

BACKGROUND INFORMATION

FULL NAME <i>(Last Name, First Name, Middle Name)</i>		TIN	SSS NO.
OFFICE ADDRESS		YRS IN THIS ADDRESS	TEL. NO.
PREVIOUS OFFICE ADDRESS		YRS IN THIS ADDRESS	TEL. NO.
PLANT ADDRESS		YRS IN THIS ADDRESS	TEL. NO.
CONTACT PERSON	POSITION/DESIGNATION	TEL. NO.	
SEC REGISTRY NO.		DATE REGISTERED	
NATURE OF BUSINESS/INDUSTRY		PRODUCT LINE/BRAND	

CAPITALIZATION

	At Inception	At Present
Authorized Capital Stock	P _____	P _____
Subscribed Capital Stock	_____	_____
Paid-up Capital	_____	_____

OWNERSHIP

NAME OF MAJOR STOCKHOLDERS/PARTNERS/NATIONALITY	AMOUNT SUBSCRIBED	PAID-UP

DIRECTORS AND OFFICERS

NAME OF DIRECTOR/OFFICER	POSITION	OTHER COMPANY AFFILIATION

AFFILIATES/SUBSIDIARIES/RELATED INTERESTS

NAME OF COMPANY	ADDRESS	TELEPHONE NO.,

LOAN INFORMATION

LOAN AMOUNT APPLIED P _____	TYPE OF FACILITY <input type="checkbox"/> Credit Line <input type="checkbox"/> Term Loan	PAYMENT SCHEME <input type="checkbox"/> 6 months <input type="checkbox"/> 2 years <input type="checkbox"/> 4 years <input type="checkbox"/> 1 year <input type="checkbox"/> 3 years <input type="checkbox"/> 5 years
LOAN PURPOSE		

COLLATERAL/S OFFERED

TCT/CCT NO/S	REGISTERED OWNER	
LOCATION	LOT AREA (Sqm)	FLOOR AREA (Sqm)
DESCRIPTION <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	TYPE OF IMPROVEMENT <input type="checkbox"/> House and Lot <input type="checkbox"/> Townhouse	<input type="checkbox"/> Commercial Building <input type="checkbox"/> Condominium <input type="checkbox"/> Vacant Lot

REFERENCES

A. LOANS WITH BANKS AND FINANCIAL INSTITUTIONS

BANK NAME	LOAN TYPE	LOAN AMOUNT	MONTHLY AMORTIZATION	COLLATERAL	OUTSTANDING BALANCE

B. DEPOSIT AND INVESTMENT ACCOUNTS WITH BANKS

BANK NAME	BRANCH	ACCOUNT TYPE	ACCOUNT NO.	PRESENT BALANCE	AVE. MONTHLY BALANCE

C. MAJOR TRADE REFERENCES

MAJOR CUSTOMERS	GOODS PURCHASED	TELEPHONE NO/S
MAJOR SUPPLIERS	GOODS SUPPLIED/SERVICES RENDERED	TELEPHONE NO/S

D. CLUB MEMBERSHIP

CIVIC/BUSINESS/RELIGIOUS AFFILIATION/S	POSITION/DESIGNATION	MEMBER SINCE

E. PERSONAL REFERENCES (Other than relatives)

NAME	ADDRESS	TEL./CELLPHONE NO.	RELATIONSHIP

APPLICATION REQUIREMENTS

DOCUMENTARY REQUIREMENTS

- Bank Statements for the last three (3) months
- Copy of TCT/CCT
- Updated Tax Declaration & RETRs
- Vicinity Map/Location Plan/Lot Plan
- Master Deed of Restriction (for Condominium)
- Building Plan on Improvement
- Photocopy of latest Financial Statement with Income Tax Return (ITR) duly stamped by the BIR
- Photocopy of SEC, Articles of Incorporation & By Laws

Note: Photocopies will be acceptable provided that original copies are brought to the branch/referral/agent for proper validation.

AUTHORIZATION & UNDERTAKING

We certify that all the information provided in this form are true and correct. Should any information furnished herein be found to be false, the Bank may disapprove this application and/or declare the loan to be due and demandable (in case the loan has already been released).

Planters Development Bank (BANK) and its authorized representative/s are hereby authorized to validate the information provided in this form from our business and personal references. To determine our financial capacity, creditworthiness and in order to establish the authenticity of the Income Tax Returns and accompanying Financial Statements/Documents submitted by us to the BANK and as required by Circular No. 172 (series of 2005) of the Bangko Sentral ng Pilipinas, we hereby willingly, voluntarily and with full knowledge of our rights under the law, hereby agree to appoint and designate the BANK, as our Attorney-In-Fact, to conduct random verifications with the BUREAU OF INTERNAL REVENUE. Entities and the person/s identified in this form are hereby authorized to provide information/documents required in connection with this application. We fully understand that submission of this form and the required supporting documents do not constitute automatic approval. We understand as well, that should our application be approved, loan release shall only be allowed once all requirements of the BANK are complied with.

We understand that we should pay and transmit the appraisal fee with authorized Plantersbank employees only and no sales agents and/or representatives are authorized to collect any fees from us.

_____ Authorized Signatory's Signature Over Printed Name _____ Date

_____ Authorized Signatory's Signature Over Printed Name _____ Date

To be Filled-Out by Referral/Agent

DATE	BRANCH/AGENCY NAME
CONFIRMATION MADE BY	BRANCH/AGENCY CODE
	REFERROR/AGENT NAME