

APPLICATION DETAILS				
APPLICATION DATE (mm/dd/yyyy)	LOAN AMOUNT Php	PURPOSE OF LOAN		
REPAYMENT METHOD <input type="checkbox"/> PDC <input type="checkbox"/> Auto-debit Bankcom Account No. _____	LOAN TERM <input type="checkbox"/> 6 Mos. <input type="checkbox"/> 24 Mos. <input type="checkbox"/> 12 Mos. <input type="checkbox"/> 36 Mos. <input type="checkbox"/> 18 Mos.	<input type="checkbox"/> Real Estate Purchase/Lot/House Equity <input type="checkbox"/> Pay Off Credit Card Balance <input type="checkbox"/> Car Equity <input type="checkbox"/> Pay Off Debt/Bills <input type="checkbox"/> House Repair/Construction/Renovation <input type="checkbox"/> Tuition fee <input type="checkbox"/> Medical/Hospital Expense <input type="checkbox"/> Emergency <input type="checkbox"/> Appliance Purchase <input type="checkbox"/> Personal <input type="checkbox"/> Travel		
PERSONAL INFORMATION				
TITLE <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	SURNAME	GIVEN NAME	MIDDLE NAME	
CIVIL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated	CITIZENSHIP	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	BIRTH DATE (mm/dd/yyyy)	PLACE OF BIRTH
RESIDENTIAL STATUS <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged <input type="checkbox"/> With Family				
PRESENT ADDRESS (Unit No., Subdivision/Building, Street No., Street, Barangay, City, Province, Country)			ZIP CODE	YEARS IN PRESENT ADDRESS
PERMANENT ADDRESS (Unit No., Subdivision/Building, Street No., Street, Barangay, City, Province, Country)			ZIP CODE	YEARS IN PERMANENT ADDRESS
PREVIOUS RESIDENCE (Unit No., Subdivision/Building, Street No., Street, Barangay, City, Province, Country)			ZIP CODE	YEARS IN PREVIOUS RESIDENCE
LANDLINE NUMBER	MOBILE NUMBER	MOBILE NUMBER TYPE <input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid	FAX NUMBER	EMAIL ADDRESS
HIGHEST EDUCATIONAL ATTAINMENT <input type="checkbox"/> Graduate <input type="checkbox"/> College / University <input type="checkbox"/> High School <input type="checkbox"/> Grade School		CHILDREN'S INFORMATION		
		Name	Birthdate	
WORK / BUSINESS INFORMATION				
EMPLOYMENT STATUS <input type="checkbox"/> Employed - Private <input type="checkbox"/> Employed - Government <input type="checkbox"/> Self-employed <input type="checkbox"/> OFW <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Retired				
PRESENT EMPLOYER / BUSINESS NAME			PRESENT EMPLOYER INDUSTRY / BUSINESS TYPE	
PRESENT EMPLOYER / BUSINESS ADDRESS			<input type="checkbox"/> Banking / Finance <input type="checkbox"/> IT / BPO / Communications <input type="checkbox"/> Real Estate <input type="checkbox"/> Retail <input type="checkbox"/> Government <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transport / Shipping <input type="checkbox"/> Others : _____ <input type="checkbox"/> Hotel / Restaurant <input type="checkbox"/> Travel Related	
ZIP CODE	LANDLINE	FAX NUMBER	POSITION - TITLE / RANK	
BUSINESS EMAIL ADDRESS		YRS. WITH PRESENT EMPLOYER / YRS. OPERATING BUSINESS	IF EMPLOYED, TOTAL YEARS WORKING	
PREVIOUS EMPLOYER / BUSINESS NAME		YEARS WITH PREVIOUS EMPLOYER	SSS NO. / GSIS NO.	T.I.N.
SPOUSE INFORMATION				
SURNAME		GIVEN NAME	MIDDLE NAME	
CITIZENSHIP		BIRTH DATE (mm/dd/yyyy)	PLACE OF BIRTH	
PRESENT ADDRESS (Unit No., Subdivision/Building, Street No., Street, Barangay, City, Province, Country)			ZIP CODE	YEARS IN PREVIOUS RESIDENCE
LANDLINE NUMBER	MOBILE NUMBER	MOBILE NUMBER TYPE <input type="checkbox"/> Postpaid <input type="checkbox"/> Prepaid	EMAIL ADDRESS	
HIGHEST EDUCATIONAL ATTAINMENT <input type="checkbox"/> Graduate <input type="checkbox"/> College / University <input type="checkbox"/> High School <input type="checkbox"/> Grade School				
EMPLOYMENT STATUS <input type="checkbox"/> Employed - Private <input type="checkbox"/> Employed - Government <input type="checkbox"/> Self-employed <input type="checkbox"/> OFW <input type="checkbox"/> Licensed Professional <input type="checkbox"/> Retired				
PRESENT EMPLOYER / BUSINESS NAME			PRESENT EMPLOYER INDUSTRY / BUSINESS TYPE	
PRESENT EMPLOYER / BUSINESS ADDRESS			<input type="checkbox"/> Banking / Finance <input type="checkbox"/> IT / BPO / Communications <input type="checkbox"/> Real Estate <input type="checkbox"/> Retail <input type="checkbox"/> Government <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transport / Shipping <input type="checkbox"/> Others : _____ <input type="checkbox"/> Hotel / Restaurant <input type="checkbox"/> Travel Related	
ZIP CODE	LANDLINE	FAX NUMBER	POSITION - TITLE / RANK	
BUSINESS EMAIL ADDRESS		YRS. WITH PRESENT EMPLOYER / YRS. OPERATING BUSINESS	IF EMPLOYED, TOTAL YEARS WORKING	
PREVIOUS EMPLOYER / BUSINESS NAME		YEARS WITH PREVIOUS EMPLOYER	SSS NO. / GSIS NO.	T.I.N.
FINANCES				
MONTHLY INCOME			MONTHLY EXPENSES	
Source of Income	Principal Borrower	Spouse	Description of Expense	Amount
Basic Income / Salary			Rental Expense	
Allowances			Household Expense	
Commissions / Bonuses			Education / Tuition Expenses	
Other Sources (Pls. Specify)			Loan & Credit Card Payments	
			Others (Pls. Specify)	
TOTAL MONTHLY INCOME			TOTAL MONTHLY EXPENSES	

EXISTING BANKCOM ACCOUNTS						
BRANCH		TYPE OF ACCOUNT (CA/SA/TD)			CURRENT BALANCE	
BANK REFERENCE						
BANK / BRANCH		TYPE OF ACCOUNT (CA/SA/TD)		ACCOUNT NUMBER	CURRENT BALANCE	
LOANS REFERENCE						
BANK / BRANCH	TYPE OF LOAN	ORIGINAL LOAN AMOUNT	OUTSTANDING BALANCE	MONTHLY AMORTIZATION	CONTACT PERSON	CONTACT NUMBER
CREDIT CARDS						
CARD ISSUER		CARD NUMBER		CURRENT CREDIT LIMIT	OUTSTANDING BALANCE PER LATEST STATEMENT	
VEHICLES OWNED						
TYPE		SERIES	BODY TYPE	YEAR / MODEL	BANK (IF MORTGAGED)	
PERSONAL REFERENCES						
NAME		ADDRESS		RELATIONSHIP	LANDLINE / MOBILE NUMBER	
SOURCE OF PRODUCT INFORMATION						
<input type="checkbox"/> TV / Radio / Print Ad		<input type="checkbox"/> Brochure / Flyer		<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Internet	
<input type="checkbox"/> Bank of Commerce Branch / Employee		<input type="checkbox"/> Bank of Commerce Client		<input type="checkbox"/> Poster / Streamer	<input type="checkbox"/> Others	
REFERRAL INFORMATION (FOR BANK USE ONLY)						
DATE REFERRED	REFERRER NAME	REFERRER POSITION	BRANCH / DEPARTMENT / DEVELOPER		SOURCE / AGENT CODE	

I/We certify that all information furnished herein are true, correct and accurate and given for my/our loan application with Bank of Commerce (the "Bank"). I/We hereby authorize the Bank, its affiliate(s) and duly authorized representative(s) to do the following: (1) verify any information in this Application Form and/or the submitted documents, (2) obtain additional information about me/us from other sources, including but not limited to my/our present and/or previous credit transactions/dealings with other institutions/individuals, (3) conduct an appraisal of the property(ies) to be used as collateral through its duly authorized and accredited appraisers and to directly receive the appraisal results for its exclusive use, (4) facilitate the processing of my/our loan application.

I/We hereby authorize the institutions/individuals and other sources from whom the Bank had obtained/verified any information to disclose and provide the necessary data or information that would help facilitate the processing of my/our application.

Thus, I/We expressly waive any and all statutory provisions governing the confidentiality of information.

I/We agree that this Application Form and the submitted documents are now Bank of Commerce's property(ies) and will be used to evaluate whether or not to grant my/our loan application.

Upon acceptance of my/our application, I/we undertake to execute all agreements for the loan and bind myself/ourselves to the terms and conditions of such agreement. Furthermore, I/we are jointly and severally liable for all the charges, fees and expenses incurred or will be incurred by the Bank.

In case of loan disapproval, I/we hereby understand that Bank of Commerce is not obliged to disclose the reason(s) for such disapproval.

I/We agree and undertake to comply and submit all the loan requirements in accordance with the Bangko Sentral ng Pilipinas (BSP) circulars, rules, regulations as well as the Bank's policies. In the event of future delinquency, I/we hereby authorize to the Bank to report and/or include my/our name/s in the negative listing of any credit bureau or institution.

I/We authorize the Bank to send me/us updates on my/our loan application via SMS/text, email, mail and/or other available means of communication.

I/We fully understand that any misrepresentation or failure to disclose any information as required herein may be a reason for disapproval or cancellation of my/our loan application.

SIGNATURE OF BORROWER/CO-MAKER		DATE	SIGNATURE OF SPOUSE		DATE

#### GENERAL REQUIREMENTS

- 2 Valid IDs (at least 1 government issued ID) - Photocopies / Specimen signed by Client and Spouse (if applicable)
- Latest 6 months Bank Statements or Passbooks - Photocopies
- Marriage Contract (if applicable) - Photocopy
- Proof of Billing Address (i.e. utility bill)

#### INCOME REQUIREMENTS

##### Employed

- Certificate of Employment with compensation details and tenure - Original
- Income Tax Return (with BIR / bank stamp) or W2 (with complete signatures) - Photocopies / Latest 1 year
- Payslips or equivalent - Photocopies / Latest 3 months
- Proof of Other Income Sources (if applicable)

##### Self-Employed

- Business Registration Certificate issued by DTI (for sole proprietorships) or SEC (for corporations and partnerships)
- Audited and In-House (if applicable) Financial Statements - Photocopies / Latest 2 years
- Income Tax Return (with BIR / bank stamp) - Photocopies / Latest 2 years
- Company Profile - Original
- List of Major Suppliers / Customers - Original

##### Overseas Filipino Workers

- Certificate or Contract of Employment with compensation details, commencement date, and contract expiration date - Original
- Proof of Remittance - Photocopies / Latest 3 months
- Payslips or equivalent - Photocopies / Latest 3 months
- Proof of Other Income Sources (if applicable)

**Please print and fax this form to (02) 352-0800. For inquiries you may call us at (02) 982-6000 locals 6529 and 6538 or you may e-mail us at [personalloans@bankcom.com.ph](mailto:personalloans@bankcom.com.ph).**