



CLIENT NUMBER _____ Office _____

LOAN APPLICATION (LA)

Note: To Borrower: To ensure fast and efficient processing of your application, be sure that all blanks in this application form are filled up properly.

LOAN REQUESTED		ECONOMIC ACTIVITY OF LOAN	DATE
Amount _____	No. of Yrs. _____		
COLLATERAL/S Offered (if space is not enough, write at the back) Property Address _____		TCT No. _____ Lot No. _____ Block No. _____ TCT Presently in the name of: _____	

BORROWER:

*Name _____ *Date of Birth _____ *Place of Birth _____
 (Last) (First) (Middle) *Nationality _____ *Age _____ Gender _____
 Civil Status [] Single [] Married _____ years [] Widowed _____ years [] Separated _____ years
 *Present Address: _____ Zip Code _____
 Tel No. _____ Fax No. _____ *Mobile No. _____
 Years in above address: _____ [] Own [] Rent [] Living with parents/relatives
 *Permanent Address: _____ Zip Code _____
 Tel No. _____ Fax No. _____ Mobile No. _____
 E-mail Address _____ TIN _____ SSS/GSIS No. _____
 Educational Attainment: School: _____ Year Graduated: _____ Degree/Title: _____
 No. of Dependents of Borrower and Spouse [] Dependent's Age [] [] [] [] [] [] [] [] [] []
 ID No. 1 _____ Description _____ ID No. 2 _____ Description _____
 Name of Father: _____ Name of Mother: _____ Number in the Family: _____

BORROWER'S EMPLOYMENT STATUS

Employed
 Formally Employed Informally Employed
 Name of Employer/Business Name: _____
 Employer's Business Address: _____ Zip Code _____
 Tel No. _____ Fax No. _____ Mobile No. _____
 Nature of Work/Business: _____ Position _____
 Form of Employer's Business Organization: Partnership Cooperative Corporation: % of shares (if applicable) _____
 Others (please specify) _____
 Are you an Officer, Director or Stockholder of a Company? Yes No
 Self-employed (Sole Proprietorship)
 Business Name: _____
 Business Address: _____ Zip Code _____
 Tel No. _____ Fax No. _____ Mobile No. _____
 Nature of Work/Business: _____ Position _____ Business TIN _____ Business SSS/GSIS No. _____
 *DTI/S.E.C. Reg. No. _____ *Reg. Date _____ *Reg. Expiry _____ *Place of Registration _____
 Unemployed
 *Source of Funds _____ *Source of Income _____
 Previous Employment: Employer: _____ Address: _____ Inclusive Date: _____ Position: _____

SPOUSE:

Name _____ Date of Birth _____ Place of Birth _____ Age _____
 Present Address _____ Zip Code _____ Tel. No.: _____
 Permanent Address _____ Zip Code _____ Tel. No.: _____
 Educational Attainment: School: _____ Year Graduated: _____ Degree/Title: _____
 Employer (or Name of Business, if self employed) _____
 Office Address _____ Tel No. _____
 Nature of Business _____ Position _____ Length of Service _____ yrs.
 Previous Employment: Employer: _____ Address: _____ Inclusive Date: _____ Position: _____
 Source of Funds _____ Source of Income _____ TIN _____ SSS/GSIS No. _____
 Name of Father: _____ Name of Mother: _____ No. in the Family: _____ Nationality _____

FOR JURIDICAL ENTITIES:

*Business Name: _____ Date Opened _____
 Type: Sole Proprietorship _____ Partnership _____ Cooperative _____ Corporation: _____ % of shares _____ Others (please specify) _____
 *DTI/S.E.C. Reg. No. _____ *Reg. Date _____ *Reg. Expiry _____ *Place of Reg. _____
 Address: *Head Office _____ Tel No. _____ Fax No. _____ *Mobile No. _____
 Branch _____ Tel No. _____ Fax No. _____ Mobile No. _____
 *Nature of Business _____ E-mail Address _____ *Business TIN _____ Business SSS/GSIS No. _____
 *Source of Income _____ *Source of Funds _____ *Nationality _____
 Authorized Representative/s (1) _____ Position: _____
 (2) _____ Position: _____
 Home Address (1) _____ Tel No. : _____
 Home Address (2) _____ Tel No. : _____

CO-MAKER/GUARANTOR:

Name _____ Date of Birth _____ Place of Birth _____ Age _____
 Name of Father: _____ Name of Mother: _____ No. in the Family: _____ *Nationality _____
 Present Address _____ Zip Code _____ Tel. No.: _____
 Permanent Address _____ Zip Code _____ Tel. No.: _____
 Educational Attainment: School: _____ Year Graduated: _____ Degree/Title: _____
 Employer (or Name of Business, if self employed) _____
 Office Address _____ Tel No. _____
 Nature of Work/Business: _____ Position _____ Length of Service _____ yrs.
 If self-employed: *DTI/S.E.C. Reg. No. _____ *Reg. Date _____ *Reg. Expiry _____ Place of Registration _____
 *Source of Funds _____ *Source of Income _____
 If Married: Name of Spouse: _____ Date of Birth _____ Place of Birth _____ Age _____
 No. of Dependents of Co-maker/Guarantor and Spouse [] Dependent's Age [] [] [] [] [] [] [] [] [] []
 Name of Father: _____ Name of Mother: _____ Number in the Family: _____
 Relationship of Co-maker to Borrower: _____
 Previous Employment: Employer: _____ Address: _____ Inclusive Date: _____ Position: _____

MONTHLY INCOME				MONTHLY EXPENSES	
	Borrower	Spouse	Total		
Salaries/Bus. Income	P _____	P _____	P _____	Living and Utilities	P _____
Allowances	_____	_____	_____	Education	_____
Commissions	_____	_____	_____	Transportation	_____
Rental Income	_____	_____	_____	Loan Amortization	_____
Others (specify)	_____	_____	_____	Others (specify)	_____
Total	P _____	P _____	P _____	Total	P _____

SOURCE/S OF FUNDS/REPAYMENT	
PRIMARY SOURCE	SECONDARY SOURCE

DEPOSIT INFORMATION				
Bank:				
Branch:				
Type of Account:				
Account Name:				
Account Number:				
Balance:	P _____			
Date: (As of _____)				

LOAN INFORMATION				
Bank:				
Branch:				
Type of Loan:				
Collateral:				
Approved Amount:				
Outstanding Balance:				
Amortization:				
Date Granted:				
Maturity Date:				
Interest Rate:				

TRADE REFERENCES				
Name of Supplier	Address	Contact Person	Tel. No.	Volume Per Month

Name of Client	Address	Contact Person	Tel. No.	Volume Per Month

Collateral	TCT NO/S	Classification	Location of Property	Area	Description of Improvements

OTHER PROPERTIES OWNED OTHER THAN OFFERED COLLATERAL/S					
Real Estate	TCT NO/S	Classification	Location of Property	Area	Description of Improvements

MOTOR VEHICLES: Unit: _____ Type: _____

OTHERS (Please specify) : _____

This portion is to be filled up by officer of BOF

Risk Type of Customer: Low Normal High

Standard of Diligence: Reduced Average Enhanced NFIS OFAC

GENERAL COMMENTS AND ENDORSEMENT

Rating: Excellent...5 Very Satisfactory...4 Satisfactory...3 Below Satisfactory...2 Needs Improvement...1

CHARACTER _____ CAPACITY _____ COLLATERAL _____ Signature of BOO: _____

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 (Borrower) _____ Signature (Borrower) _____
Date _____ Date _____