

## OWNERSHIP/MANAGEMENT INFORMATION

### BUSINESS LOAN APPLICATION SUPPLEMENTARY FORM

OWNERSHIP / MANAGEMENT INFORMATION				
1. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title	
Nationality (ACR No., Date / Place of issue if Foreigner)			Date of Birth (mm-dd-yyyy)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Place of Birth	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)	
Present Home Address			Contact No.	
Home Ownership <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) P _____/month <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented P _____/month			Length of Stay _____ yrs _____ mos.	
Permanent Address (If different from present home address)			Name of Lessor	
Length of Stay _____ yrs _____ mos.		TIN	Contact No. of Lessor	
Source of Funds <input type="checkbox"/> Income from Business <input type="checkbox"/> Commissions/ Incentives/ Consultancy Fees <input type="checkbox"/> Investment <input type="checkbox"/> Pension / Retirement <input type="checkbox"/> Salary <input type="checkbox"/> Support from Relatives/ Spouse <input type="checkbox"/> Remittances <input type="checkbox"/> Seafarer Allotment <input type="checkbox"/> Others (specify): _____				
2. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title	
Nationality (ACR No., Date / Place of issue if Foreigner)			Date of Birth (mm-dd-yyyy)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Place of Birth	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)	
Present Home Address			Contact No.	
Home Ownership <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) P _____/month <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented P _____/month			Length of Stay _____ yrs _____ mos.	
Permanent Address (If different from present home address)			Name of Lessor	
Length of Stay _____ yrs _____ mos.		TIN	Contact No. of Lessor	
Source of Funds <input type="checkbox"/> Income from Business <input type="checkbox"/> Commissions/ Incentives/ Consultancy Fees <input type="checkbox"/> Investment <input type="checkbox"/> Pension / Retirement <input type="checkbox"/> Salary <input type="checkbox"/> Support from Relatives/ Spouse <input type="checkbox"/> Remittances <input type="checkbox"/> Seafarer Allotment <input type="checkbox"/> Others (specify): _____				
3. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title	
Nationality (ACR No., Date / Place of issue if Foreigner)			Date of Birth (mm-dd-yyyy)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Place of Birth	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)	
Present Home Address			Contact No.	
Home Ownership <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) P _____/month <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented P _____/month			Length of Stay _____ yrs _____ mos.	
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4. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title	
Nationality (ACR No., Date / Place of issue if Foreigner)			Date of Birth (mm-dd-yyyy)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Place of Birth	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)	
Present Home Address			Contact No.	
Home Ownership <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) P _____/month <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented P _____/month			Length of Stay _____ yrs _____ mos.	
Permanent Address (If different from present home address)			Name of Lessor	
Length of Stay _____ yrs _____ mos.		TIN	Contact No. of Lessor	
Source of Funds <input type="checkbox"/> Income from Business <input type="checkbox"/> Commissions/ Incentives/ Consultancy Fees <input type="checkbox"/> Investment <input type="checkbox"/> Pension / Retirement <input type="checkbox"/> Salary <input type="checkbox"/> Support from Relatives/ Spouse <input type="checkbox"/> Remittances <input type="checkbox"/> Seafarer Allotment <input type="checkbox"/> Others (specify): _____				

**OWNERSHIP / MANAGEMENT INFORMATION**

5. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title		Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Nationality (ACR No., Date / Place of issue if Foreigner)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth		Date of Birth (mm-dd-yyyy)	
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)		Contact No. of Spouse	
Present Home Address					Length of Stay _____ yrs _____ mos.	
Home Ownership <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) P _____ /month <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented P _____ /month			Name of Lessor		Contact No. of Lessor	
Permanent Address (If different from present home address)			Length of Stay _____ yrs _____ mos.	TIN		Email Address
Source of Funds <input type="checkbox"/> Income from Business <input type="checkbox"/> Commissions/ Incentives/ Consultancy Fees <input type="checkbox"/> Investment <input type="checkbox"/> Pension / Retirement <input type="checkbox"/> Salary <input type="checkbox"/> Support from Relatives/ Spouse <input type="checkbox"/> Remittances <input type="checkbox"/> Seafarer Allotment <input type="checkbox"/> Others (specify): _____						
6. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title		Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Nationality (ACR No., Date / Place of issue if Foreigner)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth		Date of Birth (mm-dd-yyyy)	
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)		Contact No. of Spouse	
Present Home Address					Length of Stay _____ yrs _____ mos.	
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7. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title		Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	
Nationality (ACR No., Date / Place of issue if Foreigner)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth		Date of Birth (mm-dd-yyyy)	
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)		Contact No. of Spouse	
Present Home Address					Length of Stay _____ yrs _____ mos.	
Home Ownership <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) P _____ /month <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented P _____ /month			Name of Lessor		Contact No. of Lessor	
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Nationality (ACR No., Date / Place of issue if Foreigner)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth		Date of Birth (mm-dd-yyyy)	
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)		Contact No. of Spouse	
Present Home Address					Length of Stay _____ yrs _____ mos.	
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