

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

<b>TYPE OF BORROWER</b> <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship		<b>PLEASE CHECK ONE</b> <input type="checkbox"/> Principal Borrower <input type="checkbox"/> Co-borrower <input type="checkbox"/> Attorney-In-Fact ( If co-borrower / attorney-in-fact, please indicate name of your principal borrower and relationship )							
<b>PERSONAL DATA</b>									
<b>NAME</b>		First Name		Middle Name		Last Name			
<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>AGE</b>	<b>NATIONALITY</b>		<b>BIRTH DATE</b> ( mm / dd / yyyy )	<b>NICK NAME</b>			
<b>MARITAL STATUS</b>			<b>BIRTH PLACE</b> ( Mun/City/Town, Province )			<b>ID PICTURE</b> with signature at the back			
<input type="checkbox"/> Single <input type="checkbox"/> Widowed for _____ years <input type="checkbox"/> Married <input type="checkbox"/> Legally separated for _____ years									
<b>EDUCATIONAL ATTAINMENT</b>			<b>SSS / GSIS NO.</b>					<b>NO. OF CHILDREN</b>	
<input type="checkbox"/> Elementary Grad <input type="checkbox"/> College Undergrad <input type="checkbox"/> Vocational <input type="checkbox"/> High School Grad <input type="checkbox"/> College Grad <input type="checkbox"/> Postgrad / Doctorate									
<b>MOTHER'S FULL MAIDEN NAME</b> ( First Name, Middle Name, Last Name )				<b>TIN</b>		<b>NO. OF DEPENDENTS</b> ( Other than children )			
<b>ADDRESS DETAILS</b>									
<input type="checkbox"/> <b>PRESENT ADDRESS</b> ( Please check the box if this is your mailing address ) No./Street _____ Brgy. _____ City/Municipality/Province _____ Zip Code _____									
<b>RESIDENCE OWNERSHIP</b>				<b>TEL. NO.</b>		<b>FAX NO.</b>			
<input type="checkbox"/> Owned <input type="checkbox"/> Living with parents <input type="checkbox"/> Company Quarters <input type="checkbox"/> Mortgaged <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented <input type="checkbox"/> Others, please specify : _____				(    ) - (    ) -		____ Years    ____ Months			
<b>MOBILE PHONE NO.</b>				<b>E-MAIL ADDRESS</b>					
<input type="checkbox"/> <b>PERMANENT / PROVINCIAL ADDRESS</b> ( Please check the box if this is your mailing address ) No./Street _____ Brgy. _____ City/Municipality/Province _____ Zip Code _____									
<b>RESIDENCE OWNERSHIP</b>				<b>TEL. NO.</b>		<b>LENGTH OF STAY</b>			
<input type="checkbox"/> Owned <input type="checkbox"/> Living with parents <input type="checkbox"/> Company Quarters <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Living with relatives <input type="checkbox"/> Others, please specify : _____				(    ) - (    ) -		____ Years    ____ Months			
<b>PREVIOUS ADDRESS</b>									
No./Street _____ Brgy. _____				City/Municipality/Province _____		Zip Code _____			
						____ Years    ____ Months			
<b>BUSINESS DETAILS</b>									
<b>NAME OF BUSINESS</b>				<b>NATURE OF BUSINESS</b>					
<input type="checkbox"/> <b>BUSINESS ADDRESS</b> ( Please check the box if this is your mailing address ) No./Street _____ Brgy. _____ City/Municipality/Province _____ Zip Code _____									
<b>IS YOUR BUSINESS REGISTERED?</b>		<b>ESTIMATED BUSINESS ASSET</b>		<b>TEL. NO.</b>		<b>FAX NO.</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				(    ) - (    ) -		(    ) - (    ) -			
<b>NO. OF YEARS IN THE BUSINESS</b>									
____ Years    ____ Months									
<b>BUSINESS PARTNER</b> ( if any )									
<b>EMPLOYMENT DETAILS ( to be filled out if applicable )</b>									
<b>NAME OF PRESENT EMPLOYER</b>				<b>NATURE OF BUSINESS</b>					
<input type="checkbox"/> <b>PRESENT EMPLOYER ADDRESS</b> ( Please check the box if this is your mailing address ) No./Street _____ Brgy. _____ City/Municipality/Province _____ Zip Code _____									
<b>EMPLOYMENT STATUS</b>				<b>TEL. NO.</b>		<b>FAX NO.</b>			
<input type="checkbox"/> Consultant <input type="checkbox"/> Pensioner <input type="checkbox"/> Recipient of Remittance <input type="checkbox"/> Contractual <input type="checkbox"/> Probationary <input type="checkbox"/> Regular <input type="checkbox"/> Freelance <input type="checkbox"/> Project - Hired <input type="checkbox"/> Trainee				(    ) - (    ) -		(    ) - (    ) -			
				<b>NATURE OF WORK</b>		<b>RANK / POSITION</b>			
<b>NAME OF PREVIOUS EMPLOYER</b>				<b>TEL. NO.</b>		<b>LENGTH OF SERVICE</b>			
				(    ) - (    ) -		____ Years    ____ Months			
<b>PREVIOUS EMPLOYER ADDRESS</b>				<b>RANK / POSITION IN PREVIOUS JOB</b>					
<b>ABOUT YOUR SPOUSE</b>									
<b>NAME OF SPOUSE</b>		First Name		Middle Name		Last Name			
<b>GENDER</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>AGE</b>	<b>NATIONALITY</b>		<b>BIRTH DATE</b> ( mm / dd / yyyy )	<b>BIRTH PLACE</b> ( Mun/City/Town, Province )			
<b>EDUCATIONAL ATTAINMENT</b>			<b>SSS / GSIS NO.</b>			<b>TIN</b>			
<input type="checkbox"/> Elementary Grad <input type="checkbox"/> College Undergrad <input type="checkbox"/> Vocational <input type="checkbox"/> High School Grad <input type="checkbox"/> College Grad <input type="checkbox"/> Postgrad / Doctorate						<b>MOBILE PHONE NO.</b>			
<b>PRESENT ADDRESS</b> ( Lot/House No., Street, Subd/Brgy, Mun/City, Province )						<b>TEL. NO.</b>			
						(    ) - (    ) -			
<b>PERMANENT ADDRESS</b> ( Lot/House No., Street, Subd/Brgy, Mun/City, Province )						<b>TEL. NO.</b>			
						(    ) - (    ) -			
<b>NAME OF PRESENT EMPLOYER</b> ( For Employed )				<b>NATURE OF BUSINESS</b>		<b>RANK / POSITION</b>			
<b>PRESENT EMPLOYER ADDRESS</b> ( Lot/House No., Street, Subd/Brgy, Mun/City, Province )				<b>TEL. NO.</b>					
				(    ) - (    ) -					
<b>NAME OF BUSINESS</b> ( For Self-Employed )				<b>NATURE OF BUSINESS</b>					
<b>BUSINESS ADDRESS</b> ( Lot/House No., Street, Subd/Brgy, Mun/City, Province )						<b>TEL. NO.</b>			
						(    ) - (    ) -			

**ABOUT YOUR DEPENDENTS**

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

**INCOME / EXPENSE DETAILS**

MONTHLY INCOME			MONTHLY EXPENSE	
INCOME SOURCE	AMOUNT		EXPENSE TYPE	AMOUNT
	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	

**EXISTING LOANS**

BANK / FINANCIAL INSTITUTION	TYPE OF LOAN	ORIGINAL LOAN AMOUNT	MONTHLY AMORTIZATION	TERM (in months)	OUTSTANDING BALANCE

**CREDIT CARD DETAILS**

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

**BANK ACCOUNTS**

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

**OTHER ASSETS**

**AUTOMOBILES**

MANUFACTURER	MODEL	YEAR	TYPE	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**

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

**DOCUMENTARY REQUIREMENTS**

( Please check documents submitted together with this Application Form )

**STANDARD APPLICATION DOCUMENTS**

**For all application**

- Statement of Assets and Liabilities duly certified by the Borrower / Co-borrower
- Audited and In-House Financial Statements and Income Tax Return (ITR) for the past three (3) years
- Photocopy of passbook, bank statements for the past six (6) months, certificate of time deposit and other deposit accounts
- Original copy of two (2) valid photo-bearing IDs with specimen signature is presented and photocopy submitted (also for spouse)
- Original copy of Marriage Contract (if applicable) is presented and photocopy submitted
- 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)
- Original copy of Certificate of Business Registration with DTI and photocopy is submitted
- 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

**Compulsary when applicable**

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

**Others (as may be required by the Bank), please specify:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COLLATERAL DOCUMENTS**

**If loan is secured by REM**

- Photocopy of Transfer/Condominium Certificate of Title (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
- Bill of Materials
- Building Plan or Floor Plan
- Building Specifications
- Statement of Project Cash Flow and Assumptions
- Pictures of the property

**If loan is secured by Receivables**

- Certified List of Receivables

**If loan is secured by Chattels**

- O.R. / C.R. (vehicle, machinery, equipment)
- Certified List of Inventory (stocks)
- Certified List of Equipment

**Others (as may be required by the Bank), please specify:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNDERTAKING**

*I/We hereby certify that all information I/we furnished in this form including those contained in the required documents I/we submitted are true and correct and shall form part of the loan documents. Should any of such information furnished by me 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 \_\_\_\_\_

REFERRED BY

RECEIVED / SIGNATURE VERIFIED BY

Signature Over Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature Over Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**FOR BANK USE ONLY**

DETAILS OF IDs PRESENTED			
TYPE OF I.D.	I.D. NO.	DATE / PLACE OF ISSUE	EXPIRY DATE (mm / dd / yyyy)
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	
LOAN DETAILS			
TYPE <input type="checkbox"/> Loan Line <input type="checkbox"/> Back-to-Back Loan <input type="checkbox"/> Discounting Line <input type="checkbox"/> Term Loan		PURPOSE <input type="checkbox"/> Working Capital <input type="checkbox"/> Plant Expansion <input type="checkbox"/> Purchase of Fixed Assets <input type="checkbox"/> Financing of Trade Receivables <input type="checkbox"/> Plant Construction <input type="checkbox"/> Others, please specify:	
AMOUNT	TERM ( in months )	RATE	MANNER OF PAYMENT
COLLATERAL DETAILS			
TYPE OF COLLATERAL <input type="checkbox"/> Cash Deposit maintained with the Bank <input type="checkbox"/> Real Estate <input type="checkbox"/> Receivables <input type="checkbox"/> Domestic Standby Letter of Credit <input type="checkbox"/> Chattels <input type="checkbox"/> Others, please specify:			
DESCRIPTION OF OFFERED COLLATERAL/S			
CONTACT PERSON FOR APPRAISAL			CONTACT NOS.