



LANDBANK Mastercard Credit Card Paper Statement Opt-In Form

For verification purposes, please provide the following information so we can process your request to send your monthly printed Statement of Account via mail/courier.

CARDHOLDER NAME :

[illegible]

DATE OF BIRTH :

BILLING ADDRESS :

EMAIL ADDRESS :

CONTACT NUMBER/S :

Signature

Note:

Cardholders who opt to receive a paper statement will be charged a statement printing/reprinting fee of Php100.00. Please send the completed form to customercare@landbank.com or ccad@landbank.com.