



☐ New Application ☐ Additional Loan ☐ Renewal ☐ Restructuring

In case of loan renewal or restructuring, are there any updates from previous submission? ☒ Yes ☐ No (if yes, kindly provide details)

|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------|--------------------------------------------------------------------|----------------|-----------------------------|
| BUSINESS LOAN APPLICATION FORM                                                                                                                                                                                                                                                        |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| <input type="checkbox"/> Individual <input type="checkbox"/> Sole-Proprietorship<br><i>(Please mark the appropriate boxes and indicate N/A if not applicable)</i>                                                                                                                     |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| A. BORROWER AND BUSINESS INFORMATION <sup>1</sup>                                                                                                                                                                                                                                     |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Name of Borrower:                                                                                                                                                                                                                                                                     |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| <div><div>(First Name)</div><div>(Middle Name)</div><div>(Last Name)</div><div>(Suffix, if applicable)</div></div>                                                                                                                                                                    |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widow/er <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Separated                                                                                                 |  |                                   | Date of Birth:(mm/dd/yyyy)                                                                                                                                                      |               | Place of Birth: (Municipality/City, Province)                                                                                                                                                   |                                                                 |                | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |                |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               | Citizenship:                                                                                                                                                                                    |                                                                 |                |                                                                    |                |                             |
| Name of Spouse:                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                | Date of Birth: (mm/dd/yyyy) |
| <div><div>(First Name)</div><div>(Middle Name)</div><div>(Last Name)</div><div>(Suffix, if applicable)</div></div>                                                                                                                                                                    |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Home Address: (Unit #, Building/House #, Street, Subdivision/ Barangay/ District, Municipality/ City, Province, Zip Code)                                                                                                                                                             |  |                                   |                                                                                                                                                                                 |               | Home address ownership: <input type="checkbox"/> Owned (unencumbered) <input type="checkbox"/> Rented <input type="checkbox"/> Owned (mortgaged) <input type="checkbox"/> Living with relatives |                                                                 |                |                                                                    |                |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               | Length of Stay in Location: _____ years                                                                                                                                                         |                                                                 |                |                                                                    |                |                             |
| Landline No. (Area Code, Number):<br>(____)-                                                                                                                                                                                                                                          |  |                                   |                                                                                                                                                                                 | Mobile No.:   |                                                                                                                                                                                                 |                                                                 | Email Address: |                                                                    |                |                             |
| TIN:                                                                                                                                                                                                                                                                                  |  | PhilSys:                          |                                                                                                                                                                                 |               | Other Government-issued ID (Please specify type/number):                                                                                                                                        |                                                                 |                |                                                                    |                |                             |
| Mother's Maiden Name:                                                                                                                                                                                                                                                                 |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| <div><div>(First Name)</div><div>(Middle Name)</div><div>(Last Name)</div><div>(Suffix, if applicable)</div></div>                                                                                                                                                                    |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Registered Business Name (Trade Name):                                                                                                                                                                                                                                                |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Principal Business Address: (Unit #, Building/ House #, Street, Subdivision/ Barangay/ District, Municipality/City, Province, Zip code)<br>Is this similar to Home Address?    Yes    No (If no, kindly provide the details)                                                          |  |                                   |                                                                                                                                                                                 |               | Business address ownership:<br>Owned (unencumbered)<br>Owned (mortgaged)<br>Rented                                                                                                              |                                                                 |                | Years the Business has been in operation:<br>_____ years           |                |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                | Number of branches:<br>_____                                       |                |                             |
| Website/social media (Business):                                                                                                                                                                                                                                                      |  |                                   |                                                                                                                                                                                 |               | Indicate whether the business has: <sup>2</sup><br>Female Manager/s<br>Female head officer for operations/administrative services                                                               |                                                                 |                |                                                                    |                |                             |
| Nature of Business (Based on PSIC reference):                                                                                                                                                                                                                                         |  |                                   |                                                                                                                                                                                 |               | Please specify business activity:                                                                                                                                                               |                                                                 |                |                                                                    |                |                             |
| Business registration<br><i>(Check all that apply)</i>                                                                                                                                                                                                                                |  |                                   | Date of Business Registration<br><i>(mm/dd/yyyy)</i>                                                                                                                            |               | Expiry Date of Registration<br><i>(mm/dd/yyyy)</i>                                                                                                                                              |                                                                 |                | Registration Number                                                |                |                             |
| DTI                                                                                                                                                                                                                                                                                   |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| BIR                                                                                                                                                                                                                                                                                   |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Barangay/Mayor's Permit                                                                                                                                                                                                                                                               |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Others (Please specify):<br>_____                                                                                                                                                                                                                                                     |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Firm Size <sup>3</sup> (Total assets exclusive of the land on which the business entity's office, plant and equipment are situated) <sup>4</sup><br>Micro (not more than Php 3M)                      Small (Php3,000,001 to 15M)                      Medium (Php15,000,001 to 100M) |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Annual Sales or Revenue:<br>Php _____                                                                                                                                                                                                                                                 |  |                                   | Number of employees: (Please indicate all paid employees and/or directly involved in business operations)<br>Full-time: _____                      Part-time/Contractual: _____ |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Top Trade References (use additional sheet if necessary)                                                                                                                                                                                                                              |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Name of Top Suppliers                                                                                                                                                                                                                                                                 |  |                                   | Goods Supplied/ Services Rendered                                                                                                                                               |               |                                                                                                                                                                                                 | Contact Person                                                  |                |                                                                    | Contact Number |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Name of Top Customers                                                                                                                                                                                                                                                                 |  |                                   | Goods Purchased/Services Availed                                                                                                                                                |               |                                                                                                                                                                                                 | Contact Person                                                  |                |                                                                    | Contact Number |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| B. LOAN APPLICATION INFORMATION                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Loan amount applied for (subject to the approval of the bank): Php _____                                                                                                                                                                                                              |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                | Tenor: _____ months                                                |                |                             |
| Proposed frequency of repayment <sup>5</sup> :    Weekly    Monthly    Quarterly    Annually    Lump sum    Others (Please specify): _____                                                                                                                                            |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 |                                                                 |                |                                                                    |                |                             |
| Loan Facility:                                                                                                                                                                                                                                                                        |  | Credit Line                       |                                                                                                                                                                                 | Loan Purpose: |                                                                                                                                                                                                 | Working capital (including receivables and inventory financing) |                | Business expansion                                                 |                |                             |
|                                                                                                                                                                                                                                                                                       |  | Term Loan                         |                                                                                                                                                                                 |               |                                                                                                                                                                                                 | Construction/Development of real estate                         |                | Purchase of equipment/motor vehicles                               |                |                             |
|                                                                                                                                                                                                                                                                                       |  | Others (Please specify):<br>_____ |                                                                                                                                                                                 |               |                                                                                                                                                                                                 | Acquisition of real estate                                      |                | Purchase of biological asset                                       |                |                             |
|                                                                                                                                                                                                                                                                                       |  |                                   |                                                                                                                                                                                 |               |                                                                                                                                                                                                 | Loan takeout/refinancing                                        |                | Others (Please specify): _____                                     |                |                             |

<sup>1</sup> Additional borrower information such as but not limited to the following may be obtained using a separate sheet/form: co-borrower, dependents, questionnaire on politically exposed person (PEP) and Foreign Account Tax Compliance Act (FATCA)

<sup>2</sup> This information will solely be used to monitor information on business ownership/management in the country. Responses in this part will not affect the assessment and approval of your loan application.

<sup>3</sup> Subject to bank verification

<sup>4</sup> The size of the firm is being collected for the BSP's monitoring purposes.

<sup>5</sup> As may be applicable

|               |                |                                                                                                                                                                                                                      |  |                                                 |
|---------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|
| Type of Loan: | Unsecured Loan | If secured, collateral/s and/or surety/ies offered:                                                                                                                                                                  |  |                                                 |
|               | Secured Loan   | Loan secured by real estate (e.g., land, building)                                                                                                                                                                   |  |                                                 |
|               |                | Loan secured by movable property<br>Receivables & any other claims to payment<br>Title documents (e.g., warehouse receipt, bill of lading)<br>Financial assets (e.g., deposits, tradable securities, company shares) |  | Intellectual Property<br>Equipment<br>Inventory |
|               |                |                                                                                                                                                                                                                      |  | Others (Please specify): _____                  |
|               |                | Loan backed by third party credit guarantee/continuing suretyship                                                                                                                                                    |  |                                                 |

C. FINANCIAL INFORMATION

|                                         |                                                    |                                                                   |
|-----------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|
| Source of Funds for Repayment of Loans: | Revenue<br>Asset Sale<br>Savings and/or Investment | Inheritance<br>Salary/Allowance<br>Others (Please specify): _____ |
|-----------------------------------------|----------------------------------------------------|-------------------------------------------------------------------|

Existing Deposit and E-money Accounts (please indicate top 3 in terms of outstanding balance size, use additional sheet if necessary):

| Name of Financial Institution | Type of Account |          |          |                         | Year Opened | Type of Account Ownership |                    |
|-------------------------------|-----------------|----------|----------|-------------------------|-------------|---------------------------|--------------------|
|                               | Savings         | Checking | E-wallet | Others (Please specify) |             | Personal                  | Business/ Merchant |
|                               | Savings         | Checking | E-wallet | Others (Please specify) |             | Personal                  | Business/Merchant  |
|                               | Savings         | Checking | E-wallet | Others (Please specify) |             | Personal                  | Business/Merchant  |

Existing Loans (please indicate top 3 in terms of loan amount, use additional sheet if necessary):

| Name of Financial Institution | Loan amount | Date Granted (mm/yyyy) | Maturity Date (mm/yyyy) | Outstanding Balance | Collaterals offered (If applicable, indicate if real estate, movable property, etc.) |
|-------------------------------|-------------|------------------------|-------------------------|---------------------|--------------------------------------------------------------------------------------|
|                               |             |                        |                         |                     |                                                                                      |
|                               |             |                        |                         |                     |                                                                                      |
|                               |             |                        |                         |                     |                                                                                      |

Existing Credit Cards (please indicate top 3 in terms of credit limit, use additional sheet if necessary):

| Name of Financial Institution | Credit Limit | Outstanding Balance | Type of Ownership |          |
|-------------------------------|--------------|---------------------|-------------------|----------|
|                               |              |                     | Personal          | Business |
|                               |              |                     | Personal          | Business |
|                               |              |                     | Personal          | Business |

D. UNDERTAKING/DECLARATION

I/We hereby confirm that all information and supporting documents provided herein are true, accurate and complete and I/we agree to notify the financial institution of any changes in any of the information supplied. The financial institution can withdraw or cancel any loan approval if any major information and supporting documents are found to be materially inaccurate.

I/We authorize the financial institution to obtain relevant information as it may require concerning this application.

I/We understand and agree that additional undertaking/declaration, not stated in this form, may be required by the financial institution.

I/We hereby agree that this application shall be subject to applicable laws (BSP circulars, rules and regulations) and policies of \_\_\_\_\_.

E. DATA PRIVACY CONSENT

In compliance with the requirements of the Data Privacy Act (DPA), I/we hereby authorize and give my/our consent to \_\_\_\_\_ on the general use and sharing of information obtained in the course of any transaction/s pursuant to my banking relationship with it. Personal information and sensitive personal information<sup>6</sup> may be collected, processed, stored, updated, or disclosed by the bank:

- a. for legitimate bank-related purposes and requests;
- b. to implement transactions which the borrower requests, allows, or authorizes;
- c. to comply with the bank's internal policies and its reporting obligations to government authorities under applicable laws; and
- d. to offer and provide new or related products and services of the bank, its affiliates and subsidiaries through mail, email, SMS or other means of communication.

I/We confirm that I/we am/are aware that, in case of unlawful acquisition, inaccuracy, and error, I/we have the right to access, update, dispute, block, or correct certain personal information, or withdraw my/our consent to the use of any information provided herein, subject to the rights and limitations under the DPA.

I/We understand that this consent shall continue to be in effect for \_\_\_\_ years or until expiration of the records retention limits set by applicable banking laws, whichever comes later.

I/We further warrant that, prior to submitting to the financial institution any information (including personal information) of an individual; I/we have obtained all necessary authorizations and consents as may be required by applicable confidentiality and data privacy laws or agreement to enable the bank to process such information.

I/We understand that should I/we wish to access, update, dispute, block, or correct certain information, or withdraw consent to the use of any of the information provided herein, subject to the rights and limitations under the DPA, I/we may communicate with the \_\_\_\_\_'s Data Protection Officer at \_\_\_\_\_, and may lodge complaints with, and/or seek assistance from the National Privacy Commission.

I/We understand that my/our basic credit data, as well as any regular updates or corrections thereof, are mandated to be submitted to the Credit Information Corporation (CIC) pursuant to R.A. 9150 and its Implementing Rules and Regulations for consolidation and disclosure as may be authorized by the CIC. Consequently, my/our basic credit data may thus be shared with other lenders authorized by the CIC, and other reporting agencies duly accredited by the CIC, for the purpose of establishing my/our creditworthiness.

I/We understand and agree that additional data privacy provisions, not stated in this form, may be required by the financial institution.

I/We have read and understood and consent to be bound by all the terms and conditions stated above.

|                                          |      |                                                    |      |
|------------------------------------------|------|----------------------------------------------------|------|
| Signature above Printed Name of Borrower | Date | Signature above Printed Name of Co-Borrower/Spouse | Date |
|------------------------------------------|------|----------------------------------------------------|------|

Third party credit guarantor and/or security grantor (i.e., a person or entity who grants a security interest in collateral to secure the obligation of the borrower)

| Printed Name | Affiliation | Relationship with Borrower | Contact Information (address, contact number) |
|--------------|-------------|----------------------------|-----------------------------------------------|
| 1.           |             |                            |                                               |
| 2.           |             |                            |                                               |
| 3.           |             |                            |                                               |

<sup>6</sup> Name, address, gender, age, marital status, contact details, birthday, SSS/GSIS, TIN, education, employment or financial or medical information, spouse details, preferences, behavior, and other information classified as "personal data", "personal information", or "sensitive personal information" under the DPA, and those of the Borrower's authorized representative/s, as well as accounts, transactions, and communications.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>CHECKLIST OF SUPPORTING DOCUMENTS</div> <p>The checklist enumerates the types of supporting documents that the borrower may present to facilitate the financial institution’s evaluation of the loan application. <b>Borrowers are <u>not</u> expected to provide all the listed documents but only those that are applicable to the loan application.</b></p> <p>After the initial loan application screening, additional information (using separate sheet or form) may be requested to further evaluate the loan application and the security being offered. The financial institution may also require additional documents, as deemed necessary.</p> <p>For the financial institution to better consider the application, additional post-approval documents not specified in the list may be required, as applicable.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <div><div>Basic Documents</div><div><div>Filled-out and signed application form</div><div>Clear copy of one (1) valid government-issued ID</div><div>Marriage contract, if applicable</div></div><div><div>Proof of business registration: <i>(Please check applicable item/s)</i></div><div><div>Certificate of Registration with Bureau of Internal Revenue (BIR)</div><div>Certificate of Registration with Department of Trade and Industry (DTI)</div><div>Certificate of Registration with Securities and Exchange Commission (SEC)</div><div>Certificate of Registration with Farmers and Fisherfolk Enterprise Development Information System (FFEDIS)</div><div>Barangay Permit</div><div>Mayor’s Permit</div></div></div><div><div>Personal Income Documents <i>(Please check applicable item/s)</i></div><div><div>Latest Income Tax Return (ITR) or BIR Form 2316</div><div>Latest payslip for the past 2 months</div><div>Certificate of Employment (COE) with salary or Employment Contract</div><div>Latest crew contact (for seafarers)</div><div>Proof of remittance for the past 6 months</div><div>Bank statements or photocopy of passbook for the past 6 months</div><div>Lease contract (for rental income)</div><div>Proof of other income:</div><div></div></div><div><div>Business Documents <i>(Please check applicable item/s)</i></div><div><div>Photocopy of Audited Financial Statements for the past 3 years with latest ITR or Photocopy of in-house financial statements or pre-operating financial statements</div><div>Business Plan/Business Proposal</div><div>Photocopy of franchise agreement, if any</div><div>Business background/Company profile</div><div>Photocopy of purchase agreement</div><div>Others <i>(please specify):</i></div><div></div></div><div><div>Other Pre-application Requirements</div><div><div>Billing statement of utilities for the past 3 months</div><div>Statement of Account from current lender and official receipts for the past 3 months <i>(if loan purpose is refinancing/loan takeout)</i></div><div>Others (please specify):</div><div></div></div></div><td><div><div>Security Documents <i>(Please check applicable item/s)</i></div><div><div>Photocopy of Transfer Certificate of Title (TCT)/ Condominium Certificate of Title (CCT)</div><div>Photocopy of Tax Declaration (for land and Improvement)</div><div>Location/Vicinity Map</div><div>Land Transportation Office (LTO) Official Receipt (OR)/ Certificate of Registration (CR) or Deed of Sale of Motor Vehicle</div><div>Reservation Agreement or Contract to Sell or Statement of Account (for Deed of Assignment (DOA) accounts only)</div></div><div><div>If secured by a Continuing Suretyship:</div><div><div>Basic Documents (as enumerated in this form) of the Surety</div><div>Income Documents (as enumerated in this form) of the Surety</div></div></div><div><div>If construction loan</div><div><div>Building/Floor plan of proposed improvement</div><div>Bill of materials</div><div>Specification of proposed finishes</div><div>Building permit</div></div><div><div>If refinancing/loan take out</div><div><div>Statement of Account from current lender and official receipts for the past 3 months</div></div></div><div><div>Others</div><div><div>Appraisal fee</div><div>Additional security documents <i>(please specify):</i></div><div></div></div></div><div><div>Post-approval requirements for real estate collateral-backed loans</div><div><div><i>(Please check applicable item/s)</i></div><div><div>Original owner’s copy of TCT/CCT</div><div>Original Tax Clearance</div><div>Certified true copy of latest Tax Declaration</div><div>Insurance policy/ies (for properties with improvements)</div><div>Master Deed of Declaration (for condominium only)</div><div>Photocopy of latest full year Real Estate Tax Receipt (RETR)</div><div>Price quotation of the property (for property acquisition)</div><div>Affidavit of Consent to Mortgage Family Home</div><div>Others <i>(please specify):</i></div><div></div></div></div><div><div>Other post-approval requirements</div><div><div>General Information Sheet (GIS), if applicable</div><div>Special Power of Attorney, if applicable</div><div>Certificate of Ownership for movable property <i>(e.g., motor vehicles, etc.)</i></div></div></div></div></div></div></td></div></div></div> | <div><div>Security Documents <i>(Please check applicable item/s)</i></div><div><div>Photocopy of Transfer Certificate of Title (TCT)/ Condominium Certificate of Title (CCT)</div><div>Photocopy of Tax Declaration (for land and Improvement)</div><div>Location/Vicinity Map</div><div>Land Transportation Office (LTO) Official Receipt (OR)/ Certificate of Registration (CR) or Deed of Sale of Motor Vehicle</div><div>Reservation Agreement or Contract to Sell or Statement of Account (for Deed of Assignment (DOA) accounts only)</div></div><div><div>If secured by a Continuing Suretyship:</div><div><div>Basic Documents (as enumerated in this form) of the Surety</div><div>Income Documents (as enumerated in this form) of the Surety</div></div></div><div><div>If construction loan</div><div><div>Building/Floor plan of proposed improvement</div><div>Bill of materials</div><div>Specification of proposed finishes</div><div>Building permit</div></div><div><div>If refinancing/loan take out</div><div><div>Statement of Account from current lender and official receipts for the past 3 months</div></div></div><div><div>Others</div><div><div>Appraisal fee</div><div>Additional security documents <i>(please specify):</i></div><div></div></div></div><div><div>Post-approval requirements for real estate collateral-backed loans</div><div><div><i>(Please check applicable item/s)</i></div><div><div>Original owner’s copy of TCT/CCT</div><div>Original Tax Clearance</div><div>Certified true copy of latest Tax Declaration</div><div>Insurance policy/ies (for properties with improvements)</div><div>Master Deed of Declaration (for condominium only)</div><div>Photocopy of latest full year Real Estate Tax Receipt (RETR)</div><div>Price quotation of the property (for property acquisition)</div><div>Affidavit of Consent to Mortgage Family Home</div><div>Others <i>(please specify):</i></div><div></div></div></div><div><div>Other post-approval requirements</div><div><div>General Information Sheet (GIS), if applicable</div><div>Special Power of Attorney, if applicable</div><div>Certificate of Ownership for movable property <i>(e.g., motor vehicles, etc.)</i></div></div></div></div></div></div> |

FOR BANK REFERENCE ONLY

| PHILIPPINE STANDARD INDUSTRIAL CLASSIFICATION (PSIC)                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------|
| A – Agriculture, Forestry & Fishing                                                                                             |
| B – Mining and Quarrying                                                                                                        |
| C – Manufacturing                                                                                                               |
| D – Electricity, Gas Steam and Air-conditioning Supply                                                                          |
| E – Water Supply, Sewerage, Waste Management and Remediation Activities                                                         |
| F – Construction                                                                                                                |
| G – Wholesale & Retail Trade; Repair of Motor Vehicles & Motorcycles                                                            |
| H – Transportation & Storage                                                                                                    |
| I – Accommodation & Food Services Activities                                                                                    |
| J – Information & Communication                                                                                                 |
| K – Financial & Insurance Activities                                                                                            |
| L – Real Estate Activities                                                                                                      |
| M – Professional, Scientific & Technical Activities                                                                             |
| N – Administrative & Support Service Activities                                                                                 |
| O – Public Administration & Defense; Compulsory Social Security                                                                 |
| P – Education                                                                                                                   |
| Q – Human Health & Social Work Activities                                                                                       |
| R – Arts, Entertainment and Recreation                                                                                          |
| S – Other Service Activities                                                                                                    |
| T – Activities of Household as Employers; Undifferentiated Goods- and- Services- Producing Activities of Households for Own Use |
| U – Activities of Extraterritorial Organizations and Bodies                                                                     |