

**AUTHORITY TO CLAIM EMV- ENABLED CARD
(FOR CARDHOLDERS ABROAD)**

ACCOUNT HOLDER		
Last Name	First Name	Middle Name
Overseas Address		Telephone Number
Philippine Address		Telephone Number
ATM Account Number	ATM Card Number	
Passport Number	Email Address	

I certify that I am the OWNER of the above-cited LANDBANK ATM account and I was issued a corresponding magnetic stripe card to enable access to the account;

That for me, to obtain the new EMV-enabled card as replacement for my old magnetic stripe ATM Card, I hereby appoint _____, as my true and legal representative to:

- RECEIVE on my behalf the EMV-enabled card which will replace the ATM card issued to me;
- SIGN, on my name, all documents pertaining thereto.

It is understood that any activity that transpires with the account, either authorized or unauthorized, are attributable solely to me and any use of the cards, both the old (should I or my representative fail to surrender it to Land Bank) and the EMV-enabled cards, shall be my sole responsibility.

I further undertake to hold the Land Bank of the Philippines, its officers and employees, free and harmless from all claims, liabilities or damages that may arise from the release of the replacement EMV card to my representative or from the use or misuse of the old and EMV-enabled cards.

I likewise commit to have the new EMV enabled card activated immediately within the period prescribed by the Bank.

_____ Date _____ Signature of Depositor Signature Verified:

KYC and Verification conducted by: _____ Test: _____

ORO

AUTHORIZED REPRESENTATIVE		
Last Name	First Name	Middle Name
Address		Telephone Number
Mobile Phone Number	Email Address	
Relationship to the Account Holder	Status of Magnetic Stripe Card: _____ Surrendered _____ Retained by A/C Owner	
ID/s Presented:		

In accordance with the RA 10173 (Data Privacy Act), RA 1405 (Bank Secrecy Law), RA 8791 (General Banking Law of 2000) and BSP Circular 808 s. 2013, Landbank, its employees, agents and representatives, shall handle personal information with utmost care and shall adhere to appropriate organizational, physical and technical measures to maintain the confidentiality, integrity and security of all personal information in its possession.

Released by: _____ Signature _____ Date	Approved by: _____ Signature _____ Date	EMV-enabled card Received by: _____ Signature Over Printed Name _____ Date	Signature Verified:
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