



**ILOCOS CONSOLIDATED COOPERATIVE BANK**  
 Bagani Campo, Candon City, Ilocos Sur  
 Telefax (077)-674-0254 Telephone #(077)-674-0312/674-0357

Affix latest  
ID Picture

**LOAN APPLICATION**

<b>Application for:</b>	<b>Amount Applied:</b>			
<b>Agricultural Loan</b>	<b>Commercial Loan</b>	<b>Facility Loan</b>	<b>Others</b>	<b>Industrial Loan</b>
<input type="checkbox"/> Crop Production <input type="checkbox"/> Livestock/Poultry <input type="checkbox"/> Fisheries <input type="checkbox"/> Agricultural Facility <input type="checkbox"/> Agricultural Inputs <input type="checkbox"/> Agri-business <input type="checkbox"/> Others (pls specify)	<input type="checkbox"/> Wholesale/Retail <input type="checkbox"/> Hotel, Restaurant, Resort <input type="checkbox"/> Transpo & Other Services <input type="checkbox"/> Working Capital <input type="checkbox"/> Others (pls. specify)	<input type="checkbox"/> Purchase of Medical Eqmnt <input type="checkbox"/> Purchase of Const Eqmnt <input type="checkbox"/> Purchase of Vehicles/MC <input type="checkbox"/> Others (pls specify)	<input type="checkbox"/> Housing <input type="checkbox"/> House Improvement <input type="checkbox"/> Purchase of Lots <input type="checkbox"/> Salary <input type="checkbox"/> Back to Back <input type="checkbox"/> OFW <input type="checkbox"/> Others (pls. specify)	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Fabrication <input type="checkbox"/> Constructions <input type="checkbox"/> Others (pls. specify)

**PERSONAL INFORMATION**

Applicant/Borrower		Applicant's Spouse	
Name:			
Present Address:			
Permanent Address:			
Place of Birth:			
Date of Birth:			
Marital Status:			
Contact No.:			
TIN			
If with SPA:			
Name of Principal			
TIN of Principal			
Highest Educational Attainment:			
Status of Residence:	<input type="checkbox"/> Personally Owned <input type="checkbox"/> Personally owned but mortgaged <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Free		
Employment/ Business Name:			
Employment /Business Address:			
Position:			
Status :			
Conduct No.:			

**UNDERTAKING**

I/we affirm that all information/s furnished herein is/are true and correct and that any misrepresentations or falsity therein will be construed as an act to defraud **ILOCOS CONSOLIDATED COOPERATIVE BANK** for which can be a reason for the disapproval of my loan application.

I/we hereby authorize the Bank or its duly authorized representatives 1). To obtain informations about me and from other institutions/individuals on my present and past dealings and transactions. 2). To conduct appraisal on the property(ies) to be used as collateral and inspect the premises which are part of the subject property 3). and to facilitate the processing of my Loan Application.

I/we agree that this application form and the submitted documents are now property of **ICCB** and will be used to evaluate whether or not to grant my/our loan. In case of Loan Disapproval, I/we hereby agree and understand that Ilocos Consolidated Cooperative Bank is not obliged to disclose the reason/s for such disapproval.

Finally, **"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 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."**

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF BORROWER

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF BORROWER'S SPOUSE

\*\*\*\*\*  
(FOR SALARY LOAN)

TO: ILOCOS CONSOLIDATED COOPERATIVE BANK

\_\_\_\_\_ AGREES TO COLLECT THROUGH PAYROLL/PAYSLIP DEDUCTION, THE CORRESPONDING MONTHLY AMORTIZATIONS ON THIS LOAN AND REMIT SAID AMOUNTS TO ILOCOS CONSOLIDATED COOPERATIVE BANK ON OR BEFORE THE 15<sup>TH</sup> &/OR 30<sup>TH</sup> DAY OF EVERY MONTH FOR LOAN AMORTIZATIONS FOR THE DURATION THAT THE LOAN REMAINS OUTSTANDING.

FINALLY, AT THE REQUEST OF MR./MS. \_\_\_\_\_ WHO IS EMPLOYED IN THIS OFFICE AS \_\_\_\_\_ WITH A MONTHLY SALARY OF \_\_\_\_\_

(P \_\_\_\_\_) PESOS ONLY, WE HEREBY AGREE TO DEDUCT THE AMOUNT AS SHOWN IN THE SCHEDULE ATTACHED AND REMIT THE SAME TO YOU UNTIL HIS/HER LOAN WITH YOUR BANK IN THE AMOUNT OF \_\_\_\_\_ (P \_\_\_\_\_) PESOS ONLY SHALL HAVE BEEN FULLY PAID.

Very truly yours,

\_\_\_\_\_  
Head of Office/Authorized Representative

Signature Over Printed Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Party Authorized to Deduct

Signature Over Printed Name

Date: \_\_\_\_\_

**Co-Maker's Statement with Authorization (for Unsecured Loans)**

To the Treasurer/Cashier/Disbursing Officer/Payroll Master \_\_\_\_\_

We, the co-makers of \_\_\_\_\_, hereby voluntarily and willingly, bind ourselves to pay jointly and severally all his/her unpaid obligations to the **Ilocos Consolidated Cooperative Bank** according to the terms and conditions set forth on the Promissory Note and the Loan Agreement found on this application form in case he/she fails to pay his/her obligations for any reason whatsoever, including the non-implementation or stoppage of his /her payroll salary deductions. In cases, i/we hereby authorize you to deduct from my/our salaries the amount of P \_\_\_\_\_ every month until the obligation is fully settled.

Name of Co-maker (1):		Name of Co-maker (2)	
Name of spouse:	_____	Name of spouse	_____
Address:	_____	Address:	_____
Birthdate:	_____	Birthdate:	_____
Occupation:	_____	Occupation:	_____
Position:	_____	Position:	_____
Monthly Income:	_____	Monthly Income:	_____
Valid ID:	_____	Valid ID:	_____
Contact No.	_____	Contact No.	_____

\_\_\_\_\_  
Signature over printed name of Co-maker (1)

\_\_\_\_\_  
Signature over printed name of Co-maker (2)

**FOR BANK'S USE ONLY**

**Bank's Action on Loan Application**

Prepared/Evaluated by: \_\_\_\_\_  
**Branch Loan Officer**

Approved/Endorsed by: \_\_\_\_\_  
**Branch Manager**  
Date: \_\_\_\_\_  
Amount: \_\_\_\_\_

Approved/endorsed by: \_\_\_\_\_  
**CHRISTOPHER G. CALPO**  
Credit Manager / OIC- Area Manager  
OIC - Area Manager's Date \_\_\_\_\_  
Approved for P \_\_\_\_\_  
Remarks \_\_\_\_\_

Approved by: \_\_\_\_\_  
**RUBEN R. HABON**  
President  
President's Date \_\_\_\_\_  
Approved for P \_\_\_\_\_  
Remarks \_\_\_\_\_

**Credit Committee's Approval**

\_\_\_\_\_  
Credit Manager

\_\_\_\_\_  
General Manager

\_\_\_\_\_  
Member

CreCom Date: \_\_\_\_\_

Amount approved/endorsed: \_\_\_\_\_

**Board of Director's Approval**

Chairman: \_\_\_\_\_

V-Chairman: \_\_\_\_\_

Dir.	_____	Dir.	_____
Dir.	_____	Dir.	_____
Dir.	_____	Dir.	_____
Dir.	_____	Dir.	_____
Dir.	_____	Dir.	_____
Dir.	_____	Dir.	_____
Dir.	_____	Dir.	_____

Attested by:

**ROSITA S. ANGALA**  
Board Secretary  
Board Res. No. \_\_\_\_\_

\*\*\*\*\*



