

FINANCIAL INFORMATION (Use additional sheet if necessary)

(A) Total Assets _____ (B) Total Liabilities _____ (A less B) Net Worth (as of _____ 20____) _____

(A) Total Sales/Income _____ (B) Total Expenses _____ (A less B) Total Monthly Disposable Income _____

VII. DEBT SERVICE CAPACITY (separate sheet)

VIII. LOANS WITH OTHER BANKS AND FINANCIAL INSTITUTIONS

Type of Loan	Bank Financial Institution	Original Amount	Monthly Payment	Outstanding Balance	Date Granted (mm/dd/yyyy)	Maturity Date (mm/dd/yyyy)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

IX. AUTHORIZATION

Pursuant to Republic Act (R.A.) No. 9510 which became effective on October 31, 2008 and its Implementing Rules and Regulations (IRR), creating the Credit Information Corporation (CIC), I/We authorize BOF, INC. (A Rural Bank) to submit my/our basic credit data (as defined in R.A. No. 9510 and its IRR), as well as any regular updates or correction thereof, to the CIC 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 credit reporting agencies duly accredited by the CIC, for the purpose of establishing my/our creditworthiness.

I/We confirm that the above information is true and correct to the best of my/our knowledge. I/We am/are aware that any false statement may be an immediate cause for denial of this loan. In connection with this application, I/we authorized BOF, INC. (A Rural Bank) to obtain such other information as may be required. This authorization includes obtaining information from suppliers, commercial banks, rural banks and all other creditors while releasing these institutions from liability under any and all bank secrecy laws. In addition, I/we waive confidentiality of information and I hereby authorize BOF to conduct random verification with the Bureau of Internal Revenue (BIR) to establish authenticity of the Income Tax Return (ITR) and accompanying financial statements.

I/We hereby waive my/our rights under existing laws relating to the confidentiality of bank deposits and further unconditionally and irrevocably hold free and harmless as well as indemnify BOF, its directors, officers, employees and representatives (collectively, the "Bank") from any and all liabilities, claims, suits, charges or expenses of whatever nature arising out of or in connection with its issuance and/or use of the certification.

Further, I/we authorize the Bank to disclose any/all information regarding the aforesaid bank deposit placement/ loan dealings in the event said institution to whom the certification is submitted seeks confirmation of its contents.

Signature of Borrower Over Printed Name _____ Date _____ Signature Over Printed Name _____ Signature Over Printed Name _____ Date _____
(SPOUSE for Doctors' & Auto Loan) (CO-MAKERS for Salary & Auto Loan)(If applicable)

X. THIS PORTION IS TO BE FILLED UP BY OFFICER OF BOF, INC.

Risk Type Customer: Low Normal High Standard of Diligence: Reduced Average Enhanced NFIS OFAC

GENERAL COMMENTS AND ENDORSEMENT

Ratings: Excellent...5 Very Satisfactory...4 Satisfactory...3 Below Satisfactory...2 Needs Improvement...1
CHARACTER _____ CAPACITY _____ COLLATERAL _____ Signature of Branch Operations Officer: _____

CREDIT INVESTIGATION / FINDINGS

- Background / Employment Checking _____
- Trade Dealings (Suppliers) _____
- Trade Dealings (Clients) _____
- Loan Dealings _____
- Deposit Dealings _____
- CMAP / NFIS _____
- DSC _____
- Other Remarks / Findings _____

Validated by: Credit Investigator _____ Approved by: Credit Group Head _____

RECOMMENDATION AND TERMS & CONDITION

- Amount of Loan _____
- Number of Years (Terms) _____
- Interest Rate _____
- Amortizations ___ Monthly ___ Quarterly ___ Semi-Annual
- Others _____

REMARKS

1. _____
2. _____
3. _____
4. _____

Recommended by: LD Head _____ LG Head _____ CMG Head _____

APPROVED BY per Policy on Loan Approval (POLA)

(1) LG Head _____

Any one (1) from CREDIT COMMITTEE (CRECOM) (2) _____ (3) _____

(4) _____

OTHER TERMS AND CONDITION IN THE APPROVAL:

1. _____
2. _____