

For
Branch/Booth



ACOM CONSUMER FINANCE CORPORATION LOAN APPLICATION SHEET

PERSONAL INFORMATION			
FIRST NAME Maria Anthonette	MIDDLE NAME Tambal	LAST NAME Cañaveral	
If you are married, please fill out maiden name.			
GENDER <input type="checkbox"/> 1. Male <input checked="" type="checkbox"/> 2. Female	BIRTH DATE (mm/dd/yyyy) 03/22/1998	CIVIL STATUS <input checked="" type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed <input type="checkbox"/> 4. Divorced	NO. OF DEPENDENTS 3
EDUCATIONAL ATTAINMENT <input checked="" type="checkbox"/> 1. High School <input type="checkbox"/> 2. Vocational <input type="checkbox"/> 3. College <input type="checkbox"/> 4. Post Graduated <input type="checkbox"/> 5. Others ()		PLACE OF BIRTH Makati City, Metro Manila	NATIONALITY Filipino
PRESENT ADDRESS (Unit No., Subdivision/Building, Street No., Barangay, City, Province) 261 Balaguer Market Area Poblacion Daraga Albay			ZIP CODE 4501
PERMANENT ADDRESS (Unit No., Subdivision/Building, Street No., Barangay, City, Province) 024 Pangol Tinago Ligao City Albay			ZIP CODE 4504
HOME OWNERSHIP <input type="checkbox"/> 1. Owned <input type="checkbox"/> 3. Rented <input checked="" type="checkbox"/> 2. Relative <input type="checkbox"/> 4. Others()		MONTHLY HOME FEE (RENTAL / MORTGAGED) 0 Php	
TERM OF STAY 03 yrs 06 mo	CAR OWNERSHIP <input checked="" type="checkbox"/> 1. None <input type="checkbox"/> 2. Owned/ Monthly Amortization ()Php		
HOME PHONE NO.	HOME PHONE NAME <input type="checkbox"/> 1. Owned <input type="checkbox"/> 2. Relative <input type="checkbox"/> 3. Others()		
OS(MOBILE PHONE) <input checked="" type="checkbox"/> 1. Android <input type="checkbox"/> 2. IOS(iPhone) <input type="checkbox"/> 3. Black Berry <input type="checkbox"/> 4. Others()		PAYMENT TYPE (MOBILE PHONE) <input checked="" type="checkbox"/> 1. Pre-paid <input type="checkbox"/> 2. Post-paid	
MOBILE PHONE NO. Main 0947 034 4049 Sub 			
EMAIL ADDRESS cuddlyheera@gmail.com			
TIN NO. 603-064-904-000			

WORK / BUSINESS INFORMATION			
COMPANY NAME Onehalf Staffing Solutions		DEPARTMENT Financial Services Group	
OFFICE ADDRESS (Unit No., Subdivision/Building, Street No., Barangay, City, Province) Former Bicol Hair Export Building Bonot Legazpi City Albay		EXT. NO. 0919 065 6887	
TOTAL NO. OF EMPLOYEES <input type="checkbox"/> 1. 1-10 <input type="checkbox"/> 2. 11-50 <input type="checkbox"/> 3. 51-100 <input type="checkbox"/> 4. 101-500 <input type="checkbox"/> 5. 501~		TENURE 1 yrs 7 mo	EMPLOYMENT TYPE <input checked="" type="checkbox"/> 1. Regular <input type="checkbox"/> 2. Probation <input type="checkbox"/> 3. Fixed Period <input type="checkbox"/> 4. Project <input type="checkbox"/> 5. Part Time <input type="checkbox"/> 6. Self Employee/Freelance
BUSINESS TYPE <input checked="" type="checkbox"/> 1. BPO/IT/Communication/Mass Media <input type="checkbox"/> 2. Retail Sale/Restaurant/Hotel/Tourism/Other Service <input type="checkbox"/> 3. Transportation/Shipping/Real Estate <input type="checkbox"/> 4. Bank/Insurance/Finance <input type="checkbox"/> 5. Government <input type="checkbox"/> 6. Construction/Maker/Manufacturing <input type="checkbox"/> 7. Trading/Export/Import/Wholesale <input type="checkbox"/> 8. Electric/Gas/Waterworks <input type="checkbox"/> 9. Medical/Education/School <input type="checkbox"/> 10. Security <input type="checkbox"/> 11. Agriculture/Forestry/Fisheries/Mining <input type="checkbox"/> 12. Other()			
OCCUPATION TYPE <input type="checkbox"/> 1. Management <input checked="" type="checkbox"/> 2. Marketing <input type="checkbox"/> 3. Sales <input type="checkbox"/> 4. Office Worker <input type="checkbox"/> 5. Professional/Technical <input type="checkbox"/> 6. Service/Reception <input type="checkbox"/> 7. Production Worker/Labor <input type="checkbox"/> 8. Security/Guard/Maid <input type="checkbox"/> 9. Driver <input type="checkbox"/> 10. Self Employee/Freelance <input type="checkbox"/> 11. Other ()			
POSITION <input type="checkbox"/> 1. Director/Officer <input type="checkbox"/> 2. EVP/SVP/GM <input type="checkbox"/> 3. VP/MG <input type="checkbox"/> 4. None	ANNUAL INCOME 144,000 Php	MONTHLY INCOME 12,000 Php	PAY DAY 7 & 22
BUSINESS HOURS Day Of Week Time Slot Day Of Week Time Slot Day Of Week Time Slot (Mon) ~ (Fri) 07:00 ~ 17:00			
DAY OFF <input type="checkbox"/> 1. Mon <input type="checkbox"/> 2. Tue <input type="checkbox"/> 3. Wed <input type="checkbox"/> 4. Thu <input type="checkbox"/> 5. Fri <input checked="" type="checkbox"/> 6. Sat <input checked="" type="checkbox"/> 7. Sun <input type="checkbox"/> 8. Other			

ANOTHER INFORMATION	
PURPOSE OF LOAN <input checked="" type="checkbox"/> 1. Living Cost <input type="checkbox"/> 2. School Expense/Tuition Fee <input type="checkbox"/> 3. Medical/Hospital <input type="checkbox"/> 4. Purchasing Appliance <input type="checkbox"/> 5. Travel/Vacation <input type="checkbox"/> 6. Entertainment <input type="checkbox"/> 7. Own Business <input type="checkbox"/> 8. Repayment <input type="checkbox"/> 9. Other()	
QUESTIONNAIRE <input checked="" type="checkbox"/> 1. HP <input type="checkbox"/> 2. Leaflet <input type="checkbox"/> 3. SNS <input type="checkbox"/> 4. Store Front <input type="checkbox"/> 5. Referral()	
FACEBOOK ACCOUNT https://www.facebook.com/mariaanthonette	BORROWING METHOD <input checked="" type="checkbox"/> 1. LBC <input type="checkbox"/> 2. Bank Transfer <input checked="" type="checkbox"/> 3. GCash <input type="checkbox"/> 4. PayMaya
Do you have any bank accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

BANK/G-CASH/PAYMAYA INFORMATION (If you chose Bank Transfer)	
NAME OF BANK/NAME OF G-CASH/PAYMAYA Maria Anthonette Cañaveral	BRANCH
TYPE OF ACCOUNT <input type="checkbox"/> 1. Savings <input type="checkbox"/> 2. Checking/Current <input checked="" type="checkbox"/> 3. GCash <input type="checkbox"/> 4. PayMaya	ACCOUNT NO. 09470344049

<p>■ I certify that all information provided in this Application Form is true and correct.</p> <p>■ I agree that ACOM CONSUMER FINANCE CORPORATION (hereinafter, "ACOM") will send SMS and email for reminder. ACOM is not responsible for the security administration on the phone and email account. It is the borrower's responsibility.</p> <p>■ ACOM may deny the application as a result of credit check, but ACOM will not have the obligation to disclose the reason of denial or to return my application and other submitted documents.</p> <p>■ I agree that ACOM may obtain the Borrower's personal information from credit information center, third parties or any other relevant source of information for purposes of the credit check, confirmation of employment or other risk management and disclose the personal information pursuant to applicable laws and regulations. I also agree to waive my rights under R.A. 1405.</p> <p>■ 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; 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.</p> <p>■ I declare that my family and I are not a person in a foreign country, who is an important position in heads of state, government, central bank or similar institution (including cases where applicable in the past).</p> <p>■ I consent to the processing of my personal information and sensitive personal information contained in this application in accordance with Republic Act No. 10173 or the Data Privacy Act, for the purpose of processing my loan application and implementation of the Loan Agreement.</p> <p>■ I agree that notwithstanding the execution of a Loan Agreement, the obligations of the parties therein, including the release of the loan amount by ACOM and payment of the principal amount of the loan and interest, shall be effective only upon approval by ACOM of my loan application.</p> <p>■ I agree that in case I do not have email address or haven't recieved my statement of account and any letters in relation to my application with ACOM thru my e-mail address, I allow ACOM to send it in my office.</p>

- ☐ I would like to receive newsletters, advertisements, promotions, offers, and other marketing materials on ACOM's products and services.
- ☐ I consent to the recording of my conversations with ACOM's officers, employees, and representatives.

SIGNATURE OF BORROWER

DATE (mm/dd/yyyy)

02/17/2023

Maria Anthonette

Maria Anthonette Tambal Cañaveral