

CREDIT APPLICATION FORM FOR CONSUMER LOANS

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|---|---|---|--|
| <input type="checkbox"/> Personal Loan | <input type="checkbox"/> Salary Loan (Cash) | <input type="checkbox"/> Salary Loan (Motorcycle) | <input type="checkbox"/> Salary Loan – Seafarers |
| <input type="checkbox"/> Knowledge Loan | <input type="checkbox"/> Doctor's Loan | <input type="checkbox"/> Others, please specify: | |

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

APPLICATION ID _____

PLEASE CHECK ONE Principal Borrower Co-Borrower / Co-Signee Co-Maker

(If co-borrower/co-signee/co-maker, please indicate name of your principal borrower and relationship)

PERSONAL DATA			
NAME		ID PICTURE with signature at the back	
<i>First Name</i>		<i>Middle Name</i>	
<i>Last Name</i>			
GENDER	AGE	NATIONALITY	BIRTH DATE (mm / dd / yyyy)
<input type="checkbox"/> Male <input type="checkbox"/> Female			NICK NAME
MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed for _____ years <input type="checkbox"/> Legally separated for _____ years	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
MOTHER'S FULL MAIDEN NAME (First Name, Middle Name, Last Name)		TIN	NO. OF CHILDREN
		SSS / GSIS NO.	NO. OF DEPENDENTS (Other than children)

TYPE OF BORROWER			
INDIVIDUAL		ENGAGED IN BUSINESS	
<input type="checkbox"/> BMI / Affiliates' Employee <input type="checkbox"/> Workers in Formal Sector (Employed) <input type="checkbox"/> Workers in Informal Sector (Self-Employed) <input type="checkbox"/> Migrant Workers (OFW) <input type="checkbox"/> Pensioner <input type="checkbox"/> Driver <input type="checkbox"/> Farmer		<input type="checkbox"/> Single Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporate ASSET SIZE OF THE BUSINESS <input type="checkbox"/> Up to P 1.5M <input type="checkbox"/> More than P 1.5M up to P 15M <input type="checkbox"/> More than P 15M up to P 100M <input type="checkbox"/> More than P 100M	
NATURE OF BUSINESS (If engaged in business)			
Service		Retail	
<input type="checkbox"/> Hotel & Restaurant <input type="checkbox"/> Transportation <input type="checkbox"/> Health & Social Work <input type="checkbox"/> Education <input type="checkbox"/> Repair of Motor Vehicle, Motorcycles, Personal & Household Goods <input type="checkbox"/> Financial Intermediation <input type="checkbox"/> Other Community and Social Services		<input type="checkbox"/> Retail Trade of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> Food Processing <input type="checkbox"/> Wood Carving <input type="checkbox"/> Metal Works <input type="checkbox"/> Other Manufacturing Agricultural <input type="checkbox"/> Agricultural, Hunting and Forestry, Fishing, Agrarian Reform Beneficiary	
Manufacturing		Others	
<input type="checkbox"/> Food Processing <input type="checkbox"/> Wood Carving <input type="checkbox"/> Metal Works <input type="checkbox"/> Other Manufacturing		<input type="checkbox"/> Real Estate, Renting & Related Business Activities <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Construction <input type="checkbox"/> Wholesale Trade of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> Electricity, Gas and Water	

ADDRESS DETAILS			
<input type="checkbox"/> PRESENT ADDRESS (Please check the box if this is your mailing address)			
<i>No./Street</i>		<i>Brgy.</i>	
		<i>City/Municipality/Province</i>	
		<i>Zip Code</i>	
RESIDENCE OWNERSHIP		TEL. NO.	FAX NO.
<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		LENGTH OF STAY	
<input type="checkbox"/> Company Quarters <input type="checkbox"/> Rented		____ Years ____ Months	
		MOBILE PHONE NO.	
		E-MAIL ADDRESS	
<input type="checkbox"/> PERMANENT / PROVINCIAL ADDRESS (Please check the box if this is your mailing address)			
<i>No./Street</i>		<i>Brgy.</i>	
		<i>City/Municipality/Province</i>	
		<i>Zip Code</i>	
RESIDENCE OWNERSHIP		TEL. NO.	LENGTH OF STAY
<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged		() -	____ Years ____ Months
<input type="checkbox"/> Living with parents <input type="checkbox"/> Living with relatives			
<input type="checkbox"/> Company Quarters <input type="checkbox"/> Others, please specify :			
		PREVIOUS ADDRESS (<i>No./Street, Brgy., City/Municipality/Province, Zip Code</i>)	
		LENGTH OF STAY	
		____ Years ____ Months	

WORK DETAILS			
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)			
<i>No./Street</i>		<i>Brgy.</i>	
		<i>City/Municipality/Province</i>	
		<i>Zip Code</i>	
EMPLOYMENT STATUS		TEL. NO.	FAX NO.
<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		LENGTH OF SERVICE	
<input type="checkbox"/> Recipient of Remittance <input type="checkbox"/> Regular <input type="checkbox"/> Trainee		____ Years ____ Months	
NAME OF PREVIOUS EMPLOYER		TEL. NO.	LENGTH OF SERVICE
		() -	____ Years ____ Months
PREVIOUS EMPLOYER ADDRESS (<i>No./Street, Brgy., City/Municipality/Province, Zip Code</i>)		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)			
<i>No./Street</i>		<i>Brgy.</i>	
		<i>City/Municipality/Province</i>	
		<i>Zip Code</i>	
IS YOUR BUSINESS REGISTERED?	ESTIMATED BUSINESS ASSET	TEL. NO.	FAX NO.
<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	() -
		NO. OF YEARS IN THE BUSINESS	
		____ Years ____ Months	
BUSINESS PARTNER (If any)			

INCOME / EXPENSE DETAILS			
MONTHLY INCOME		MONTHLY EXPENSE	
INCOME SOURCE	AMOUNT		EXPENSE TYPE
	SELF	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

ABOUT YOUR SPOUSE

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 <small>(mm / dd / yyyy)</small>	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.	TIN	MOBILE PHONE NO.
PRESENT ADDRESS (Lot/House No., Street, Subd/Brgy, Mun/City, Province)			TEL. NO. () -	LENGTH OF STAY ____ Years ____ Months	
PERMANENT ADDRESS (Lot/House No., Street, Subd/Brgy, Mun/City, Province)			TEL. NO. () -	LENGTH OF STAY ____ Years ____ Months	
NAME OF PRESENT EMPLOYER (FOR EMPLOYED)			NATURE OF BUSINESS	RANK / POSITION	
PRESENT EMPLOYER ADDRESS (Lot/House No., Street, Subd/Brgy, Mun/City, Province)			TEL. NO. () -	LENGTH OF SERVICE ____ Years ____ Months	
NAME OF BUSINESS (FOR SELF-EMPLOYED)			NATURE OF BUSINESS		
BUSINESS ADDRESS (Lot/House No., Street, Subd/Brgy, Mun/City, Province)			TEL. NO. () -	NO. OF YEARS IN THE BUSINESS ____ Years ____ Months	

ABOUT YOUR DEPENDENTS (For Principal Borrower Only)

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

EXISTING LOANS

BANK / FINANCIAL INSTITUTION	TYPE OF LOAN	LOAN AMOUNT	MONTHLY INSTALLMENT	TERM (in months)	NO. OF UNPAID MONTHLY INSTALLMENT	NO. OF PAID MONTHLY INSTALLMENT	REMAINING TERM (in months)

BANK ACCOUNTS (For Principal Borrower Only)

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

PERSONAL REFERENCES (Other than living with the Principal Borrower)

NAME	COMPLETE ADDRESS (Lot/House No., Street, Subd/Brgy, Mun/City, Province)	TEL. NO. and/or MOBILE PHONE NO.	RELATIONSHIP

ASSETS (For Principal Borrower Only)

<input type="checkbox"/> Aircon / Electric Fan	<input type="checkbox"/> Car / Jeepney	<input type="checkbox"/> Karaoke / Component	<input type="checkbox"/> Microwave / Gas Range	<input type="checkbox"/> Motorcycle / Tricycle
<input type="checkbox"/> PC / Laptop	<input type="checkbox"/> Refrigerator / Freezer	<input type="checkbox"/> TV / VCR / DVD Player	<input type="checkbox"/> Washing Machine	<input type="checkbox"/> Others, please specify :

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 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 / CO-SIGNEE / CO-MAKER Over Printed Name	Date	Signature of SPOUSE Over Printed Name	Date
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---TO BE FILLED OUT BY EMPLOYER---

FOR SALARY LOAN – Cash/Motorcycle

This office certifies that: (1) the above application and work information are true; (2) the signature of borrower/applicant is authentic; (3) the above applicant (a) is a regular/permanent employee of our office with work tenure of _____ years and is not on leave of absence without pay nor has he tendered a notice of resignation; (b) has no pending application for retirement within the term of loan; (c) has no pending administrative and/or criminal charges against him/her; (d) is not a habitual absentee employee; (e) has no health problem; and (f) is presently receiving a monthly gross income of ₱ _____.

Signature of COMPANY'S AUTHORIZED SIGNATORY Over Printed Name

Department / Designation

Date

FOR SEAFARER'S SALARY LOAN

This office certifies that: (1) the above application and work information are true; (2) the signature of borrower/applicant is authentic; (3) the above applicant (a) has been in service for the past _____ years in our shipping agency; (b) is due on board on _____; and (c) is presently receiving a monthly gross income of ₱ _____.

Signature of SHIPPING AGENCY'S AUTHORIZED SIGNATORY Over Printed Name

Department / Designation

Date

---FOR BANK USE ONLY---

DATE OF RECEIPT (mm / dd / yyyy)	BANK BRANCH CODE	SOURCE / DEALER CODE	AREA OF COLLECTION CODE	SALES AGENT CODE
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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: _____	DO YOU HAVE A RELATIVE WORKING IN BMI? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, NAME OF RELATIVE _____	RELATIONSHIP _____
EXISTING DEPOSIT / LOAN ACCOUNT NO. WITH BMI _____	ACCOUNT / BRANCH OFFICER _____	BRANCH _____	

LOAN DETAILS

PURPOSE <input type="checkbox"/> Maintenance/Repair of Motorcycle <input type="checkbox"/> Additional motorcycle accessories <input type="checkbox"/> Conversion to Tricycle	<input type="checkbox"/> Purchase of appliances <input type="checkbox"/> Emergency medical bills <input type="checkbox"/> Memorial expenses	<input type="checkbox"/> Payment of Tuition Fees <input type="checkbox"/> Purchase of computer-related items <input type="checkbox"/> Multi-purpose	<input type="checkbox"/> Purchase of shares of hospital's stocks <input type="checkbox"/> Purchase of medical-related items <input type="checkbox"/> Others, please specify: _____
AMOUNT _____	TERM (in months) _____	RATE _____	PREFERRED DUE DATE _____
MANNER OF PAYMENT _____			

BORROWER'S PREFERRED MODE OF RELEASE			
<input type="checkbox"/> Via Check	<input type="checkbox"/> Via Credit to Account (please specify account type) _____	<input type="radio"/> Savings <input type="radio"/> Current	<input type="checkbox"/> Via Credit to Allied Bank Cash Card
Payee _____	BMI Account No. _____	Branch _____	
Coursed through _____ (BMI Branch)	BMI Maintaining Branch _____	Cash Card No. _____	

ASSET DETAILS

FOR KNOWLEDGE LOAN (Purchase of Computer)		FOR SALARY LOAN (Motorcycle)		
BRAND _____	MODEL _____	ASSET MAKE _____	YEAR MODEL _____	MANUFACTURER _____
SERIAL NO.(S) _____	DEALER _____	CHASSIS NO. _____	ENGINE NO. _____	MC DEALER _____

DETAILS OF IDs PRESENTED

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

DOCUMENT CONTROL CHECKLIST

<input type="checkbox"/> Fully accomplished and signed Credit Application Form <input type="checkbox"/> Original copy of two (2) valid photo-bearing IDs with specimen signature is presented and photocopy submitted <input type="checkbox"/> Two (2) pieces of recent 2x2 ID picture with signature at the back <input type="checkbox"/> Original copy of marriage contract (if applicable) is presented and photocopy submitted <input type="checkbox"/> Sketch of address is attached herein <input type="checkbox"/> Others (as may be required by the Bank), please specify: _____ _____ _____	<input type="checkbox"/> Original copy of Proof of Residence is presented and photocopy submitted (please specify) _____ <input type="checkbox"/> Original copy of Proof of Income is presented and photocopy submitted (please specify) _____ Additional documents for Seafarers <input type="checkbox"/> Original copy of Passport is presented and photocopy submitted <input type="checkbox"/> Original copy of Seaman's Book is presented and photocopy submitted <input type="checkbox"/> Original copy of Current Employment Contract with POEA seal or stamp is presented and photocopy submitted
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REFERRED BY _____ Signature Over Printed Name Date Time	RECEIVED / SIGNATURE VERIFIED BY _____ Signature Over Printed Name Date Time
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DATE AND TIME APPLIED	DATE AND TIME ASSIGNED FOR CREDIT INVESTIGATION	DATE AND TIME OF COMPLETION OF CREDIT INVESTIGATION
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BANK APPROVAL

APPROVING AUTHORITY <input type="checkbox"/> Board <input type="checkbox"/> Management Committee <input type="checkbox"/> Executive Committee <input type="checkbox"/> Credit Officer	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> DEFERRED with reason (please indicate)
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_____ Signature Over Printed Name	_____ Date	_____ Signature Over Printed Name	_____ Date	_____ Signature Over Printed Name	_____ Date
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