

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

TYPE OF BORROWER <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others, please specify:					
CORPORATE / PARTNERSHIP DATA					
NAME OF CORPORATION / PARTNERSHIP <small>(Please write in full)</small>					TYPE OF ORGANIZATION <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign
NATURE OF BUSINESS		DATE OF ESTABLISHMENT / INCORPORATION (mm / dd / yyyy)		COMPANY SSS NO.	COMPANY TIN
CONTACT PERSON <small>(First Name, Middle Name, Last Name)</small>				RANK / POSITION OF CONTACT PERSON	
IDS PRESENTED OF THE CONTACT PERSON <small>(Please specify kind of ID and no.)</small>				CONTACT NOS.	
ADDRESS DETAILS					
OFFICIAL / PRINCIPAL ADDRESS <small>No./Street Brgy. City/Municipality/Province Zip Code</small>					
TYPE OF OWNERSHIP <input type="checkbox"/> Rented <input type="checkbox"/> Owned - Mortgaged <input type="checkbox"/> Owned <input type="checkbox"/> Others, please specify :		TEL. NO. () -		FAX NO. () -	LENGTH OF STAY _____ Years _____ Months
PLANT ADDRESS <small>No./Street Brgy. City/Municipality/Province Zip Code</small>					
TYPE OF OWNERSHIP <input type="checkbox"/> Rented <input type="checkbox"/> Owned - Mortgaged <input type="checkbox"/> Owned <input type="checkbox"/> Others, please specify :		TEL. NO. () -		FAX NO. () -	LENGTH OF STAY _____ Years _____ Months
E-MAIL ADDRESS				WEBSITE URL	
EXISTING LOANS					
<small>BANK / FINANCIAL INSTITUTION</small>	<small>TYPE OF LOAN</small>	<small>ORIGINAL LOAN AMOUNT</small>	<small>MONTHLY AMORTIZATION</small>	<small>TERM (in months)</small>	<small>OUTSTANDING BALANCE</small>
BANK ACCOUNTS					
<small>BANK / BRANCH</small>	<small>ADDRESS & TELEPHONE NO.</small>		<small>OUTSTANDING BALANCE</small>		<small>TYPE OF ACCOUNT</small>
DOCUMENTARY REQUIREMENTS <small>(Please check documents submitted together with this form)</small>					
<p align="center">STANDARD APPLICATION DOCUMENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully accomplished and signed Information Sheet of the Authorized Signatories/Sureties of the corporate/partnership <input type="checkbox"/> Original copy of Certificate of Business Registration with SEC is presented and photocopy submitted <input type="checkbox"/> Latest General Information Sheet (GIS) <input type="checkbox"/> Certified True Copy of Articles of Incorporation/Partnership and By-Laws <input type="checkbox"/> Updated list of Directors/Partners and Officers <input type="checkbox"/> Updated list of Principal Stockholders owning at least two percent (2%) of the capital stock <input type="checkbox"/> Notarized Secretary's Certificate re approved Board Resolution to authorize the application of credit accommodation and designating authorized signatories <input type="checkbox"/> Audited and In-House Financial Statements and Income Tax Return (ITR) for the past three (3) years <input type="checkbox"/> Photocopy of passbook, bank statements for the past six (6) months, certificate of time deposit and other deposit accounts <input type="checkbox"/> Company Profile / History <input type="checkbox"/> Original copy of Current Business Permit / Licenses / Contract is presented and photocopy submitted <input type="checkbox"/> List of Trade Suppliers (foreign & local) with contact information <input type="checkbox"/> List of Major Customers (foreign & local) with contact information <input type="checkbox"/> List of Affiliates with brief company background <input type="checkbox"/> SSS Number, TIN and photocopy of Community Tax Certificate of the company <input type="checkbox"/> Personal Data of Principal Owners/Officers <input type="checkbox"/> ITR and Statement of Assets & Liabilities duly certified by the Principal Stockholders/Owners <input type="checkbox"/> TIN and SSS Number of the principal owners, key officers, co-mortgagor and accommodation mortgagors <input type="checkbox"/> Original copy of two (2) valid photo-bearing IDs with specimen signature is presented and photocopy submitted (for authorized signatories) <input type="checkbox"/> Two (2) pieces of recent 2x2 ID picture with signature at the back (for authorized signatories) <p>Others (as may be required by the Bank), please specify:</p> <hr/> <hr/> <hr/>			<p align="center">COLLATERAL DOCUMENTS</p> <p>If loan is secured by REM</p> <ul style="list-style-type: none"> <input type="checkbox"/> Photocopy of Transfer/Condominium Certificate of Title (TCT / CCT) of the property <input type="checkbox"/> Tax declaration for both land and improvement, Tax Clearance & Real Estate Tax Receipts of property for the current year <input type="checkbox"/> Location Plan and vicinity maps duly signed by a licensed Geodetic Engineer <input type="checkbox"/> Bill of Materials <input type="checkbox"/> Building Plan or Floor Plan <input type="checkbox"/> Building Specifications <input type="checkbox"/> Statement of Project Cash Flow and Assumptions <input type="checkbox"/> Pictures of the property <p>If loan is secured by Receivables</p> <ul style="list-style-type: none"> <input type="checkbox"/> Certified List of Receivables <p>If loan is secured by Chattels</p> <ul style="list-style-type: none"> <input type="checkbox"/> O.R. / C.R. (vehicle, machinery, equipment) <input type="checkbox"/> Certified List of Inventory (stocks) <input type="checkbox"/> Certified List of Equipment <p>Others (as may be required by the Bank), please specify:</p> <hr/> <hr/> <hr/>		

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.

1. _____
Signature of the Authorized Signatory / Surety Over Printed Name Date

CTC No. _____ Date & Place of Issue _____

4. _____
Signature of the Authorized Signatory / Surety Over Printed Name Date

CTC No. _____ Date & Place of Issue _____

2. _____
Signature of the Authorized Signatory / Surety Over Printed Name Date

CTC No. _____ Date & Place of Issue _____

5. _____
Signature of the Authorized Signatory / Surety Over Printed Name Date

CTC No. _____ Date & Place of Issue _____

3. _____
Signature of the Authorized Signatory / Surety Over Printed Name Date

CTC No. _____ Date & Place of Issue _____

REFERRED BY _____ Signature Over Printed Name Date Time	RECEIVED / SIGNATURE VERIFIED BY _____ Signature Over Printed Name Date Time
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--- FOR BANK USE ONLY ---

REFERRAL DETAILS			
EXISTING BMI CLIENT?	If yes, TYPE OF ACCOUNT WITH BMI	EXISTING DEPOSIT / LOAN ACCOUNT NO. WITH BMI	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Deposit <input type="checkbox"/> Loan <input type="checkbox"/> Others, please specify:		
ACCOUNT / BRANCH OFFICER		BRANCH	
LOAN DETAILS			
TYPE	PURPOSE		
<input type="checkbox"/> Loan Line <input type="checkbox"/> Back-to-Back Loan	<input type="checkbox"/> Working Capital	<input type="checkbox"/> Plant Expansion	<input type="checkbox"/> Purchase of Fixed Assets
<input type="checkbox"/> Discounting Line <input type="checkbox"/> Term Loan	<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"/> Domestic Standby Letter of Credit		<input type="checkbox"/> Chattels	
		<input type="checkbox"/> Receivables	
		<input type="checkbox"/> Others, please specify:	
DESCRIPTION OF OFFERED COLLATERAL/S			
CONTACT PERSON FOR APPRAISAL			CONTACT NOS.