

LANDBANK Credit Card

CARDHOLDER REQUEST FORM

INCREASE/DECREASE OF CREDIT LIMIT TO:

FROM _____ TO _____

I understand that my approved Credit Limit shall be applicable to my credit card account, including my extension/s.

UPGRADE/DOWNGRADE

- Classic
- Gold

REPLACEMENT CARD

- Damaged Card
- Change Name (*Please attach proof of change in name*)

CHANGE OF BILLING ADDRESS

Please change my billing address to:

Home : _____ Zip code: _____

Office : _____ Zip code: _____

OTHERS (*Please Specify*) _____

SIGNATURE : _____

CARDHOLDER NAME : _____

CARD NUMBER :

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DATE OF BIRTH : _____

PLACE OF BIRTH : _____

TAX ID NO. (TIN) : _____

MOTHER'S MAIDEN NAME : _____

EMAIL ADDRESS : _____

CONTACT NUMBER/S : _____

Please send original copy to LANDBANK Credit Card at 28th Floor LANDBANK PLAZA 1598 M.H. Del Pilar cor. Dr. J. Quintos St. Malate, Manila 1004 or email to CCAD@mail.landbank.com