



Complete the application form (write N/A if Not Applicable). Applications without required documents or with incomplete information will not be processed. Submitted documents will not be returned to the applicant.

CASH OUT EFFECTIVE AUGUST 2020

FVP-PAYMAYA MASTERCARD APPLICATION FORM

TO BE FILLED UP BY RM DEPT.: BASIC REQUIREMENTS SUBMITTED / ATTACHED:	TO BE FILLED UP BY DEALER:
<input type="checkbox"/> Bonafide Active FVP Dealer. <input type="checkbox"/> POWERCARD number _____ (back of card, below barcode) <input type="checkbox"/> One (1) Valid government-issued ID and one (1) Secondary ID. (COLORED Copies of IDs with three (3) original signatures required) TYPE of IDs submitted: _____ <input type="checkbox"/> Proof of Bank Account. (Colored Copy of Passbook, or ATM Card) <input type="checkbox"/> Application Form with original signatures.	DEALER BANK ACCOUNT NAME BANK ACCOUNT NUMBER <input type="checkbox"/> SAVINGS ACCOUNT <input type="checkbox"/> CURRENT ACCOUNT

DEALER-APPLICANT'S INFORMATION		
DEALER NAME (LAST NAME, FIRST NAME, MIDDLE NAME)		DEALER NO.
RESIDENCE ADDRESS		
HOME/RESIDENCE PHONE NUMBER:	* MUST FILL UP: MOBILE NUMBER:	* NOTE: PAYMAYA WILL SEND YOUR ACTIVATION CONFIRMATION VIA SMS/TEXT.
MUST FILL UP: VALID/ACTIVE EMAIL ADDRESS:	TIN #	CITIZENSHIP / NATIONALITY
BIRTHDATE	BIRTHPLACE	NATURE OF WORK
EMPLOYER	MOTHER'S MAIDEN NAME	SOURCE OF INCOME

SPECIMEN SIGNATURES		
SIGNATURE	SIGNATURE	SIGNATURE
		DATE SIGNED

I hereby certify that all information given in this application is true and correct. I hereby authorize the issuer/representative/s to conduct independent verification of the information provided by me in connection with this application, including verification of my employment and/or credit history with other institutions/ persons.

AGREE
 DISAGREE

SIGN./DATE

FVP-PAYMAYA MASTERCARD RECEIVED BY (SIGN OVER PRINTED NAME)	DATE RECEIVED
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FOR FVPMC USE ONLY			
1: RECEIVED BY RM DEPT / I-OPs DEPT PRINT NAME / SIGN. DATE RECEIVED	4: PAYMENT PROCESSED BY MKTNG TOOLS	CARD NO. (FRONT) CARD ID # (BACK) DATE PAID	
2: EVALUATED BY RM DEPT / I-OPs DEPT PRINT NAME / SIGN. DATE EVALUATED			
3: APPLICATION APPROVED BY RM DEPT PRINT NAME / SIGN. DATE APPROVED		STAMP "PAID" / PRINT NAME / SIGN.	DATE ENDORSED

FOR ACCTNG PROCESSING	
5: APPLICATION RECEIVED BY ACCTNG PRINT NAME / SIGN.	DATE RECEIVED