

| LOAN INFORMATION      |                         |                 |                         |
|-----------------------|-------------------------|-----------------|-------------------------|
| LOAN AMOUNT:          | 200,000.00              | LOAN TERMS:     | 12                      |
| LOAN PURPOSE:         | MEDICAL                 | NET PAY:        | 100,000.00              |
| LOAN PURPOSE: OTHERS  | N / A                   | NTHP:           | 100000.00               |
| OTHER LOANS:          | 0.00                    | LOAN TYPE:      | NEW LOAN                |
| PERSONAL INFORMATION  |                         |                 |                         |
| NAME:                 | MR MAWELL S MAPANAO     | PLACE OF BIRTH: | MANILA                  |
| DATE OF BIRTH:        | 1994-01-18              | AGE:            | 29 YRS AND 1 MONTHS OLD |
| GENDER:               | MALE                    | RELIGION:       | CATHOLIC                |
| CITIZENSHIP:          | FILIPINO                | CIVIL STATUS:   | SINGLE                  |
| TIN:                  | 123553222               |                 |                         |
| MOTHER'S MAIDEN NAME: | JANE DOE MAPANAO        |                 |                         |
| GSIS:                 | N / A                   | SSS:            | 5556555555              |
| EMAIL:                | mawellmapanao@gmail.com |                 |                         |
| SPOUSE INFORMATION    |                         |                 |                         |
|                       |                         |                 |                         |

|                        |   |                    |             |
|------------------------|---|--------------------|-------------|
| NAME:                  | N / A   | GENDER:            | N / A       |
| DATE OF BIRTH:         | N / A   | AGE:               | N / A       |
| EMPLOYER NAME:         | N / A   | NO. OF DEPENDENTS: | N / A       |
| MONTHLY INCOME:        | N / A   | CONTACT NUMBER:    | N / A       |
| OCCUPATION:            | N / A   |                    |             |
| PRESENT ADDRESS        |   |                    |             |
| PRESENT ADDRESS:       | 16-E LANZONES ST. BALANGKAS CITY OF VALENZUELA, METRO MANILA PHILIPPINES 1445 |                    |             |
| OWNERSHIP:             | OWNED   |                    |             |
| LENGTH OF STAY:        | 25 YEARS and 0 MONTHS.  | TELEPHONE NUMBER:  | 09768545623 |
| PERMANENT ADDRESS      |   |                    |             |
| PERMANENT ADDRESS:     | 16-E LANZONES ST. BALANGKAS CITY OF VALENZUELA, METRO MANILA PHILIPPINES 1445 |                    |             |
| OWNERSHIP:             | OWNED   |                    |             |
| LENGTH OF STAY:        | 25 YEARS and 0 MONTHS.  | TELEPHONE NUMBER:  | 09768545623 |
| EMPLOYMENT INFORMATION |   |                    |             |
|                        |   |                    |             |

|                         |  |                    |                                       |
|-------------------------|--|--------------------|---------------------------------------|
| EMPLOYER NAME:          | INSULAR HEALTH CARE INC.   | EMPLOYMENT STATUS: | REGULAR/PERMANENT                     |
| DATE HIRED:             | 2022-01-25   | TENURE:            | 1 YRS AND 1 MONTHS OLD                |
| EMPLOYEE NUMBER:        | ABC123   | TELEPHONE NUMBER:  | 555555555555                          |
| RANK:                   | RANK   | DEPARTMENT :       | IT                                    |
| MONTHLY BASIC SALARY:   | 100000   |                    |                                       |
| MONTHLY ALLOWANCE:      | 5000   | OCCUPATION:        | ACCOUNTANT - ACCOUNTANTS AND AUDITORS |
| NATURE OF WORK:         | ADMINISTRATIVE AND SUPPORT SERVICE ACTIVITIES  |                    |                                       |
| EMPLOYER'S ADDRESS:     | BLK 34C LOT 6 PHASE 2 AREA 2 NORTH BAY BLVD., SOUTH CITY OF NAVOTAS, METRO MANILA PHILIPPINES 1440 |                    |                                       |
| OTHER SOURCE OF INCOME: | N / A  |                    |                                       |
| BANK INFORMATION        |  |                    |                                       |
| CREDIT PROCEEDS TO:     | NEW CSB SAVINGS ACCOUNT  |                    |                                       |
| NAME TO DISPLAY:        | MAWELL MAPANAO   |                    |                                       |
| ACCOUNT NUMBER:         | N / A  |                    |                                       |
|                         |  |                    |                                       |

|   |       |
|---|-------|
| <b>BANK NAME:</b>   | N / A |
| (Electronically Signed via OTP) OTP: NXWSTYLG OTP EMAIL : mawellmapanao@gmail.com OTP VERIFIED ON: February 27, 2023 12:11 PM |       |