



PLANTERSBANK

Planters Development Bank

ENTREPRENEUR'S PERSONAL LOAN

SOURCE CODE																				
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LOAN INFORMATION

LOAN AMOUNT APPLIED P	PAYMENT SCHEME <input type="checkbox"/> 6 months <input type="checkbox"/> 24 months <input type="checkbox"/> 12 months <input type="checkbox"/> 30 months <input type="checkbox"/> 18 months <input type="checkbox"/> 36 months	WOULD YOU ACCEPT LOWER LOAN AMOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU HAVE AN EXISTING PDB ACCOUNT? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ACCOUNT NO. _____
LOAN PURPOSE		LONGER TERM? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BORROWER INFORMATION

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

BUSINESS INFORMATION

BUSINESS NAME			PRODUCT LINE		
BUSINESS ADDRESS			ZIP CODE		E-MAIL ADDRESS
			TEL. NO.		FAX NO.
NATURE OF BUSINESS/INDUSTRY <input type="checkbox"/> Banking/Finance <input type="checkbox"/> Business/Commercial Services <input type="checkbox"/> Construction <input type="checkbox"/> Manufacture <input type="checkbox"/> Real Estate/Insurance <input type="checkbox"/> Transportation/Communication <input type="checkbox"/> Utilities <input type="checkbox"/> Wholesale/Retail			YEARS IN BUSINESS		
			YEARS IN PRESENT ADDRESS		

SPOUSE

FULL NAME (First Name, Middle Name, Last Name)		BIRTHDATE (dd-mm-yy)	AGE	CITIZENSHIP
EMPLOYER (OR NAME OF BUSINESS, IF SELF-EMPLOYED)				
OFFICE ADDRESS		POSITION	TEL. NO.	
		LENGTH OF SERVICE	CELLPHONE NO.	

REFERENCES

A. BANK ACCOUNTS

BANK/BRANCH	TYPE OF ACCOUNT	ACCT. NUMBER	DATE OPENED

B. CREDIT CARDS

CREDIT CARD COMPANY	CARD NUMBER	MAXIMUM LIMIT	DATE ISSUED	DATE EXPIRY

C. LOANS WITH OTHER BANKS/INSTITUTIONS

BANK/COMPANY	OUTSTANDING BALANCE	MONTHLY AMORTIZATION	LOAN TYPE

D. MAJOR TRADE REFERENCES

MAJOR CUSTOMERS	ADDRESS	TEL. /CELLPHONE NO.	GOODS PURCHASED
MAJOR SUPPLIERS	ADDRESS	TEL. /CELLPHONE NO.	GOODS SUPPLIED/SERVICES RENDERED

E. INCOME AND FINANCES

GROSS SALES	P	YEAR _____	P	YEAR _____	P	YEAR _____
NET SALES	P		P		P	

I hereby certify that all information I furnished in this form are true and correct. Should said 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 proceeds have already been released).

Planters Development Bank and its authorized representative/s are hereby authorized to validate the information provided in this form from our suppliers and customers, personal references, banks and other such sources. Person/s identified in this form are hereby authorized to provide information/documents required in connection with this application. I fully understand that loan release shall only be allowed once all requirements of Planters Development Bank are complied with.

Planters Development Bank is also hereby authorized to fill-up the necessary information required in the Promissory Note and the Disclosure Statement, both of which I have signed herein, including the date, amount of the loan granted to me, and the interest rate in accordance with the Bank's applicable policies and the approved terms and conditions of the loan.

In case of disapproval of this application, I understand that the Bank is not obliged to disclose the reason/s for such disapproval. In the event of future delinquency, I hereby authorize the Bank to report and/or include my name in the negative listings of any bureau or institutions.

Applicant's Signature Over Printed Name

Date

"Please make payments only to authorized Plantersbank employees. Sales Agents and/or Referrers are not allowed to collect any fees of whatever nature on behalf of Plantersbank."

TO BE FILLED-OUT BY REFERROR/AGENT

BRANCH/ AGENCY NAME	REFERROR/ AGENT NAME	DATE
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FOR BANK USE ONLY

APPLICATION FORM NO.	LOS APPLICATION ID	DATE PROCESSED
DECISION	REASON	DECISION DATE