



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.

PAY OUTS EFFECTIVE _____

HWIC-PAYMAYA MASTERCARD APPLICATION FORM

TO BE FILLED UP BY CS DEPT.: BASIC REQUIREMENTS SUBMITTED / ATTACHED:

- Bonafide Active HWIC Dealer.
- HWONECARD number _____ (back of card, below barcode)
- One (1) Valid government-issued ID and one (1) Secondary ID.
(COLORED Copies of IDs with three (3) original signatures required)
Please name TYPE of IDs submitted: _____
- Proof of Bank Account. Copy of last 3 months Bank Statements, or copy of Passbook, or Bank Cert.)
- Application Form with original signatures.

DEALER-APPLICANT'S INFORMATION

DEALER NAME (LAST NAME, FIRST NAME, MIDDLE NAME)		DEALER NO.
RESIDENCE ADDRESS		BANK NAME <input type="checkbox"/> Local <input type="checkbox"/> International
		ACCOUNT NUMBER <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account
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	SOURCE OF INCOME	

SPECIMEN SIGNATURES

SIGNATURE	SIGNATURE	SIGNATURE
DATE SIGNED	DATE SIGNED	DATE SIGNED

<p>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.</p>	<input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE <div style="border: 1px solid black; width: 150px; height: 20px; margin-left: auto; margin-right: 0; text-align: right; padding-right: 5px;">SIGN./DATE</div>
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HWIC-PAYMAYA MASTERCARD RECEIVED BY (SIGN OVER PRINTED NAME)	DATE RECEIVED
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FOR HWIC USE ONLY

1:RECEIVED BY CS DEPT/ SOD DEPT _____ <small>PRINT NAME/SIGN.</small>	_____ <small>DATE RECEIVED</small>	4:PAYMENT PROCESSED BY MKTNG TOOLS _____ <small>STAMP"PAID/PRINT NAME/SIGN.</small>	CARD NO. (FRONT) _____ CARD ID # (BACK) _____ <small>DATE PAID</small> _____ <small>DATE ENDORSED</small>
2:EVALUATED BY CS DEPT/ SOD DEPT _____ <small>PRINT NAME/SIGN.</small>	_____ <small>DATE EVALUATED</small>		
3:APPLICATION APPROVED BY CS DEPT _____ <small>PRINT NAME/SIGN.</small>	_____ <small>DATE APPROVED</small>		

FOR ACCOUNTING PROCESSING

5:APPLICATION RECEIVED BY ACCTNG _____ <small>PRINT NAME/SIGN.</small>	_____ <small>DATE RECEIVED</small>
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