

CREDIT APPLICATION FORM FOR MOTORCYCLE LOAN

QD ID APP ID AOC CODE

Instructions: PLEASE PRINT LEGIBLY. Indicate NA in the fields which are NOT APPLICABLE.

REFERRAL INFORMATION												
NAME			DEALER				DEALER CODE		DATE / TIME			
*PLEASE CHECK ONE <input type="checkbox"/> Principal Borrower <input type="checkbox"/> Co-Borrower (If co-borrower, please indicate name of your principal borrower and relationship)			LOAN PURPOSE		LOAN TYPE <input type="checkbox"/> Brand New <input type="checkbox"/> Second-Hand		LOAN AMOUNT		2x2 or passport size ID PICTURE with signature at the back			
					TERM (in months)		DOWNPAYMENT					
<input type="checkbox"/> YES! I AM ENROLLING MY ACCOUNT TO THE POWER PERKS PROGRAM												
• Power Card – Purchase and service discounts from Accredited Partners • Power Connect – Text information of accounts and promos • Power Rewards – Referral promo on motorcycle loan												
PERSONAL DETAILS												
*NAME First Name Middle Name Last Name Nick Name												
*GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		*NATIONALITY If Non-Filipino, ACR NO.		AGE	*BIRTHDATE (mm / dd / yyyy)			*TIN				
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married		<input type="checkbox"/> Widow/widowed for _____ years <input type="checkbox"/> Legally separated for _____ years		<input type="checkbox"/> Live - in		*BIRTHPLACE			*SSS / GSIS NO.		NO. OF CHILDREN AND AGES	
EDUCATIONAL ATTAINMENT <input type="checkbox"/> Elementary Grad <input type="checkbox"/> College Undergrad <input type="checkbox"/> Vocational <input type="checkbox"/> High School Grad <input type="checkbox"/> College Grad <input type="checkbox"/> Postgrad / Doctorate				MOTHER'S FULL MAIDEN NAME (First Name, Middle Name, Last Name)						NO. OF DEPENDENTS (Other than children)		
TYPE OF BORROWER												
INDIVIDUAL ENGAGED IN BUSINESS NATURE OF BUSINESS (If engaged in business)												
<input type="checkbox"/> Workers in Formal Sector (Employed) <input type="checkbox"/> Workers in Informal Sector (Self-Employed) <input type="checkbox"/> Migrant Workers (OFW) <input type="checkbox"/> Pensioner <input type="checkbox"/> Driver <input type="checkbox"/> Farmer <input type="checkbox"/> Fishersfolk <input type="checkbox"/> Recipient of Remittance				<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporate ASSET SIZE OF THE BUSINESS <input type="checkbox"/> Up to P 1.5M <input type="checkbox"/> More than P 1.5M up to P 15M <input type="checkbox"/> More than P 15M up to P 100M <input type="checkbox"/> More than P 100M				<input type="checkbox"/> Agriculture, forestry and fishing <input type="checkbox"/> Mining and quarrying <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, gas, steam and air-conditioning supply <input type="checkbox"/> Water supply, sewerage, waste management and remediation activities <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale and retail trade; repair of motor vehicles and motorcycles <input type="checkbox"/> Transportation and storage <input type="checkbox"/> Accommodation and food service activities <input type="checkbox"/> Information and communication <input type="checkbox"/> Financial and insurance activities <input type="checkbox"/> Real estate activities <input type="checkbox"/> Professional, scientific and technical services <input type="checkbox"/> Administrative and support service activities <input type="checkbox"/> Public administrative and defense; compulsory social security <input type="checkbox"/> Education <input type="checkbox"/> Human health and social work activities <input type="checkbox"/> Arts, entertainment and recreation <input type="checkbox"/> Other service activities <input type="checkbox"/> Activities of private households as employers and undifferentiated goods and services and producing activities of households for own use <input type="checkbox"/> Activities of extraterritorial organizations and bodies				
ADDRESS DETAILS												
<input type="checkbox"/> *PRESENT ADDRESS (Please check the box if this is your mailing address) No. / Street Brgy. City / Municipality Province Zip Code												
RESIDENCE OWNERSHIP <input type="checkbox"/> Owned <input type="checkbox"/> Living with parents <input type="checkbox"/> Company-provided quarters <input type="radio"/> Mortgaged <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented <input type="radio"/> Not mortgaged <input type="checkbox"/> Bed spacer / Boarder <input type="checkbox"/> Others, please specify :						*HOME TEL. NO.		HOME FAX NO.		LENGTH OF STAY ____ Years ____ Months		
						MOBILE PHONE <input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid		E-MAIL ADDRESS				
<input type="checkbox"/> *PERMANENT / PROVINCIAL ADDRESS (Please check the box if this is your mailing address) No. / Street Brgy. City / Municipality Province Zip Code												
PREVIOUS ADDRESS (If less than 2 years in present address) No. / Street Brgy. City / Municipality Province Zip Code												
SOCIAL MEDIA ACCOUNT/S: FACEBOOK _____ INSTAGRAM _____ OTHERS _____ (The Bank may from time to time send sales and/or service materials to your above stated social media account/s.)												
BENEFICIAL OWNER DETAILS												
BRANCH / UNIT		ACCOUNT NAME				ACCOUNT NO.		CIF NO.				
MINIMUM MANDATORY INFORMATION	Beneficial Owner 1				*Beneficial Owner 2			*Beneficial Owner 3				
NAME												
ADDRESS												
DATE AND PLACE OF BIRTH												
CONTACT NUMBER / INFO												
CITIZENSHIP OR NATIONALITY												
PERCENTAGE OF OWNERSHIP (if applicable)												
*TO BE OBTAINED IF FOUND TO HAVE MORE THAN ONE (1) BENEFICIAL OWNERS.												
ADDITIONAL INFORMATION												
EMPLOYMENT / BUSINESS DETAILS												
NAME OF PRESENT EMPLOYER / BUSINESS						NATURE OF BUSINESS		NO. OF YEARS IN THE BUSINESS				
EMPLOYER / BUSINESS ADDRESS No./Street Brgy. City/Municipality/Province Zip Code						IS YOUR BUSINESS REGISTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
EMPLOYMENT STATUS <input type="checkbox"/> Regular / Permanent <input type="checkbox"/> Pensioner <input type="checkbox"/> Probationary / Trainee <input type="checkbox"/> Contractual / Project Hired / Consultant <input type="checkbox"/> Recipient of remittance <input type="checkbox"/> Others (please specify) <input type="checkbox"/> Fixed term <input type="checkbox"/> Self – Employed / Freelance					EMAIL ADDRESS		TEL. / FAX NO.		LENGTH OF SERVICE ____ Years ____ Months			
					NATURE OF WORK			RANK / POSITION / PERCENT (%) OF OWNERSHIP				
NAME OF PREVIOUS EMPLOYER						TEL. NO.		LENGTH OF SERVICE ____ Years ____ Months				
PREVIOUS EMPLOYER ADDRESS (No./Street, Brgy., City/Municipality/Province, Zip Code)						RANK / POSITION IN PREVIOUS JOB						
SPOUSE DETAILS												
*NAME First Name Middle Name Last Name Nick Name										*MOBILE PHONE NO.		
*NATIONALITY If Non-Filipino, ACR NO.				AGE	*BIRTHDATE (mm/dd/yyyy)			*BIRTHPLACE				

ADDRESS (No./Street, Brgy., City/Municipality, Province, Zip Code)					*TEL. NO.	
MONTHLY INCOME COMPUTATION						
*SOURCES OF FUND						
<input type="checkbox"/> Employment <input type="checkbox"/> Remittance <input type="checkbox"/> Others, please specify:						
<input type="checkbox"/> Business <input type="checkbox"/> Pension						
		Salary + Business Income + Other Income = Gross Income				
EXISTING LOANS						
BANK / FINANCIAL INSTITUTION	TYPE OF LOAN	LOAN AMOUNT	MONTHLY INSTALLMENT	TERM (in months)	DATE GRANTED	MATURITY DATE
PERSONAL REFERENCES (Other than living with the Borrower/Co-borrower)						
NAME	COMPLETE ADDRESS (No./Street, Subd./Brgy, Mun/City, Province)			CONTACT DETAILS		RELATIONSHIP

UNDERTAKING

I/We certify that all information I/we furnished in this Credit Application Form including those contained in the required documents I/we submitted are true and correct and shall form part of the loan documents. Should any of such information furnished by me/us found to be false, the application will be automatically disapproved and/or declare the loan to be due and demandable (in case the loan proceeds have already been released).

I/We agree and authorized the Dealer to share information provided in the Credit Application Form and/or furnish copy of this Credit Application to any of its accredited financing companies/institution or third parties selected by the Dealer to offer its products and to obtain relevant information as it may require concerning this application and validate the information provided in this form and other documents submitted from other institutions/persons.

I/we agree that all information obtained and loan documents submitted shall remain the property of the Dealer or its accredited financing companies/institutions or third parties whether or not the loan is granted.

I/We understand that this loan application is subject to regulations and policies of the Dealer, affiliate financing companies/institution or third parties and government regulatory policies.

In case of disapproval of this application, I/We understand that the Dealer or its accredited financing companies/institutions or third parties is/are not obliged to disclose the reason(s) for such disapproval.

In the event of future delinquency, I/We hereby authorize the Dealer and its affiliate financing companies/institution or third parties to report and/or include my/our name in the negative listings of any credit bureau or institution and share pertinent client information to their accredited collection agencies and legal counsels.

The undersigned further certify that the proceeds of the loan, if this application is approved, will be solely for the purpose stated in the application.

I hereby acknowledge and authorize: 1) the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof, and 2) the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

In compliance with the requirements of the Republic Act No. 10173 known as the Data Privacy Act (DPA) of 2012 and its implementing rules and regulations, I/we authorize the general use and sharing of all information obtained from me/us in the course of my/our transaction/s with the Dealer, its subsidiaries, affiliates, and their authorized representatives and agents, or from third parties. These data, which include my/our personal information or sensitive personal information may be collected, processed, stored, updated, or disclosed by the Dealer or continually be collected, stored, processed and/or shared for five (5) years from the conclusion of my/our transaction with the Dealer, its subsidiaries, affiliates, and their authorized representatives and agents or until the expiration of the retention limits set by applicable law, whichever comes later, (i) for legitimate purposes², (ii) to implement transactions which I/we request, allow, or authorize, (iii) to offer and provide new or related products and services of the Dealer, its subsidiaries, affiliates, and their authorized representatives and agents or third parties, and, (iv) to comply with the Dealer, its subsidiaries and affiliates' internal policies and its reporting obligations to governmental authorities under applicable laws and regulations.

I/we confirm that I/we have read, understood and agree to the foregoing terms and the terms of the Data Privacy Statement obtained from the Dealer. The terms as provided herein is a concise version of the Data Privacy Statement and agreement to the terms hereof is tantamount to agreement to the full text of the Data Privacy Statement. Your continued availment of any product or service from the Dealer shall be deemed your continued assent to the terms of the Data Privacy Statement, its amendments and modifications, which amendments or modifications may be made by the Dealer without need of prior notice.

1. Name, address, contact details, age, gender, marital status, birthday, SSS/GIS, TIN, education, employment or financial or medical information, spouse details, and other information classified as "personal data", "personal information", or "sensitive personal information" under the Data Privacy Act of 2012, and those of the applicant's authorized representatives, as well as accounts, transactions, and communications.

2. Including but not limited to know your customer checks, credit and risk management, prevention and detection of fraud or crime, system or product development and planning, cross-selling, direct marketing, profiling, complaints management, insurance, audit and administrative purposes, and relationship management.

Signature of BORROWER/CO-BORROWER Over Printed Name

Date

Signature of SPOUSE Over Printed Name

Date

FOR ON-SITE COLLECTION, KINDLY GO TO THE FOLLOWING ADDRESS:

FOR DEALER/FINANCING COMPANY/INSTITUTION USE ONLY

DATE OF RECEIPT (mm / dd / yyyy)		FINANCING COMPANY /INSTITUTION CODE		*SCHEME GROUP <input type="checkbox"/> Assumption <input type="checkbox"/> Short Term <input type="checkbox"/> Regular <input type="checkbox"/> Special Short Term		*FOR ASSUMPTION / REGULAR / SPECIAL SHORT TERM GROUP SCHEME IN MONTHS <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/> 36			
DEALER CODE		*INTEREST START DATE		*PREFERRED DUE DATE		*SCHEME <input type="checkbox"/> Employee <input type="checkbox"/> Public Solo <input type="checkbox"/> Public Tricycle		*FOR SHORT TERM GROUP SCHEME IN DAYS <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/> 120 <input type="checkbox"/> 150 <input type="checkbox"/> 180 <input type="checkbox"/> 210 <input type="checkbox"/> 240 <input type="checkbox"/> 270	
ASSET DETAILS									
*CATEGORY		*TYPE		*MAKE			*MANUFACTURER		
*CHASSIS NO.		*ENGINE NO.		YEAR MODEL		COLOR		*SUPPLIER	

DOCUMENTS CONTROL CHECKLIST

☐ Fully accomplished and signed Credit Application Form

☐ Photocopy of two (2) valid photo-bearing IDs with specimen signature (original presented)

☐ Two (2) pieces of recent 2x2 or passport size ID picture with signature at the back

☐ Photocopy of Proof of Income (original presented)

☐ Photocopy of Proof of Residence (original presented)

☐ Sketch of address (to be accomplished in a separate sheet)

DETAILS OF IDs PRESENTED

TYPE OF I.D.	I.D. NO.	DATE / PLACE OF ISSUE	EXPIRY DATE

DOCUMENTS VERIFIED/CHECKED AND IDs "ORIGINAL SEEN" BY:

Signature Over Printed Name

Date

Time