



CASH LOAN APPLICATION FORM (Branch)

BORROWER									
Name (Last Name, First Name, Middle Name)								<input type="checkbox"/> New <input type="checkbox"/> Existing	
Amount of Loan		Term of Payment		Payment Mode <input type="checkbox"/> ADA <input type="checkbox"/> PDC		Marketing Office/Branch		Office Tel. No.	
Provincial/City Address					Residence <input type="checkbox"/> Owned <input type="checkbox"/> Rented for _____ yrs <input type="checkbox"/> Staying <input type="checkbox"/> Used free _____ yrs			Residence Tel. No.	
Residence for the last two (2) years					Owners/Lessor of House Occupied				
Date of Birth (mm-dd-yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality		TIN		SSS/GSIS	
Employer/Name of Business (if self-employed)					Employer's/Business Address		Employer for the Last five (5) years		
<input type="checkbox"/> Staff <input type="checkbox"/> Officer	<input type="checkbox"/> Regular <input type="checkbox"/> Contractual Years in Business / Service _____ Present Position _____			Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated			Name of Spouse		No. of Dependents
Spouse's Employer / Name of Business (if self-employed)					Spouse's Employer's / Business Address				
Borrower's Email Address					Spouse's Email Address				
Source of Income				Car/s Owned			Other Assets, Real or Personal		
INCOME Monthly Income/Salary P _____ Spouse's Salary _____ Other Income From _____ _____ _____ Total Monthly Income P _____					EXPENSES Living & Utilities P _____ Amortizations _____ Other Expenses _____ _____ _____ Total Monthly Expenses _____ Net Income P _____				
CO-MAKER									
Name (Last Name, First Name, Middle Name)					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm-dd-yyyy)		Office Tel. No.
Provincial/City Address					Residence <input type="checkbox"/> Owned <input type="checkbox"/> Rented for _____ yrs <input type="checkbox"/> Staying <input type="checkbox"/> Used free _____ yrs			Residence Tel. No.	
Nationality			TIN		SSS/GSIS			Email Address	
Employer/Name of Business (if self-employed)					Employer's/Business Address				
<input type="checkbox"/> Staff <input type="checkbox"/> Officer	<input type="checkbox"/> Regular <input type="checkbox"/> Contractual Years in Business / Service _____ Present Position _____			Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated			Name of Spouse		No. of Dependents
Spouse's Employer / Name of Business (if self-employed)					Spouse's Employer's / Business Address				
INCOME Monthly Income/Salary P _____ Spouse's Salary _____ Other Income From _____ _____ _____ Total Monthly Income P _____					EXPENSES Living & Utilities P _____ Amortizations _____ Other Expenses _____ _____ _____ Total Monthly Expenses _____ Net Income P _____				
CREDIT AND BANK REFERENCES									
Bank Accounts		<u>Bank/Branch</u>		<u>Deposit Type</u>		<u>Account No.</u>		<u>Ave. Daily Balance</u>	
_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____	
Loans/Credit Facility		<u>Bank/Branch</u>		<u>Deposit Type</u>		<u>Account No.</u>		<u>Ave. Daily Balance</u>	
_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____	
Credit Cards		<u>Issuer</u>		<u>Card No.</u>		<u>Credit Limit</u>		<u>Outstanding Balance</u>	
_____		_____		_____		_____		_____	
_____		_____		_____		_____		_____	

REQUIREMENTS

PRIMARY REQUIREMENTS	Self-Employed
<input type="checkbox"/> Must be a Filipino Citizen <input type="checkbox"/> Permanent resident of the country with at least 2 years stay <input type="checkbox"/> At least 21 years old but not more than sixty (60) yrs old at loan maturity <input type="checkbox"/> No derogatory records from any courts or other banks <input type="checkbox"/> Known to or referred by a Bank Officer or valued clients of the branch	Requirements for Business: <input type="checkbox"/> Business operating profitability for the past 3 years <input type="checkbox"/> Favorable Business Verification Report showing brisk business activity and substantial inventory <input type="checkbox"/> Satisfactory trade checking <input type="checkbox"/> Favorable bank checking (NFIS, BAPCB etc.) <input type="checkbox"/> Submitted Bank Statements must support date on Financial statement Other Conditions: <input type="checkbox"/> Favorable Personal and Neighborhood Checking Report <input type="checkbox"/> Satisfactory handling of deposit account within the last (6) months (no history of DAIF/returned checks or failing below the required maintaining balance) <input type="checkbox"/> Existing depositor of the bank/branch for at least a year and maintaining a monthly ADB of at least P50,000 for the past 6 months <input type="checkbox"/> If repeat or existing borrower of the Bank with excellent credit ratings (no past dues) <input type="checkbox"/> Business landline <input type="checkbox"/> For professionals not regulation employed and doing independent practice of professionals (i.e. doctors, architects, engineers, lawyers) - income must be established and validated from bank statements, ledgers, receipts or other documents showing proof or regular cash flows for at least 6 months.

ADDITIONAL REQUIREMENTS/CONDITIONS	
Employed Individual	
<input type="checkbox"/> Gainfully employed with the same company/government institution for at least 2 years <input type="checkbox"/> Holding a permanent position <input type="checkbox"/> Favorable Employment Verification Report Other Conditions: <input type="checkbox"/> Compensation or source of payment must not come purely from variable income (commissions, consultation fees, incentives, overtime pay) <input type="checkbox"/> Owned house or living with immediate family for at least 2 years <input type="checkbox"/> Favorable Personal and Neighborhood and Employment Verification	<input type="checkbox"/> CMAP & NFIS Negative <input type="checkbox"/> Proof of residence billing <input type="checkbox"/> Valid IDs (i.e Passport/Driver's License ID/GSIS ID) <input type="checkbox"/> 1X1 or 2X2 pictures two (2) pieces <input type="checkbox"/> fully filled out loan application <input type="checkbox"/> Credit Ratio <input type="checkbox"/> Satisfactory handling of deposit account within the last six (6) months (no history of DAIF/ returned checks or falling below the required maintaining balance) Documentary Requirements: <input type="checkbox"/> Certificate of Income and Employment or Contract of Employment <input type="checkbox"/> Latest ITR <input type="checkbox"/> Three (3) months' Payslips <input type="checkbox"/> Proof of Deposits or Bank Certificate on deposits
Employed (USB & UCPB Affiliates)	
<input type="checkbox"/> Employed with the same company for at least 2 years <input type="checkbox"/> Certification of Income and Employment or Contract of Employment <input type="checkbox"/> Latest ITR <input type="checkbox"/> Three (3) months' Payslip	

PERSONAL REFERENCES		
Name	Complete Address & Contact Nos.	Relationship
1.		
2.		
3.		

AUTHORIZATION AND WAIVER OF CONFIDENTIALITY

I/We warrant that all information and documents given to the Bank and in connection with the credit activities applied for are true and correct in all material respect. Should any of the information provided herein be found false, the Bank may disapprove this application or, in case the loan proceeds have already been released, declare the loan to be immediately due and demandable.

I/We hereby authorize UCPB Savings Bank or its duly authorized representative/s to ascertain any and all information of concern relative to the investigation on my/our character, general reputation, business operation, employment record, bank records and credit history. Further, I/We hereby authorize the bank and/or its representative to verify my/our financial capacity, creditworthiness and all information herein, including previous credit transactions with other institutions, to conduct random verifications with the BIR to establish the authenticity of the submitted Income Tax Returns and also to conduct asset checking with appropriate government agency/ies.

I/We willingly and voluntary, with full knowledge of my/our rights under the law, waive my/our rights under any and all statutory and regulatory provisions governing confidentiality of information and authorize the sources to which it may apply to provide any information relative to this application. I/We hereby hold the Bank, its officers, employees and agents free from any claims, damages or liabilities of whatever kind and nature that may arise in relation to confidentiality and authority herein granted.

DATA PRIVACY CONSENT

By signing below, I/We hereby certify that the information stated above are true and correct. I/we acknowledge that I/we are aware of our rights as data subject under the Data Privacy Act of 2012 and its implementing rules and regulations. Pursuant thereto, I/we hereby authorize any affiliate or subsidiary under the UCPB Group (UCPB Group) the general use of the personal information, sensitive personal information, and privileged information obtained during the course of my/our transaction with UCPB Savings Bank (USB).

I/we further authorize the sharing of my/our personal information, sensitive personal information, and privileged information with UCPB Group and authorized data recipients including credit bureaus/entities, financial institutions, counterparties, underwriters, facility/collateral agents, custodians, accredited insurers, trustees, assignees, buyers, subrogees, or transferees or those involved in the product, service, facility or transaction. I/we also consent UCPB Group to collect, process, access, use, disclose, retain for five (5) years or for as long as necessary for the fulfillment of the transaction herein my/our personal information, sensitive personal information, and privileged information, or other acts necessary for the execution of the transaction herein or other transaction that I may authorize; to offer, cross-sell, and provide new or related products and services of UCPB Group; and to comply with reporting obligations to government agencies by USB.

Likewise, I/we consent that my/our information may be collected, I and processed by USB for the purposes of marketing and advertising its products and services, handling bank-client relationships and transactions, business development, analysis and management, supporting and enhancing its policies, operations, controls and internal systems, and fulfilling its regulatory obligations and government reporting requirements.

I/We acknowledge that should I/we wish to access, update or correct certain information or dispute or withdraw consent to the use of any of the information provided herein, I/we may communicate with UCPB Savings Bank's Data Protection Officer by emailing dpo@ucpbsavings.com.

CERTIFICATION OF AUTHENTICITY

I/We certify that the documents submitted are authentic and original copies, or true and faithful reproductions of the original, complete, and that all statements and information provided therein are true and correct.

Applicant's Signature



Co-maker's Signature

FOR USB'S USE ONLY

CREDIT STATUS: APPROVED DECLINED DATE: _____

CONDITION _____

Processed by: _____	Date _____	Checked by: _____	Date _____	Approved by: _____	Date _____
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