

**LAND BANK OF THE PHILIPPINES
CREDIT CARD ADMINISTRATION DEPARTMENT
REQUEST FORM FOR EXTENSION**

PLEASE FILL OUT THE FOLLOWING INFORMATION OF REQUESTED EXTENSION CARDHOLDER

Last Name			First Name			Middle Name		
Name to appear in card if space is not sufficient								
Birthdate (MM/DD/YYYY)			Birthplace			Age		
			Nationality			TIN/ACR No.		
GSIS/ SSS No.			Gender			Civil Status		
Present Home Address						Zip Code		Residing Since
Landline/s (include area code)				Mobile Phone Number				
Permanent Home Address						Zip Code		Residing Since
Landline/s (include area code)				Mobile Phone Number				
Company Name and Address						Zip Code		Employed Since
Nature of Business			Position			Annual Salary/Income		
Mother's Full Maiden Name			Email Address			Telephone Number		
Employment Type:								
<input type="checkbox"/> Government			<input type="checkbox"/> Self-employed (Professional)					
<input type="checkbox"/> Private			<input type="checkbox"/> Retired/Unemployed					
<input type="checkbox"/> Self-employed (Business)			<input type="checkbox"/> Others, pls. specify _____					
Source of Funds:								
<input type="checkbox"/> Salary/Honoraria			<input type="checkbox"/> Pension			<input type="checkbox"/> Other, pls. specify _____		
<input type="checkbox"/> Interest/Commission			<input type="checkbox"/> Overseas Filipino Remittance			_____		
<input type="checkbox"/> Business			<input type="checkbox"/> Other Remittance			_____		
Other Source of Income						Annual Amount		
Relationship to Principal Cardholder						Credit Limit		
Education								
<input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others, pls. specify _____								
Name of School (If Student)					School Address			
Name of Extension's Spouse						Birthdate (MM/DD/YYYY)		
Occupation						TIN/ACR No.		

DECLARATION

I understand that, if issued, the extension card will bear a different card number. Nevertheless, in all cases, all purchases/ transactions made through the use of the extension card will be billed to me as principal cardholder.

The extension cardholder has read and understood the terms and conditions set forth in my signed application form and agree to use his/her extension card accordingly. He/she agrees to be held jointly and severally liable with me for payment of obligations under the application/agreement.

I certify that I personally know the supplementary cardholder and all the personal data and declarations he/she stated herein are true.

SIGNATURE: _____

PRINCIPAL CARDHOLDER'S NAME: _____

CARD NUMBER:

SIGNATURE: _____

EXTENSION CARDHOLDER'S NAME: _____

Please send personally to the nearest LANDBANK branch or to LANDBANK Visa 28th Floor LANDBANK PLAZA 1598 M.H. Del Pilar cor. Dr. J. Quintos St. Malate, Manila

PLEASE ATTACH PHOTOCOPY OF VALID ID OF EXTENSION