

Please write in PRINT and use BLUE or BLACK INK ONLY.  
If a field is not applicable, write N.A.

| LOAN DETAILS  |  |   |                         |
|---|--|---|-------------------------|
| Desired Loan Amount<br>(Subject to Bank's Approval)<br><br><input type="checkbox"/> Maximum Loan Amount<br>(P1,000,000.00)  | Desired Loan Term<br><input type="checkbox"/> 12 months<br><input type="checkbox"/> 18 months<br><input type="checkbox"/> 24 months<br><input type="checkbox"/> 36 months  | Loan Application Type<br><input type="checkbox"/> New Application<br><input type="checkbox"/> With Existing Loan<br><input type="checkbox"/> With Previous Loan<br><input type="checkbox"/> With Previous Application |                         |
|   | Purpose of Loan<br><input type="checkbox"/> Appliance <input type="checkbox"/> Health / Hospitalization <input type="checkbox"/> Travel<br><input type="checkbox"/> Balance Transfer <input type="checkbox"/> Home Improvement <input type="checkbox"/> Personal<br><input type="checkbox"/> Education <input type="checkbox"/> Livelihood / Working Capital |   |                         |
| Source of Loan Application<br><input type="checkbox"/> Branch (indicate branch name) _____ <input type="checkbox"/> Employee Referral<br><input type="checkbox"/> Agency (indicate agency name) _____ <input type="checkbox"/> Telemarketing<br><input type="checkbox"/> Walk - in <input type="checkbox"/> Website <input type="checkbox"/> Others _____ |  |   |                         |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female  |  |   |                         |
| Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.   |  |   |                         |
| First Name _____<br>Other Name (Alias) _____  |  | Middle Name _____   | Last Name _____         |
| Date of Birth (dd/mm/yyyy)  | Place of Birth _____   | Marital Status<br><input type="checkbox"/> Single <input type="checkbox"/> Widowed<br><input type="checkbox"/> Married <input type="checkbox"/> Separated   |                         |
| Spouse Name _____   |  |   |                         |
| Spouse Working? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  | No. of Children _____   | No. of Dependents _____ |
| Mother's First Name _____<br>Last Name _____  |  | Middle Name _____   |                         |
| Philippine Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  | Nationality _____   |                         |
| SSS / GSIS No. _____  |  | TIN _____   |                         |
| Educational Attainment<br><input type="checkbox"/> High School <input type="checkbox"/> College Level <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate  |  |   |                         |

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Residence Type<br><input type="checkbox"/> Owned (Not Mortgaged)<br><input type="checkbox"/> Owned (Mortgaged)<br><input type="checkbox"/> Rented<br><input type="checkbox"/> Used Free<br><input type="checkbox"/> Staying with Parents<br><input type="checkbox"/> Staying with Relatives<br><input type="checkbox"/> Others _____ |  |  |  | Amortization / Month    P _____<br>Rent / Month    P _____ |  |  |  |
| Current Home Address (Lot/Blk. No., House/Unit No., Floor No./Bldg. Name, Subd./Compound Name, Street, City/Province, Zip Code) _____  |  |  |  |  |  |  |  |
| Years / Months at Present Address    Years _____ Months _____  |  |  |  |  |  |  |  |
| Residence Contact Number<br>Area Code    Phone 1    Phone 2    Mobile  |  | Personal Email _____   |  |  |  |  |  |
| Fax _____  |  |  |  |  |  |  |  |
| Permanent Home Address (Lot/Blk. No., House/Unit No., Floor No./Bldg. Name, Subd./Compound Name, Street, City/Province, Zip Code) _____  |  |  |  |  |  |  |  |
| Years / Months at Present Address    Years _____ Months _____  |  |  |  |  |  |  |  |
| Residence Contact Number<br>Area Code    Phone 1    Phone 2    Mobile  |  | Previous Home Address (Lot/Blk. No., House/Unit No., Floor No./Bldg. Name, Subd./Compound Name, Street, City/Province, Zip Code) _____ |  |  |  |  |  |
| Years / Months at Previous Address    Years _____ Months _____   |  |  |  |  |  |  |  |
| Provincial Home Address (Lot/Blk. No., House/Unit No., Floor No./Bldg. Name, Subd./Compound Name, Street, City/Province, Zip Code) _____   |  | Provincial Contact Number<br>Area Code    Phone 1    Phone 2    Mobile   |  |  |  |  |  |

| WORK AND FINANCES   |  |  |  |
|---|--|--|--|
| Source of Income<br><input type="checkbox"/> Employment <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Business <input type="checkbox"/> % of Ownership | Permanent<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Part Owner<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Company Type<br><input type="checkbox"/> Private <input type="checkbox"/> Others _____<br><input type="checkbox"/> Government   | Employer / Business Name _____   |  |  |
| Nature of Business _____  | Position _____   |  |  |
| Rank _____  | <input type="checkbox"/> Staff <input type="checkbox"/> Service Employee (e.g. doctor, nurse, legal counsel, etc.)<br><input type="checkbox"/> Junior Officer <input type="checkbox"/> President / General Manager<br><input type="checkbox"/> Middle Management <input type="checkbox"/> Vice President<br><input type="checkbox"/> Production Worker <input type="checkbox"/> Senior Manager |  |  |
| Employer / Business Address (Lot/Blk. No., House/Unit No., Floor No./Bldg. Name, Subd./Compound Name, Street, City/Province, Zip Code) _____  |  |  |  |
| Years / Months at Present Company    Years _____ Months _____   |  |  |  |
| Office Contact Number<br>Area Code    Phone 1    Phone 2    Mobile  | Fax _____  |  |  |
| Monthly Income (based on 1 month pay/ps)<br>Basic    P _____ Allowance    P _____ Family Income    P _____  |  | Office Email _____   |  |
| Monthly Household Expense _____   |  |  |  |
| Previous Employer / Business Name _____   |  |  |  |
| Years / Months at Previous Company    Years _____ Months _____  |  |  |  |
| Previous Company Contact Number<br>Area Code    Phone 1    Mobile   |  |  |  |
| SPOUSE DETAILS  |  |  |  |
| Employer Business Name _____  |  | Designation / Title / Rank _____                                       |  |
| Monthly Income    P _____   |  |  |  |

| Office Contact Number<br>Area Code    Phone 1    Phone 2    Mobile  | Years / Months at Present Company    Years _____ Months _____ |  |
|---|---|--|
| REFERENCES  |   |  |
| Bank / Credit References<br>Bank Name _____ Branch _____<br>Account Type _____ Account Number _____<br>Credit Card Owned / Other Loans<br>Credit Card No. / PN No. _____ Issuer's Name / Bank Name _____<br>Member Since / Loan Granted (mm/yyyy) _____ Card Expiry / Loan Maturity (mm/yyyy) _____ |   |  |
| Personal / Trade Reference<br>Name _____ Relationship _____<br>A. _____<br>B. _____<br>C. _____<br>Landline / Mobile _____ Address _____<br>A. _____<br>B. _____<br>C. _____  |   |  |