

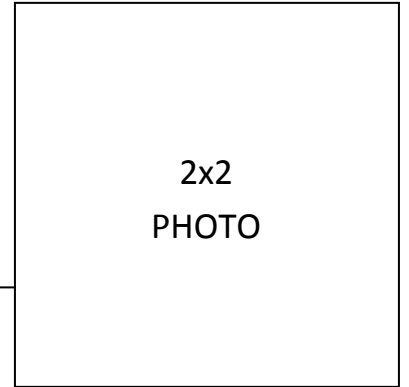


FILIDIAN BANK

(A Rural Bank)

LOAN APPLICATION FORM

#6 Sen. Lorenzo Sumulong Memorial Circle, Brgy. Dalig, Antipolo City
Branch - Lite: 105 Maryland St., Cubao, Quezon City



Purpose of Loan: _____

Date: _____

Amount Applied: Php _____ Referred By: _____

Name of Borrower:

Last Name First Name Middle Name Suffix

PERSONAL DETAILS

Civil Status: () Single () Married () Separated () Widow/er	Date of Birth	Place of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Education Attainment: () High School () College () Graduate Studies	What's app No.	Viber No.	Skype ID	Facebook Account
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Fathers Name : Last Name First name Middle Name	Mothers Name : Last Name First Name Middle Name
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Present Address:

No. Street Village/Subd./Brgy. Municipality District Province ZIP Code

Home Ownership: () Owned/not mortgaged () Rented () Owned / Mortgaged () Used Free	Length of Stay: ___ <input type="checkbox"/> yrs. ___ <input type="checkbox"/> months	Tel No.: _____ Mobile No.: _____ Email Add.: _____
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Permanent Address:							Expenses (Monthly)	
No.	Street	Village/Subd./Brgy.	Municipality	District	Province	Zip Code	Household Expense	: _____
Name of Dependents							Utilities	: _____
Age							Educational Expenses	: _____
School Attended							Rent Expense	: _____
							Loan Amortization	: _____
							Miscellaneous	: _____
							Total	: _____

Outstanding Obligations:			
Creditor	Address	Amount	Due Date
_____	_____	_____	_____
_____	_____	_____	_____

IF EMPLOYED

Employment: () Self-Employed () Private () Government	Valid ID Government issued	Date Issued	Place Issued	TIN No.
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Employer's / Business Name	Employer's Business Address:				
	No.	Street	Village /Subd/Brgy.	Municipality	District Province Zip Code

Position:	Length of Stay	Monthly Income	Employer's Tel. No.	No.	Other Sources of Income:	Monthly:
					_____	_____
					_____	_____
					Total:	_____

IF SELF-EMPLOYED

Firm / Trade Name:	Telephone No(s):
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Address: _____

Capital Invested:	Nature of Business: () Sole Owner () Partner () Corporation
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SPOUSE'S PERSONAL DETAILS

Last Name	First Name	Middle Name	Birth Date	Placed of Birth	Age
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Employment: () Self-Employed () Private () Government	Valid ID Government issued	Date Issued	Placed Issued	TIN NO.
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Employer's / Business Name	Employer's / Business Address:				
	No.	Street	Village/Subd?/Brgy	Municipality	District Province Zip Code

PERSONAL / CHARACTER REFERENCES (Reference from Place of Residence, Work, Community)

NAME	ADDRESS	CONTACT NUMBER

I/We (the undersigned) hereby certify that the information's furnished on this application are true and correct, and hereby undertake to submit any changes or additional information to Filidian Bank relative to loan application. This will also serve as application for any renewal or restructuring additional loan.

BANK ACCOUNTS			
BANK / BRANCH	ACCOUNT TYPE/NO.	BANK / BRANCH	ACCOUNT TYPE/NO.

COLLATERAL(S) OFFERED:				
TCT NO.	TAX DECLARATION	LOCATION	Lot Area	Floor Area
1.			sq.m.	sq.m.
2.			sq.m.	sq.m.
3.			sq.m.	sq.m.

Other real or properties owned (cash / stocks / bonds / automobile / inventories / real property / life insurance, etc.)		Amount
1.		
2.		
3.		
4.		
5.		
TOTAL:		

UNDERTAKING

I/We (the undersigned) hereby authorized the Filidian Rural Bank of Antipolo, Inc. and any of its authorized representatives to obtain any and all information regarding my/our bank accounts, loans, credit, obligations and employment information and my/our credit standing and financial capabilities. I/We further allow the Bank to inspect and investigate all properties submitted as collateral/s in connection with this loan application including the verification of all information stated above and or to conduct verification with the Bureau of Internal Revenue (BIR), to establish authenticity of the Income Tax Return (ITR) and financial statements submitted. I/We are aware that to use the proceeds of this loan purposes other than those indicated herein is UNLAWFUL.

I declare, under the penalties of perjury, that this declaration has been made in good faith, verified by me, and to the best of my knowledge and belief, is true and correct, pursuant to the provisions of the General Banking Act (R.A.337) and Rural Banks Act of 1992 (R.A.7353) and other related banking laws, as amended, and the rules and regulations issued under authority thereof.

I hereby acknowledge and authorize: 1) the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and 2) the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

I/We acknowledge that the Bank is a member of BAP Credit Bureau, Inc. and as such, has, access to information on mishandled current accounts, canceled credit cards due to improper handling, litigated loan accounts foreclosed accounts, written off accounts, and other credit related information.

I/We hereby authorized the Bank to report my/our name/s to BAP Credit Bureau Inc., in the event that my/or current account is mishandled by the issuance of unfunded or insufficiently funded check/s or when my/our credit card is cancelled due to mishandling or when I/We defaulted in payment of our loan and the same is litigated, foreclosed judicially or extra judicially. or written-of as bad debt.

I/We fully understand that, when information on our current account/loan account is reported to BAP Credit Bureau Inc. such information will be accessible to other members of the bureau, and may be used by them in connection with their credit investigation and decision process. I/We hereby confirm that I/We have read, understood and agreed to all the stipulations herein stated.

PRINCIPAL BORROWER
 (Printed Name and Signature)

SPOUSE
 (Printed Name and Signature)

CO-MAKER 1

CO-MAKER 2

BANK AUTHORIZATION

Date: _____
 Dear: _____

This is to authorize Filidian Rural Bank of Antipolo, Inc. or its authorized representatives to verify my / our Savings / Checking Account with your bank.

You are allowed to disclose the date of opening of my / our Savings / Checking Account, the handling and Average Daily Balance (ADB) for the last six months.

Bank Account	Branch / Address	Account Type
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you very much for your kind assistance.
 Very truly yours,

 (Signature over Printed Name)

Confirmation on action taken by Board of Directors

Approved Denied Others

Amount Approved: _____

Board Resolution no.: _____ **Date:** _____

 Authorized Signatory

Credit Group approval and/or Board approval on separate page.

