

Pag-IBIG MID Number/RTN IT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS **LOAN PARTICULARS DESIRED LOAN AMOUNT** ENROLLMENT TO MRI/SRI MODE OF PAYMENT **DESIRED LOAN TERM** □ Collecting Agent (Exclusive of the co-borrower's desired loan amount, if any) ☐ No Salary deduction (Years) ☐ Yes □ Bank Over-the-Counter □ Developer PAYMENT SCHEME ■ Post-Dated Checks ₽ ☐ Remittance Center □ GAP □ LAP ☐ Cash/Check **COLLATERAL** PROPERTY LOCATION (Street, Municipality, Province) TYPE OF PROPERTY ☐ Rowhouse ☐ Single Atta Townhouse Single Detached Single Attached Condominium Duplex NAME OF PROJECT PROPONENT/REGISTERED TITLE HOLDER TAX DECLARATION NO. BLOCK LAND AREA/ TCT/OCT/CCT NO. UNIT NO BLDG NO FLOOR AREA SQM **BORROWER-BENEFICIARY'S DATA** MIDDLE NAME LAST NAME FIRST NAME NAME EXTENSION (if applicable) CITIZENSHIP DATE OF BIRTH (mm/dd/vv) SEX <u>и</u> _ F PERMANENT HOME ADDRESS MARITAL STATUS Unit/Room No., Floor **Building Name** Lot No., Blk No., Phase No., House No. Street Name ☐ Single/Unmarried ATTACH HERE ☐ Married ■ Annulled ID PHOTO Province and State Country (if abroad) ZIP Code Subdivision Barangay Municipality/City ☐ Legally Separated OF APPLICANT ☐ Widow/er PRESENT HOME ADDRESS BORROWER'S CONTACT DETAILS (Indicate country code Building Name Lot No., Block No., Phase No., House No. Street Name Unit/Room No., Floor if abroad) COUNTRY + AREA CODE TELEPHONE NO. Home Province and State Country (if abroad) ZIP Code Subdivision Barangay Municipality/City Cell Phone YEARS OF STAY IN PRESENT HOME ADDRESS HOME OWNERSHIP EE SSS/GSIS ID No Email Address ☐ Company ☐ Living w/ relatives/parents☐ Rented at P_____/mo. _/mo. EMPLOYER/BUSINESS NAME (If self-employed) TIN EMPLOYER'S CONTACT DETAILS (Indicate country code EMPLOYER/BUSINESS ADDRESS OCCUPATION COUNTRY + AREA CODE TELEPHONE NO. Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name □ Employed□ Self-Employed Business (Direct Line) Barangay Municipality/City Province and State Country (if abroad) Business (Trunk Line) MAILING ADDRESS/CONTACT DETAIL Employer/Business Email Address ALTERNATE MAILING ADDRESS ☐ Present Home Address **Email Address** ☐ Employer/Business Address ☐ Permanent Home Address INDUSTRY PREFERRED TIME TO BE CONTACTED (For ☐ Accounting
☐ Activities of Private Employer) ☐ Technology☐ Transport, Storage and Communications ☐ Business Process Outsourcing ☐ Health and Social Work: Health and Medical Services

Life Sciences (BPO) Households as Construction POSITION & DEPARTMENT Employer's & Undifferentiated ☐ Education & Training
☐ Electricity, Gas and Water ☐ Management ☐ Manufacturing ☐ Travel and Leisure Wholesale & Retail Supply

Extra-Territorial Organization & YEARS IN EMPLOYMENT/ □ Media NO OF **Production Activities** Trade: Repair of of Private Households ☐ Mining and Quarrying Motor Vehicles, DEPENDENT/S BUSINESS Motorcycles, ☐ Other Community, Social & **Bodies** ☐ Agriculture, Hunting, Forestry & Fishing ☐ Financial Services/ Personal Service Activities Personal & Intermediation □ Public Administration & Defense; Household Goods ☐ HR/Recruitment ☐ Basic Materials Compulsory Social Security SPOUSE'S PERSONAL DATA Pag-IBIG MID NO./RTN LAST NAME FIRST NAME NAME EXTENSION MIDDLE NAME CITIZENSHIP DATE OF BIRTH (mm/dd/yy) TIN EMPLOYER/BUSINESS NAME (If self-employed) YEARS IN EMPLOYMENT/ BUSINESS EMPLOYER/BUSINESS ADDRESS OCCUPATION POSITION & DEPARTMENT Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name ■ Employed ☐ Self-Employed Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code BUSINESS TEL. NO. INDUSTRY ☐ Accounting
☐ Activities of Private Households as ☐ Technology☐ Transport, Storage and \square Business Process Outsourcing (BPO) ☐ Life Sciences ☐ Education & Training
☐ Electricity, Gas and Water Supply ☐ Management ☐ Manufacturing Employer's & Undifferentiated Communications Production Activities of Private ☐ Extra-Territorial Organization & Bodies ☐ Media ☐ Travel and Leisure ☐ Mining and Quarrying
 ☐ Other Community, Social & Personal Service Activities
 ☐ Public Administration & Defense; Compulsory Social □ Wholesale & Retail Trade: Households ☐ Financial Services/ Intermediation ☐ Agriculture, Hunting, Forestry & ☐ HR/Recruitment Repair of Motor Vehicles ☐ Health and Social Work;
Health and Medical Services Motorcycles, Personal & Household Goods Fishing

☐ Basic Materials Security ☐ Construction BANK ACCOUNTS (Indicate your 3 most active) BRANCH/ADDRESS TYPE OF ACCOUNT ACCOUNT NO. AVE. BALANCE BANK DATE OPENED

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If yes, please indicate the creditor's name, nature, amount involved and due date. Was your bank account ever closed because of mishanding or issuance of bouncing checks? Yes No If yes, please indicate the bank's name, nature amount and date. LOAN AND CREDIT REFERENCES BANK/FINANCIAL INSTITUTION ADDRESS PURPOSE SECURITY AMOUNT OWED BALANCE OBTAINED DATE PAIL TRADE REFERENCES (For Self-Employed Only) NAME OF SUPPLIER ADDRESS TEL. NO. CHARACTER REFERENCES NAME ADDRESS TEL. NO. CERTIFICATION Live certify that the foregoing information/statement indicated in the Housing Loan Application is to my/our knowledge, true, correct, complete, and updated. The signature's appearing abore my/our printed name/names below is/are genuine. Live authorize 1) Pale JBC Fund or its duly authorized representative to verify necessary information or data (i.e., certificate of employment, pay slips and income tax return) with the concerned government agencies or thick particular with the implementing Rules and Regulations) to Credit Information (CIC) as what amylour protect data (as defined under Regulation control or allowed the implementing Rules and Regulations) to Credit Information (CIC) as what amylour protect data (as defined under Regulation control or data (i.e., certificate of employment, pay slips and income tax return) with the implementing rules and other data (i.e.) control or of the protect of the protect or of the protec	If Yes, please indicate the nature, plaintiff	f, amount involved and the	e status.							
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Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider?										
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