

BORROWER INFORMATION

FULL NAME <i>(Last Name, First Name, Middle Name)</i>				GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
TIN	BIRTHDATE <i>(dd-mm-yyyy)</i>	AGE	CITIZENSHIP	CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated	
SSS/GSIS NO.					
ADDRESS			ZIP CODE	RESIDENCE	
			YRS IN PRESENT ADDRESS	<input type="checkbox"/> Personally Owned TCT No. _____ <input type="checkbox"/> Personally Owned but Mortgaged TCT No. _____	
TEL. NO.	E-MAIL ADDRESS	NO. OF DEPENDENTS	MOTHER'S MAIDEN NAME	<input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Rented	
CELLPHONE NO.					
HIGHEST EDUCATIONAL ATTAINMENT <input type="checkbox"/> High School Graduate <input type="checkbox"/> College Undergraduate <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate					

SPOUSE

FULL NAME <i>(Last Name, First Name, Middle Name)</i>		CITIZENSHIP	BIRTHDATE <i>(dd-mm-yyyy)</i>	AGE
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed	COMPANY/BUSINESS NAME		TEL. NO.	
				CELLPHONE NO.
GROSS MONTHLY INCOME	EMPLOYER/BUSINESS ADDRESS		POSITION/DESIGNATION	
				LENGTH OF SERVICE

WORK INFORMATION

(For Employed Individuals)

PRESENT EMPLOYER		<input type="checkbox"/> Private <input type="checkbox"/> Government	
OFFICE ADDRESS		POSITION/DESIGNATION	TEL. NO.
		LENGTH OF SERVICE	FAX NO.
PREVIOUS EMPLOYER		POSITION/DESIGNATION	TEL. NO.
ADDRESS		LENGTH OF SERVICE	FAX NO.
GROSS MONTHLY INCOME <input type="checkbox"/> P 50,000 <input type="checkbox"/> P 50,001 to 75,000 <input type="checkbox"/> P 75,001 to 100,000 <input type="checkbox"/> P 100,001 to 150,000 <input type="checkbox"/> Over P 150,000			

BUSINESS INFORMATION

(For Self-Employed OR With Business)

BUSINESS NAME			
NATURE OF BUSINESS/INDUSTRY		PRODUCT LINE	
OFFICE ADDRESS		TIN	SSS NO.
		DTI REGISTRY NO.	DATE REGISTERED
		Year	Gross Sales
			Net Sales
TEL. NO/S	FAX NO.	P	P
E-MAIL ADDRESS		P	P
LENGTH OF STAY IN PRESENT LOCATION	YRS IN OPERATION	P	P

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. CREDIT CARDS

BANK/COMPANY NAME	CARD TYPE	CARD NO.	EXPIRY DATE	CREDIT LIMIT	OUTSTANDING BALANCE

C. DEPOSIT AND INVESTMENT ACCOUNTS WITH BANKS

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

D. MAJOR TRADE REFERENCES

MAJOR CUSTOMERS	GOODS PURCHASED	TELEPHONE NO/S

MAJOR SUPPLIERS	GOODS SUPPLIED/SERVICES RENDERED	TELEPHONE NO/S

E. CLUB MEMBERSHIP

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

F. PERSONAL REFERENCES (Other than relatives)

NAME	ADDRESS	TEL./CELLPHONE NO.	RELATIONSHIP

APPLICATION REQUIREMENTS

GENERAL REQUIREMENTS

- Copy of TCT/CCT
- Updated Tax Declaration & RETRs
- Vicinity Map/Location Plan/Lot Plan
- Master Deed of Restriction (for Condominium)
- Building Plan on Improvement

ADDITIONAL REQUIREMENTS

For Employed Individual

- Latest Income Tax Return (ITR) duly stamped by BIR
- Latest one (1) month payslip **OR** Certificate of Employment and Compensation

For Self-Employed or With Business

- Latest Income Tax Return (ITR) duly Stamped by BIR with latest Audited Financial Statement of the Business
- Bank Statements for the immediately preceding three (3) months
- DTI Registration/Mayor's Permit of the Business

Note: Photocopies will be acceptable provided that original copies are brought to the branch/referror/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 employer, 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.

Applicant's Signature Over Printed Name

Date

To be Filled-Out by Referror/Agent

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