✓) in the appropriate box and cross out or indicate NA where not applicable.

Request Type <input type="checkbox"/> New Card <input type="checkbox"/> Replacement Card	Card Type <input type="checkbox"/> Personalized - with name <input type="checkbox"/> Non-personalized - no name	Purpose <input type="checkbox"/> Personal Use <input type="checkbox"/> Loan Proceeds <input type="checkbox"/> Remittance, specify (nature) _____ <input type="checkbox"/> Payroll <input type="checkbox"/> Travel <input type="checkbox"/> Other _____	Currency <input type="checkbox"/> Peso (Php) <input type="checkbox"/> U.S. Dollar (USD)
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A. MANDATORY INFORMATION

Title Mr. Ms.
 Mrs. Other _____

Name to Appear on Card (maximum of 21 characters including space)

Gender Male Female

Date of Birth (MM/DD/YYYY) / /

Place of Birth City/Municipality Country

Nationality

Present Address
 No./Bldg./St. Brgy./Subd./Town City/Country Postal Code

Present Address Home Ownership
 Owned Rented Mortgaged Living with Relatives Other _____

Length of Stay in the Present Address

Permanent Address
 No./Bldg./St. Brgy./Subd./Town City/Country Postal Code

Permanent Address Home Ownership
 Owned Rented Mortgaged Living with Relatives Other _____

Length of Stay in the Permanent Address

Home Phone Number **Mobile Phone Number** **Email Address**

Name of Employer/Business **Nature of Employment/Business** **Position/Rank** **Date Hired/Business Registration Date**

Employer/Business Address
 No./Bldg./St. Brgy./Subd./Town City/Country Postal Code

Business Phone Number **Fax Number** **Tax Identification Number** **SSS/GSIS Number** **PhilSys Number (if applicable)**

Source of Wealth (please check all applicable source/s)

Employment/Salary Business (specify name and nature) _____
 Sale of assets (not in normal course of business) Allowance (from parents/relatives) _____
 Inheritance Remittance (please specify remitter, location and reason) _____
 Monthly Salary/Income Range: Pension (please indicate from what country) _____
 Below Php50,000 Other _____
 Php50,000 to Php100,000
 Php100,001 to Php500,000
 Over Php500,000

Source of Funds (please check all applicable source/s)

Cash on Hand Particular Bank or Investment Account
 Safety Deposit Box with Covered Person Other _____

B. CLIENT PROFILING

Education
 Last School Attended: _____
 Level Elementary High School College Other _____

Civil Status
 Single Married Widowed
 Other _____

Car Ownership
 Not Mortgaged Mortgaged Company Provided Other _____

Name of Spouse (if married) **Mother's Maiden Name**

Beneficiary's Name (if applicable)
 First Name Middle Name Last Name Suffix

Beneficiary's Address
 No./Bldg./St. Brgy./Subd./Town City/Country Postal Code

Beneficiary's Date of Birth (MM/DD/YYYY) **Beneficiary's Place of Birth** **Beneficiary's Nature of Employment/Business**

Beneficiary's Contact Details **Relationship**

Beneficiary's Source of Wealth (please check all applicable source/s)

Employment/Salary Business (specify name and nature) _____
 Sale of assets (not in normal course of business) Allowance (from parents/relatives) _____
 Inheritance Remittance (please specify remitter, location and reason) _____
 Pension (please indicate from what country) _____
 Other _____

Beneficiary's Source of Funds (please check all applicable source/s)

Cash on Hand Particular Bank or Investment Account
 Safety Deposit Box with Covered Person Other _____

ADDITIONAL QUESTIONS/INFORMATION

Are you a: Please provide details as necessary:

Senior official in any branch of the government? No Yes _____
 Senior official of a political party? No Yes _____

Senior executive of a government-owned enterprise?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Immediate family member of any individual that fits the previous description/s?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Close associate of any individual that fits the previous description/s?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you stayed in the Philippines for an aggregate period of more than 180 days in any one calendar year?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have relative/s employed with Sterling Bank of Asia? Name _____	<input type="checkbox"/> None <input type="checkbox"/> Yes (please provide details below) Relationship _____
Do you have other banks/banking relationship/s? Bank Name _____	<input type="checkbox"/> None <input type="checkbox"/> Yes (please provide details below) Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Time Deposit <input type="checkbox"/> Other _____

C. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Are you a U.S. citizen?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you a dual citizen?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please indicate country of citizenship _____
Are you a permanent resident of the U.S. or a Green Cardholder?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a U.S. residence?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a U.S. mailing address (including U.S. P.O. box)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have an "in care of" address or "hold mail" address identified?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a phone number in the U.S.?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any instructions to transfer funds to an address in the U.S. or to an account in the U.S.?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have a current power of attorney or signing authority granted to a person with U.S. address?	<input type="checkbox"/> No <input type="checkbox"/> Yes

If any of the answers to questions stated above is YES, kindly specify applicable information below:

Name _____			
First Name	Middle Name	Last Name	Suffix
U.S. Address _____			
No./Bldg./St.	Subd./Town	City	Postal Code
U.S. Home Phone Number	U.S. Tax Identification Number	U.S. P.O. Box	Length of Stay in U.S.
Standing instructions to pay amount/transfer funds to an account maintained in the U.S.			
Name of the person granted the power of attorney or signing authority with U.S. address			
An "in-care-of" address or "hold mail" address			

D. APPLICANT'S / CARDHOLDER'S CERTIFICATION

<p>By signing below, I confirm the truthfulness of all data provided in this ShopNPay Visa Card - Prepaid application form and hereby certify that I have received a copy of and have read, understood and agreed to be bound to the terms and conditions governing the use of ShopNPay Visa Card - Prepaid. I hereby agree to hold Sterling Bank of Asia Inc. (A Savings Bank) free and harmless from any liabilities, claims and demands of whatever kind or nature, arising from this request or application. I also acknowledge that the value to be stored in my ShopNPay Visa Card - Prepaid is not a deposit account and not insured by the Philippine Deposit Insurance Corporation (PDIC).</p>	<p><i>Sa aking paglagda sa ibaba nito, pinapatunayan ko na ang lahat ng impormasyon na aking isinulat sa ShopNPay Visa Card - Prepaid application form ay pawang katotohanan at ako ay nakatanggap ng sipi ng mga alintuntunin na ipinatutupad ng Sterling Bank of Asia Inc. (A Savings Bank) kaugnay sa paggamit ng ShopNPay Visa Card - Prepaid. Pinapatunayan ko rin na nabasa, naintindihan, at sinang-ayunan ko ang mga naturang alintuntunin na aking susundin ng naaayon sa batas. Walang pasubali kong inaalisan ng anumang pananagutan ang Sterling Bank of Asia Inc. (A Savings Bank), sa akin man o sa ibang tao, na maaaring magmula sa aking aplikasyon at pagbibigay pahintulot ng Sterling Bank of Asia Inc. (A Savings Bank) para sa ShopNPay Visa Card - Prepaid. Lubos kong nauunawaan at tinatanggap ang anumang halaga ng salapi na naka-imbak sa aking ShopNPay Visa Card - Prepaid ay hindi isang deposit account ayon sa batas, kung kaya't ito ay hindi nakaseguro sa Philippine Deposit Insurance Corporation (PDIC).</i></p>
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Printed Name	Signature 	Date (MM/DD/YYYY)
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E. AUTHORIZATION

<p>This is to authorize _____ to: (1) Facilitate my application for a ShopNPay Visa Card - Prepaid; (2) Receive my ShopNPay Visa Card - Prepaid 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.</p>	<p><i>Pinahihintulutan ko si _____ na: (1) Asikasuhin ang aking aplikasyon para sa pagkuha ng ShopNPay Visa Card - Prepaid; (2) Tanggapin ang aking ShopNPay Visa Card - Prepaid at PIN mailer; walang pasubali kong inaalisan ng pananagutan ang Sterling Bank of Asia Inc. (A Savings Bank) kasama ang mga pinuno at manggagawa nito mula sa kahit anumang kapahamakan, pananagutan, kasiraan o pahayag na maaaring magmula o may kinalaman sa pagsasatupad ng kapahintulutang ito.</i></p>
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Printed Name	Signature 	Date (MM/DD/YYYY) / /
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ShopNPay Visa Card - Prepaid Number <input type="text"/>	Card Received By:	PIN Mailer Received By:
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F. AUTHORIZATION AND CONSENT

I have read and understood the contents of the Privacy Notice of Sterling Bank of Asia Inc. (A Savings Bank) ("Sterling Bank") and hereby authorize and consent to its collection, processing, and sharing of my personal data as provided in the said Privacy Notice. Unless withdrawn earlier in writing, my authorization and consent will continue to be effective throughout the existence of my account(s), and/or until expiration of the retention limits set by applicable law, by Bangko Sentral ng Pilipinas (BSP) regulations, and by Sterling Bank's policies and procedures.

Printed Name	Signature 	Date (MM/DD/YYYY) / /
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FOR BANK USE ONLY

ATM Application Number:		PIN Mailer Number:		
I.D. Presented	I.D. Number	Issue Date	Place of Issuance	Expiry Date
Client Type: <input type="checkbox"/> Existing Client <input type="checkbox"/> New Client	Conducted By / Date:			Remarks:
<input type="checkbox"/> Walk-in <input type="checkbox"/> Referred/Introduced By (name & signature) _____				
Account Opened By / Date:	Witnessed/Verified By / Date:	Activated By/Date:	Card Released By:	PIN Mailer Released By:
Approved By / Date:	Client Risk Classification: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Post Account Opening Checklist: <input type="checkbox"/> Watch List Checking <input type="checkbox"/> Negative Result <input type="checkbox"/> With OFAC/UNSC Match <input type="checkbox"/> With CMAP/NFIS Match		