

```
<ion-header [translucent]= "true">
<ion-toolbar>
<ion-title><b>
    NATIONAL INSURANCE EMERGENCY LOAN (ACTIVE MEMBER)
    APPLICATION FORM
    Form No. 0509842020-EL-Active-REV 1
</b>
</ion-title>
</ion-toolbar>
</ion-header>
```

```
<ion-content [fullscreen]="true">
<ion-header collapse="condense">
<ion-toolbar>
<ion-title size="large"><br><br>
<b>Significant:</b> Proceeds of this advance will be credited to the Electronic Card record
of the borrower. Preceding the recording of the cultivated application structure, the
borrower must peruse completely the terms and conditions underneath.
</ion-title>
</ion-toolbar>
</ion-header>
```

```
<p><b>TO BE FILLED OUT BY THE APPLICANT</b></p>
<div class = "list">
<label ><br> Applicant Complete Name:
<input type = "text" placeholder = "Type your Name" /><br>
</label>
```

```
<label > Birthdate:<br>
<input type = "text" placeholder = "(mm/dd/yyyy)" /> <br>
</label>
<label > Surname:<br>
<input type = "text" placeholder = "Type your Surname" />
</label>
```

```
<br>
<label > Firstname:<br>
<input type = "text" placeholder = "Type your Firstname" /> <br>
</label>
<label > Middle Initial:<br>
<input type = "text" placeholder = "Type your M.Initial" />
</label>
```

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</div>
<p><b>NATIONAL INSURANCE ID No. (any of the ID No. beneath might be given)</b></p>
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```
<div class = "list">
<label > BNo. E-Card/ MID Card No. E-Card/ MID Bank Account No:<br>
<input type = "text" placeholder = "Type your Acc No." />
</label>
<br>
```

```
<label > Address:<br>
<input type = "text" placeholder = "Type your Address(home)" />
</label> <br>
<label > Street: <br>
<input type = "text" placeholder = "Type your Street" />
</label>
<br>
<label > BARANGAY: <br>
<input type = "text" placeholder = "Type your Brgy" />
</label><br>
<label > District/City: <br>
<input type = "text" placeholder = "Type your District/City" />
</label>
<br>
<label > Postal Office No: <br>
<input type = "text" placeholder = "Type your Office No." />
</label> <br>
<label > Cellphone No: <br>
<input type = "text" placeholder = "Type your Cp No." />
</label>
<br>
<label > Email Address: <br>
<input type = "text" placeholder = "Type your Email" />
</label> <br>
<label > Present Office: <br>
<input type = "text" placeholder = "Type your Present Office" />
</label>
<br>
<label > Present Office Address:
<input type = "text" placeholder = "Type your Office Address" />
</label> <br>
<label > Versatile No:<br>
<input type = "text" placeholder = "Type your Versatile No." />
</label>
<br>
<label > Last Name: <br>
<input type = "text" placeholder = "Type your LastName" />
</label> <br>
<label > Firsy Name: <br>
<input type = "text" placeholder = "Type your FirstName" />
</label>
<p></p>
<label > Middle Name:<br>
<input type = "text" placeholder = "Type your MiddleName" />
</label>

</div>
```