

Cardholder Name:

Card number:     -   -   -

Billing Address:

Birthday (mmddy):

**Contact numbers:**

Home  Office  Fax

Mobile  Email address:

**For Change in Credit Limit:**

**Request:**  Increase  Decrease

Current Credit limit: \_\_\_\_\_

Desired Credit Limit: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Change in Card Type:**

**Request:**  Upgrade  Downgrade

Current Card Type: \_\_\_\_\_

Classic Local  Classic International  Gold Local  Gold International

Desired Card Type: \_\_\_\_\_

Classic Local  Classic International  Gold Local  Gold International

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Attachments:**

- For employed:**
- ITR
  - At least one month recent pay slip
  - Statement of Account of Non-Prudentiallife Visa credit card
  - Others. Pls. specify: \_\_\_\_\_

- For self-employed:**
- Business Permit
  - Financial Statements
  - Bank Statement
  - Others. Pls. specify: \_\_\_\_\_