

**Instructions:** PLEASE PRINT ALL INFORMATION LEGIBLY IN CAPITAL LETTERS. Indicate N/A in the fields which are not applicable.

REFERRAL DETAILS			
EXISTING BMI CLIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, TYPE OF ACCOUNT WITH BMI <input type="checkbox"/> Deposit <input type="checkbox"/> Loan <input type="checkbox"/> Others, please specify:	EXISTING DEPOSIT / LOAN ACCOUNT NO. WITH BMI	
ACCOUNT / BRANCH OFFICER		BRANCH	
DEVELOPER		BROKER	
LOAN DETAILS			
PURPOSE <input type="checkbox"/> Purchase of House & Lot <input type="checkbox"/> Purchase of Condominium unit / Townhouse	<input type="checkbox"/> House Construction <input type="checkbox"/> House Renovation	<input type="checkbox"/> Refinancing of an existing mortgage with an institution <input type="checkbox"/> Others, please specify:	
AMOUNT	TERM (in months)	RATE	MANNER OF PAYMENT
COLLATERAL DETAILS			
TYPE OF PROPERTY <input type="checkbox"/> House & Lot / Single-detached <input type="checkbox"/> Townhouse	<input type="checkbox"/> Duplex <input type="checkbox"/> Condominium	<input type="checkbox"/> Vacant Lot <input type="checkbox"/> Others, please specify:	SELLING PRICE / ESTIMATED MARKET VALUE
PROPERTY ADDRESS No./Street	Brgy.	City/Municipality/Province	Zip Code
PRESENT REGISTERED OWNER	TCT / CCT NO.	LOT AREA	FLOOR AREA
CONTACT PERSON FOR APPRAISAL		CONTACT NOS.	

**ID PICTURE**  
with signature at the back

PLEASE CHECK ONE <input type="checkbox"/> Principal Borrower <input type="checkbox"/> Co-Borrower / Attorney-In-Fact (please indicate name of your principal borrower and relationship)			
PERSONAL DATA			
NAME	First Name	Middle Name	Last Name Nick Name
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	NATIONALITY	BIRTHDATE (mm/dd/yyyy)
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed for _____ years <input type="checkbox"/> Legally separated for _____ years	TIN	BIRTH PLACE (Mun/City/Town, Province)
EDUCATIONAL ATTAINMENT <input type="checkbox"/> Elementary Grad <input type="checkbox"/> High School Grad	<input type="checkbox"/> College Undergrad <input type="checkbox"/> College Grad	<input type="checkbox"/> Vocational <input type="checkbox"/> Postgrad / Doctorate	SSS / GSIS NO.
NO. OF CHILDREN		NO. OF DEPENDENTS (Other than children)	
ADDRESS DETAILS			
<input type="checkbox"/> PRESENT ADDRESS (Please check the box if this is your mailing address)			
No./Street	Brgy.	City/Municipality/Province	Zip Code
RESIDENCE OWNERSHIP <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Others, please specify:	<input type="checkbox"/> Living with parents <input type="checkbox"/> Living with relatives	<input type="checkbox"/> Company Quarters <input type="checkbox"/> Rented	LENGTH OF STAY ____ Years ____ Months
TEL. NO. ( ) -	FAX NO. ( ) -	E-MAIL ADDRESS	
<input type="checkbox"/> PERMANENT / PROVINCIAL ADDRESS (Please check the box if this is your mailing address)			
No./Street	Brgy.	City/Municipality/Province	Zip Code
RESIDENCE OWNERSHIP <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged	<input type="checkbox"/> Living with parents <input type="checkbox"/> Living with relatives	<input type="checkbox"/> Company Quarters <input type="checkbox"/> Others, please specify:	<input type="checkbox"/> Rented
TEL. NO. ( ) -	LENGTH OF STAY ____ Years ____ Months		
PREVIOUS ADDRESS No./Street	Brgy.	City/Municipality/Province	Zip Code
LENGTH OF STAY ____ Years ____ Months			
WORK DETAILS			
TYPE OF EMPLOYMENT <input type="checkbox"/> Private <input type="checkbox"/> Government	<input type="checkbox"/> Immigrant <input type="checkbox"/> OFW	<input type="checkbox"/> Self-employed with Business <input type="checkbox"/> Self-employed Professional	<input type="checkbox"/> Pensioner / Retired <input type="checkbox"/> Others, please specify:
EMPLOYMENT DETAILS			
NAME OF PRESENT EMPLOYER		NATURE OF BUSINESS	
<input type="checkbox"/> PRESENT EMPLOYER ADDRESS (Please check the box if this is your mailing address)			
No./Street	Brgy.	City/Municipality/Province	Zip Code
EMPLOYMENT STATUS <input type="checkbox"/> Consultant <input type="checkbox"/> Contractual <input type="checkbox"/> Freelance	<input type="checkbox"/> Pensioner <input type="checkbox"/> Probationary <input type="checkbox"/> Project - Hired	<input type="checkbox"/> Recipient of Remittance <input type="checkbox"/> Regular <input type="checkbox"/> Trainee	LENGTH OF SERVICE ____ Years ____ Months
TEL. NO. ( ) -	FAX NO. ( ) -	RANK / POSITION	
NAME OF PREVIOUS EMPLOYER		LENGTH OF SERVICE ____ Years ____ Months	
PREVIOUS EMPLOYER ADDRESS		RANK / POSITION IN PREVIOUS JOB	
BUSINESS DETAILS			
NAME OF BUSINESS		NATURE OF BUSINESS	
<input type="checkbox"/> BUSINESS ADDRESS (Please check the box if this is your mailing address)			
No./Street	Brgy.	City/Municipality/Province	Zip Code
IS YOUR BUSINESS REGISTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ESTIMATED BUSINESS ASSET	TEL. NO. ( ) -	FAX NO. ( ) -
NO. OF YEARS IN THE BUSINESS ____ Years ____ Months		BUSINESS PARTNER (if any)	

**SPOUSE DETAILS**

NAME OF SPOUSE		<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Nick Name</i>
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE	NATIONALITY	BIRTH DATE <i>(mm / dd / yyyy)</i>	BIRTH PLACE <i>(Mun/City/Town, Province)</i>	
EDUCATIONAL ATTAINMENT <input type="checkbox"/> Elementary Grad <input type="checkbox"/> High School Grad	<input type="checkbox"/> College Undergrad <input type="checkbox"/> College Grad	<input type="checkbox"/> Vocational <input type="checkbox"/> Postgrad / Doctorate	SSS / GSIS NO.	TIN	MOBILE PHONE NO.
PRESENT ADDRESS <i>(Lot/House No., Street, Subd/Brgy, Mun/City, Province)</i>			TEL. NO. (    ) -	LENGTH OF STAY ____ Years    ____ Months	
PERMANENT ADDRESS <i>(Lot/House No., Street, Subd/Brgy, Mun/City, Province)</i>			TEL. NO. (    ) -	LENGTH OF STAY ____ Years    ____ Months	
NAME OF PRESENT EMPLOYER <i>(For Employed)</i>			NATURE OF BUSINESS	RANK / POSITION	
PRESENT EMPLOYER ADDRESS <i>(Lot/House No., Street, Subd/Brgy, Mun/City, Province)</i>			TEL. NO. (    ) -	LENGTH OF SERVICE ____ Years    ____ Months	
NAME OF BUSINESS <i>(For Self-Employed)</i>			NATURE OF BUSINESS		
PRESENT BUSINESS ADDRESS <i>(Lot/House No., Street, Subd/Brgy, Mun/City, Province)</i>			TEL. NO. (    ) -	NO. OF YEARS IN THE BUSINESS ____ Years    ____ Months	

**INCOME / EXPENSE DETAILS**

MONTHLY INCOME			MONTHLY EXPENSE	
INCOME SOURCE	AMOUNT		EXPENSE TYPE	AMOUNT
	BORROWER / CO-BORROWER	SPOUSE		
OWN SALARY			FOOD	
BUSINESS EARNINGS			UTILITIES (electric, water, telephone, etc.)	
COMMISSIONS			TRANSPORTATION	
OTHERS, please specify: (1)			EDUCATION	
(2)			OTHERS, please specify: (1)	
(3)			(2)	
TOTAL MONTHLY INCOME			(3)	
COMBINED MONTHLY INCOME			TOTAL MONTHLY EXPENSE	

**EXISTING LOANS**

BANK / FINANCIAL INSTITUTION	ORIGINAL LOAN AMOUNT	MONTHLY AMORTIZATION	OUTSTANDING BALANCE	TYPE OF LOAN

**STATEMENT OF ASSETS AND LIABILITIES**

ASSETS		LIABILITIES AND CAPITAL	
CASH ON HAND		ACCOUNTS PAYABLE	
CASH IN BANK		LOANS / CREDIT CARD PAYABLES	
ACCOUNTS RECEIVABLES		OTHER LIABILITIES	
REAL ESTATE OWNED		TOTAL LIABILITIES	
VEHICLES OWNED		NET WORTH	
FURNITURE, FIXTURE AND EQUIPMENT		TOTAL LIABILITIES AND NETWORTH	
OTHER ASSETS			
TOTAL ASSETS			

**CREDIT CARDS**

CREDIT CARD COMPANY	CARD NO.	MAXIMUM LIMIT	DATE ISSUED	EXPIRY DATE

**FINANCIAL DETAILS**

BANK / BRANCH	ADDRESS & TELEPHONE NO.	OUTSTANDING BALANCE	TYPE OF ACCOUNT

**TRADE REFERENCES**

**SUPPLIERS**

NAME OF SUPPLIER	ADDRESS	CONTACT NO.	CONTACT PERSON

**CUSTOMERS**

NAME OF MAJOR CLIENTS	ADDRESS	CONTACT NO.	CONTACT PERSON

OTHER ASSETS				
AUTOMOBILES				
MANUFACTURER	MODEL	TYPE	YEAR	ENCUMBERED? (YES or NO)

STOCKS, BONDS, AND OTHER SECURITIES		
NAME OF ISSUING CORPORATION	NO. OF SHARES	TOTAL MARKET VALUE

REAL ESTATE PROPERTY					
LOCATION / ADDRESS	TCT / CCT NO.	FLOOR AREA (m <sup>2</sup> )	LOT AREA (m <sup>2</sup> )	MARKET VALUE	ENCUMBERED? (YES or NO)

PERSONAL REFERENCES (Other than living with the Borrower)			
NAME	COMPLETE ADDRESS (Lot/House No., Street, Subd/Brgy, Mun/City, Province)	TEL. NO.	RELATIONSHIP

DEPENDENTS				
NAME	AGE	NAME OF SCHOOL (if studying)	SCHOOL ADDRESS (City/Town)	RELATIONSHIP

DETAILS OF IDs PRESENTED			
TYPE OF I.D.	I.D. NO.	DATE / PLACE OF ISSUE	EXPIRY DATE (mm / dd / yyyy)

### UNDERTAKING

I/We hereby certify that all information I/we furnished in this form are true and correct and shall form part of the loan documents. Should any information furnished herein be found to be false, the Bank may disapprove this application and/or declare the loan to be due and demandable (in case the loan proceeds have already been released).

The Bank and its authorized representative(s) are hereby authorized to obtain relevant information as it may require concerning this application from other institutions/persons or validate the information provided in this form and the other documents submitted from my/our employer, personal references, banks and other sources, such as BIR, SSS, GSIS, Pag-Ibig, LTO, etc. Person(s) identified in this form are hereby authorized to provide information/documents required in connection with this application. I/We authorize the Bank to conduct an appraisal, through its representative or accredited appraiser, of any or all of the collateral to be used for this loan and agree that the appraisal report will be forwarded directly to the Bank for its sole use only. I/We agree that all information obtained and loan documents submitted shall remain the property of the Bank whether or not the loan is granted.

I/We agree that this loan application shall be subject to circulars, rules, regulations and policies issued by Bangko Sentral ng Pilipinas (BSP) and the Bank.

I/We fully understand that loan release shall only be allowed once all requirements of the Bank are complied with.

Bank of Makati (A Rural Bank), Inc. is also hereby authorized to fill-up all necessary information required in the Promissory Note and the Disclosure Statement, including the date, amount of the loan granted to me/us, and the interest rate in accordance with the Bank's applicable policies and the approved terms and conditions of the loan.

I/We signify my/our desire to be enrolled with an insurance company for purpose of credit group life insurance coverage, and thus authorize the Bank to furnish/disclose any and all information that as given by/for me/us, in connection with my/our application for such insurance coverage. I/We understand that all costs necessary in processing my/our said application, wherever applicable, shall be deducted from the loan proceeds.

In case of disapproval of this application, I/we understand that the Bank is not obliged to disclose the reason(s) for such disapproval.

In the event of future delinquency, I/we hereby authorize the Bank to report and/or include my/our name in the negative listings of any bureau or institution.

The undersigned further certify that the proceeds of the loan, if this application is approved, will be solely for the purpose stated in the application.

Signature of BORROWER / CO-BORROWER / ATTORNEY-IN-FACT Over Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Signature of SPOUSE Over Printed Name \_\_\_\_\_ Date \_\_\_\_\_

CTC No. \_\_\_\_\_ Date & Place of Issue \_\_\_\_\_ CTC No. \_\_\_\_\_ Date & Place of Issue \_\_\_\_\_

**DOCUMENT CONTROL CHECKLIST**

**STANDARD APPLICATION DOCUMENTS**

**For all application**

- Fully accomplished and signed Credit Application Form
- Original copy of two (2) valid photo-bearing IDs with specimen signature is presented and photocopy submitted (also for spouse)
- Two (2) pieces of recent 2x2 ID picture with signature at the back (also for spouse)
- TIN, SSS/GSIS Number and photocopy of Community Tax Certificate (also for spouse)
- Photocopy of Birth Certificate
- Original copy of marriage contract (if applicable) is presented and photocopy submitted
- Photocopy of passbook, bank statements for the past six (6) months, certificate of time deposit and other deposit accounts
- Statement of Assets and Liabilities
- Photocopy of Alien Certificate of Registration (if non-Filipino)
- Others (as may be required by the Bank), please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For those who are locally employed**

- Photocopy of full monthly pay slip for the past three (3) months
- Original copy of latest Certificate of Employment with Compensation
- Photocopy of Income Tax Return (ITR) for the past three (3) years

**For those who are OFW or Immigrant**

- Certificate of Employment with Salary or ITR for the past three (3) years
- Photocopy of full monthly pay slip for the past three (3) months
- Photocopy of Passport
- Consularized Special Power of Attorney

**For those who owns business**

- Certificate of Business Registration with DTI or SEC
- Audited and In-House Financial Statements and Income Tax Return (ITR) for the past three (3) years
- Business Profile / History
- Photocopy of Current Business Permit / Licenses
- List of Trade Suppliers (foreign & local) with contact information
- List of Major Customers (foreign & local) with contact information
- List of Affiliates with brief company background

**COLLATERAL DOCUMENTS**

- Photocopy of TCT / CCT of the property
- Tax declaration for both land and improvement, Tax Clearance & Real Estate Tax Receipts of property for the current year
- Location Plan and vicinity maps duly signed by a licensed Geodetic Engineer
- Pictures of the property
- Others (as may be required by the Bank), please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL DOCUMENTS AS TO LOAN PURPOSE**

**For construction or renovation**

- Building Plan or Floor Plan
- Bill of Materials
- Building Specifications
- Statement of Project Cash Flow and Assumptions

**For refinancing**

- Statement of Account from mortgagee bank/institution
- Installment Ledger

REFERRED BY

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

RECEIVED / SIGNATURE VERIFIED BY

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time