

## Pensioner's Loan Application Form

| Account Number   |                       | Customer Code   |  | DATE: __/__/____  |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
|--|-----------------------|---|--|---|--|------------------|-----------------------|---------|-------|----------------|-------|-------|----------------|-------|-------|----------------|-------|-------|----------------|-------|-------|----------------|-------|
| Last Name  |                       | First Name  |  | Middle Name   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Birthday (mm/dd/yyyy) __/__/____<br>Address<br>Street No.  |                       | Sex                      ( ) Male    ( ) Female<br>Barangay |  | Civil Status<br>( ) Single                      ( ) Widow<br>( ) Married                      ( ) Separated<br><br>( ) Others (pls specify) _____ |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Municipality   |                       | Province  |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
|  |                       | Spouse's Bday   |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Spouse's Name  |                       | Spouse's Death  |  | Zipcode   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
|  |                       | Contact No (Pensioner)                                      |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Name of Co-Maker   |                       | Contact No (Comaker)  |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Address (Comaker)  |                       |   |  | Relationship to Pensioner   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Occupation   |                       | Birthday  |  | Civil Status  |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Number of Dependents: _____<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Dependent's Name</th> <th style="width: 25%;">Birthday (mm/dd/yyyy)</th> <th style="width: 40%;">Remarks</th> </tr> </thead> <tbody> <tr><td>_____</td><td>____/____/____</td><td>_____</td></tr> <tr><td>_____</td><td>____/____/____</td><td>_____</td></tr> <tr><td>_____</td><td>____/____/____</td><td>_____</td></tr> <tr><td>_____</td><td>____/____/____</td><td>_____</td></tr> <tr><td>_____</td><td>____/____/____</td><td>_____</td></tr> </tbody> </table>  |                       |   |  |   |  | Dependent's Name | Birthday (mm/dd/yyyy) | Remarks | _____ | ____/____/____ | _____ | _____ | ____/____/____ | _____ | _____ | ____/____/____ | _____ | _____ | ____/____/____ | _____ | _____ | ____/____/____ | _____ |
| Dependent's Name   | Birthday (mm/dd/yyyy) | Remarks   |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| _____  | ____/____/____        | _____   |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| _____  | ____/____/____        | _____   |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| _____  | ____/____/____        | _____   |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| _____  | ____/____/____        | _____   |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| _____  | ____/____/____        | _____   |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Bank Name  |                       | Savings Acct. No.   |  | Loan Amount P _____   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Bank Branch  |                       | Card No.  |  | Months To Pay Off: _____ mos  |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| ( ) SSS ( ) PVAO ( ) GSIS Number   |                       | Monthly Pension P _____                                     |  | Voucher Number  |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| Claim Type   | Withdrawable Date     | Monthly Amortization P _____                                |  | Net Cash Out P _____  |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| If SSS SP, Remaining Mos to RUN: _____   |                       | Please Check:    ( ) New    ( ) Renewal    ( ) Return       |  | Referred by: _____  |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |
| <div style="display: flex; justify-content: space-between; margin-bottom: 20px;"> <div>Signature verified by: _____<br/><small>(SIGNATURE OVER PRINTED NAME)</small></div> <div>Approved by: _____<br/><small>LOAN OFFICER/S</small></div> </div> <p style="text-align: right; margin-right: 50px;">(note: kindly fill out all fields)</p> <p>The undersigned hereby authorize Quezon APC Lending Company, Inc. through any of the authorized employees to inquire, verify and ascertain from the Social Security System and from the depository bank stated above, all the data and information necessary in connection with my loan application with the afore said corporation, hereby waiving the confidentiality provided for under RA 1405.</p> <div style="display: flex; justify-content: space-between; margin-top: 30px;"> <div>           Witnessed by: _____<br/> <small>(SIGNATURE OVER PRINTED NAME)</small> </div> <div>           Applicant: _____<br/> <small>(SIGNATURE OVER PRINTED NAME)</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 30px;"> <div>           Witnessed by: _____<br/> <small>(SIGNATURE OVER PRINTED NAME)</small> </div> <div>           coMaker: _____<br/> <small>(SIGNATURE OVER PRINTED NAME)</small> </div> </div> <div style="margin-top: 20px;">           Remarks: (i.e. Approved/Verified by)<br/>           _____<br/>           _____<br/>           _____         </div> |                       |   |  |   |  |                  |                       |         |       |                |       |       |                |       |       |                |       |       |                |       |       |                |       |