



CLASS B

LANDBANK CREDIT CARD ACTIVATION REQUEST FORM (CCARF)

Please complete all fields and ensure that any amendment made is properly countersigned. This CCARF is applicable only when you opt to activate your card thru your LANDBANK Servicing Branch.

Part 1. CARDHOLDER'S INFORMATION

Cardholder Name : _____
Residential Address: _____
Mailing/Billing Address: _____ Zip Code: _____
Telephone No. : _____ Mobile No. : _____ Email Add: _____

Part 2. ACTIVATION OF LANDBANK CREDIT CARD

Please state the cardnumber/s you wish to activate
I hereby instruct LANDBANK to activate the following credit card accounts.

Card No/s.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 3. DECLARATION AND AGREEMENT

I hereby request for the activation of my LANDBANK Credit Card and declare that the information included in this application is true and correct. I accept that LANDBANK is entitled in its absolute discretion to accept or reject this application, without assuming any reason whatsoever.

Signature: _____ Date: _____

FOR BANK USE ONLY

Signature/Verified by:	Checked by:	Approved by:
Signature and Name	Signature and Name	Signature and Name

Please scan and forward this CCARF immediately after receipt via email to CCAD@mail.landbank.com completely verified and signed. Processing of card activation request is within 24-48 hours after the receipt of a confirmation e-mail from LANDBANK Credit Card Administration Department.