



ILOCOS CONSOLIDATED COOPERATIVE BANK

HEAD OFFICE

BAGANI CAMPO, CANDON CITY, ILOCOS SUR

Telephone Nos.

(077)674-0254 (077)674-0312

Affix latest
2x2 Picture

LOAN APPLICATION

Application for:	Amount Applied:			
AGRICULTURAL	COMMERCIAL LOAN	FACILITY LOAN	OTHER LOAN	INDUSTRIAL LOAN
<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 Farm Equip't. <input type="checkbox"/> Purchase of Medical Equip't. <input type="checkbox"/> Purchase of Const. Equip't. <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

NOTE: Please Fill-out properly the informations requested below.

APPLICANT/BORROWER		APPLICANT'S SPOUSE	
FULL NAME:			
Present Address:			
Permanent Address:			
Place of Birth:			
Date of Birth & Age:			
Marital Status:			
Contact No.:			
TIN:			
If with SPA:			
Name of Principal			
TIN of Principal			
Highest Educational Attainment:(put check)	()Masters () College () Highschool () Elementary () Vocational	()Masters () College () Highschool () Elementary () Vocational	
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		
Employer/Agency:			
Employer/Agency Address:			
Position:			
Status :			
Contact 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 15TH &/OR 30TH 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.

Head of Office/Authorized Representative

Signature Over Printed Name

Date: _____

Party Authorized to Deduct

Signature Over Printed Name

Date: _____

Co-Maker's Statement

To the Treasurer/Cashier/Disbursing Officer/Payroll Master _____

We/I, 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.

NOTE: Please fill-out properly the informations requested below.

	CO - MAKER (1)	CO - MAKER (2)
FULL NAME:		
Name of Spouse:		
Address:		
Birthdate:		
Occupation:		
Position:		
Monthly Income:		
Valid ID Presented:		
Contact No.		

Signature over printed name of Co-maker (1)

Signature over printed name of Co-maker (2)

FOR BANK'S USE ONLY

Evaluated / Endorsed by:

Loan Officer

CHRISTOPHER G. CALPO

RUBEN R. HABON

Branch Manager

Area Manager

President

Date: _____
Approved for P _____
Remarks _____

Area Manager's Date _____
Approved for P _____
Remarks _____

President's Date _____
Approved for P _____
Remarks _____

Credit Committee's Approval

RUBEN R. HABON

SEGUNDINO V. SOLIVEN

Member

Member

Member

Member

Member

BENJAMIN Y. CAMPAÑANO

Chairman

Board of Director's Approval

DIVINA C. QUEMI

Chairman

BENJAMIN Y. CAMPAÑANO

Vice Chairman

SIGNATURE

SIGNATURE

Dir. VIRGILIO B. ABAAG

Dir. JOSIE B. AVISA

Dir. ENGR. ROMY A. BUCALEN

Dir. ENGR. JOHN A. PRE

Dir. ARSENIO VALENCIA

Dir. EVA G. BORJA

Dir. ARIEL D. MARTIN

Dir. SEGUNDINO V. SOLIVEN

Dir. NESTOR A. PASCUA

Dir. MARIA VICTORIA M. MARIANO

Attested by:

Board Secretary

Board Res. No.
