

# **Home Loan Application Form**

NOTE: Please complete this form in BLOCK CAPITALS and in black ink. Do not leave any unanswered field. Mark the box with a cross and put N.A. where applicable. Application processing will start only upon submission of all documentary requirements. Incomplete application will not be processed.

			AN PURPOSE			
Loan Purpose						
☐ Purchase of Vacant Lot☐ Purchase of House and Lot☐						t of Acquisition Cost
□ Purchase of House and Lot With Parking Lot □ Yes □ No □ Refinancing/Take Out From: □ Others, please specify □ Purchase of Townhouse Unit □ House Construction/Renovation □ Unit				specify		
		•				
Property Address (Lot/Blk No., Ho	/I lait No Elasa No. /De		TERAL DETAILS	(-)		
Property Address (LOVBIR No., FIG	use/Unit No., Floor No./Bu	ilaing iName, Subaivision/ Vii	rage, City/Province, Zip Coo	<i>ie)</i>		
TCT Number	Lot Number			Block Number		
Registered Owner	Contact Person For Appraisal			Contact Number/s		
			AL INFORMATIO			
Full Name ( , St. ) ( ) ( )	P	PRINCIPAL BORROW	ER	SPC	OUSE/CO-BORROW	/ER
Full Name (Last, First, Middle)  Date of Birth (mm/dd/yyyy)						
Place of Birth						
Citizenship						
Mother's Maiden Name						
Gender	□ Male	☐ Female		□ Male	☐ Female	
Civil Status SSS Number	□ Single □ Ma	arried   Legally Sep	arated   Widow/er	☐ Single ☐ Marrie	ed 🔲 Legally Separ	rated   Widow/er
Tax Identification Number						
Home Landline Number						
Mobile Number						
Present Home Address			☐ Owned ☐ Living with Relatives			☐ Owned ☐ Living with Relatives
(Lot/Blk No., House/Unit No., Floor			☐ Renting			☐ Renting
No./Building Name, Subdivision/ Village, City/Province, Zip Code)			PhP/mo.  Mortgaged with			PhP/mo.  ☐ Mortgaged with
, ,	Length o	f Stay Years Months	PhP/mo.	Length of S	tay Years Months	PhP/mo.
Permanent Home Address			☐ Living with Relatives			☐ Living with Relatives
(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/			☐ Renting PhP/mo.			☐ Renting PhP/mo.
Village, City/Province, Zip Code)	Length o	f Stay Years Months	☐ Mortgaged with PhP/mo.	Length of S	tay Years Months	☐ Mortgaged with PhP/mo.
Previous Home Address	0		☐ Owned ☐ Living with Relatives		,	☐ Owned ☐ Living with Relatives
(Lot/Blk No., House/Unit No., Floor			☐ Renting Ph/mo.			☐ Renting PhP/mo.
No./Building Name, Subdivision/ Village, City/Province, Zip Code)	1	f Character Manualina	☐ Mortgaged with PhP/mo.	Length of Si		☐ Mortgaged with PhP/mo.
Sauras of Funds	Length o  Commission	f Stay Years Months  ☐ Remittance		☐ Commission	tay Years Months Remittance	
Source of Funds		Othors places appe	:6.,			
	☐ Employment	☐ Others, please spec	шу	☐ Employment	☐ Others, please speci	ıty
	□ Employment		ENT INFORMATI	1 /	U Others, please speci	ity
DETAILS	P	EMPLOYMI PRINCIPAL BORROW	ENT INFORMATI ER	ON SPC	OUSE/CO-BORROW	/ER
	Private	EMPLOYMI PRINCIPAL BORROW	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired	/ER □ Others,
Type of Employment	P	EMPLOYMI PRINCIPAL BORROW	ENT INFORMATI ER	ON SPC	OUSE/CO-BORROW	/ER
Type of Employment Employer/Business Name	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER □ Others,
Type of Employment  Employer/Business Name  Employer/Business Address	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER □ Others,
Type of Employment  Employer/Business Name  Employer/Business Address (LovBlk No., House/Unit No., Floor No,Building Name, Subdivision/	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER □ Others,
Type of Employment  Employer/Business Name  Employer/Business Address (LoyBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER □ Others,
Type of Employment  Employer/Business Name  Employer/Business Address (LovBlk No., House/Unit No., Floor No,Building Name, Subdivision/	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER □ Others,
Type of Employment  Employer/Business Name  Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER □ Others,
Type of Employment  Employer/Business Name Employer/Business Address (LovBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code) Employer/Business Landline Number Nature of Employment/ Business	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER □ Others,
Type of Employment  Employer/Business Name Employer/Business Address (LovBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code) Employer/Business Landline Number Nature of Employment/ Business Position/Title	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATI ER Others,	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER □ Others,
Type of Employment  Employer/Business Name Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code) Employer/Business Landline Number Nature of Employment/ Business	Private Government	EMPLOYMI PRINCIPAL BORROW  Retired Self-Employed	ENT INFORMATIER  Others, please specify	ON SPC	DUSE/CO-BORROW  Retired Self-Employed	/ER  ☐ Others, please specify
Type of Employment  Employer/Business Name Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code) Employer/Business Landline Number Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service Total Years Working	Private Government Professional	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed	ENT INFORMATIER  Others, please specify	SPC   Private   Government   Professional	DUSE/CO-BORROW  Retired Self-Employed Unemployed	/ER □ Others, please specify □
Type of Employment  Employer/Business Name Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code) Employer/Business Landline Number Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service	Private Government Professional	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed	ENT INFORMATIER  Others, please specify	SPC   Private   Government   Professional	DUSE/CO-BORROW  Retired Self-Employed Unemployed  Mont	/ER  ☐ Others, please specify
Type of Employment  Employer/Business Name Employer/Business Address (LovBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code) Employer/Business Landline Number Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service Total Years Working Other Gross Monthly Income	Private Government Professional  Prefessional  Years Years	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed Mon	ENT INFORMATIER  Others, please specify  ths	SPC  Private Government Professional  Years Years	DUSE/CO-BORROW  Retired Self-Employed Unemployed	/ER □ Others, please specify □
Type of Employment  Employer/Business Name  Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business  Position/Title  Gross Monthly Income  Length of Service  Total Years Working  Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po	Private Government Professional  Years Years tockholder (DOS) of Equisition/affiliation	EMPLOYMI PRINCIPAL BORROW  Retired  Self-Employed  Unemployed  Mon  Mon	ENT INFORMATIER  Others, please specify  ths  ths	SPC    Private   Government   Professional    Years   Years   Years	DUSE/CO-BORROW  Retired Self-Employed Unemployed  Mont Principal Yes No	/ER  ☐ Others, please specify  ths  ths  Spouse/Co-Borrower ☐ Yes ☐ No
Type of Employment  Employer/Business Name  Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business  Position/Title  Gross Monthly Income  Length of Service  Total Years Working Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po	Private Government Professional  Years Years tockholder (DOS) of Equisition/affiliation Government	EMPLOYMI PRINCIPAL BORROW  Retired  Self-Employed  Unemployed  Mon  Mon	ENT INFORMATIER  Others, please specify  ths  ths	SPC    Private   Government   Professional    Years   Years   Years	DUSE/CO-BORROW  Retired Self-Employed Unemployed  Mont Principal Yes No	ths  Spouse/Co-Borrower  Yes  No
Type of Employment  Employer/Business Name  Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business  Position/Title  Gross Monthly Income  Length of Service  Total Years Working  Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po	Private Government Professional  Years Years tockholder (DOS) of Equisition/affiliation Government	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed Mon Mon Mon auicom Savings Bank (EqB) and/or affiliate of Equico	ths ths Triping a subsidiary and, m Group of Companies:	Private Government Professional  Years Years Years	DUSE/CO-BORROW  Retired Self-Employed Unemployed  Mont Principal Yes No	/ER  ☐ Others, please specify  ths  ths  Spouse/Co-Borrower ☐ Yes ☐ No
Type of Employment  Employer/Business Name Employer/Business Address (LovBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service Total Years Working Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po	Private Government Professional Professional  Years Years Years tockholder (DOS) of Equivalent Equi	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed Mon Mon Mon Mon DEPENDE	ths ths This This This This This This This Th	Private Government Professional YearsYearsYears	DUSE/CO-BORROW  Retired Self-Employed Unemployed Unemployed  — Mont — Mont — Yes — No — Yes — No	ths  Spouse/Co-Borrower  Yes  No  No
Type of Employment  Employer/Business Name Employer/Business Address (LovBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code) Employer/Business Landline Number Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service Total Years Working Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po (2) Are you related to a DOS of Eql If YES, specify company and po	Private Government Professional Professional Professional Professional Professional Age	EMPLOYM PRINCIPAL BORROW Retired Self-Employed Unemployed Mon Mon Mon DEPENDE Date of Bin	ths ths TINFORMATION  THE  Others, please specify  ths  This  This	Private Government Professional  Years Years Years	DUSE/CO-BORROW  Retired Self-Employed Unemployed Unemployed  — Mont — Mont — Yes — No — Yes — No — Yes — No	ths  Spouse/Co-Borrower  Yes  No
Type of Employment  Employer/Business Name Employer/Business Address (LovBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service Total Years Working Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po	Private Government Professional Professional  Years Years Years tockholder (DOS) of Equivalent Equi	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed Mon Mon Mon Mon DEPENDE	ths ths This This This This This This This Th	Private Government Professional YearsYearsYears	DUSE/CO-BORROW  Retired Self-Employed Unemployed Unemployed  — Mont — Mont — Yes — No — Yes — No	ths  Spouse/Co-Borrower  Yes  No  No
Type of Employment  Employer/Business Name Employer/Business Address (LoVBIK No., House/Unit No., Floor No/Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service Total Years Working Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po (2) Are you related to a DOS of Eql If YES, specify company and po  Name of Dependent/s (1)	Private Government Professional Professional Professional  Years Years Years Or Affiliation Or any EqB subsidiary sition/affiliation Age (1)	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed  — Mon — Mon  uicom Savings Bank (EqB and/or affiliate of Equico  DEPENDE Date of Bin (1)	ths ths ths TINORMATIC The School (1)	Private Government Professional YearsYearsYears	DUSE/CO-BORROW  Retired Self-Employed Unemployed Unemployed  — Mont — Mont — Principal — Yes — No — Yes — No — Ad  (1)	ths  Spouse/Co-Borrower  Yes  No  No
Type of Employment  Employer/Business Name Employer/Business Address (LovBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service Total Years Working Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po (2) Are you related to a DOS of Eql If YES, specify company and po  Name of Dependent/s (1) (2)	Private Government Professional Professional Professional YearsYearsYearsYearsYearsYearsYears	EMPLOYM PRINCIPAL BORROW Retired Self-Employed Unemployed Unemployed  — Mon — Mon — Mon  and/or affiliate of Equico  DEPENDE Date of Bin (1) (2) (3)	ths ths TINFORMATION THE Control of Companies The Companie	Private Government Professional  Years Years Years N N Name/Employer	DUSE/CO-BORROW  Retired Self-Employed Unemployed  — Mont — Mont — Principal — Yes — No — Yes — No — Yes — No — (1) — (2)	ths  Spouse/Co-Borrower  Yes  No  No
Type of Employment  Employer/Business Name Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code) Employer/Business Landline Number Nature of Employment/ Business Position/Title Gross Monthly Income Length of Service Total Years Working Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po (2) Are you related to a DOS of Eql If YES, specify company and po  Name of Dependent/s (1) (2)	Private Government Professional  Years Years Years tockholder (DOS) of Equisition/affiliation Government Age (1) (2) (3)	EMPLOYM PRINCIPAL BORROW Retired Self-Employed Unemployed Unemployed  — Mon — Mon — Mon  and/or affiliate of Equico  DEPENDE Date of Bin (1) (2) (3)	ths ths TINORMATIC The School (1) (2) (3)  INFORMATIC TRANSPORMATIC TRANSPORMATIC (1) (2) (3)	Private Government Professional  Years Years Years N N Name/Employer	DUSE/CO-BORROW  Retired Self-Employed Unemployed  —Mont  —Mont  Principal Yes No Yes No (1) (2) (3)	ths  Spouse/Co-Borrower  Yes  No  No
Type of Employment  Employer/Business Name  Employer/Business Address (LovBlk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business  Position/Title  Gross Monthly Income  Length of Service  Total Years Working  Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po  (2) Are you related to a DOS of Eql If YES, specify company and po  Name of Dependent/s (1) (2) (3)  Credit Card Issuing Banl (1)	Private Government Professional  Years Years Years Or Affiliation Age (1) (2) (3)	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed Unemployed  —Mon —Mon  uicom Savings Bank (EqB and/or affiliate of Equico  DEPENDE Date of Bin (1) (2) (3)  CREDIT CA	ths ths TINFORMATIC The Companies of the School (1) (2) (3) TRD INFORMATIC (1)	ON SPC SPC SPC Sovernment Sovernment Professional SPC Sovernment Professional SPC Sovernment Professional SPC Sovernment	DUSE/CO-BORROW  Retired Self-Employed Unemployed  —Mont  —Mont  Principal Yes No Yes No (1) (2) (3)	ths ths Spouse/Co-Borrower Yes No Yes No
Type of Employment  Employer/Business Name  Employer/Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/ Village, City/Province, Zip Code)  Employer/Business Landline Number  Nature of Employment/ Business  Position/Title  Gross Monthly Income  Length of Service  Total Years Working Other Gross Monthly Income  (1) Are you a Director, Officer or S If YES, specify company and po  (2) Are you related to a DOS of Eql If YES, specify company and po  Name of Dependent/s (1) (2) (3)	Private Government Professional  Years Years Years tockholder (DOS) of Equivalent Equiva	EMPLOYMI PRINCIPAL BORROW Retired Self-Employed Unemployed Unemployed  —Mon —Mon  uicom Savings Bank (EqB and/or affiliate of Equico  DEPENDE Date of Bin (1) (2) (3)  CREDIT CA	ths ths TINFORMATION  THE THE THE THE THE THE THE THE THE TH	ON SPC SPC SPC Sovernment Sovernment Professional SPC Sovernment Professional SPC Sovernment Professional SPC Sovernment	DUSE/CO-BORROW  Retired Self-Employed Unemployed  —Mont  —Mont  Principal Yes No Yes No (1) (2) (3)  Expiry Da	ths ths Spouse/Co-Borrower Yes No No

EXISTING LOAN INFORMATION				
Other Loan Accounts (Bank/Loan)	Type of Loan	Outstanding Balance	Monthly Payment	
(1)	(1)	(1)	(1)	
(2)	(2)	(2)	(2)	
(3)	(3)	(3)	(3)	

#### **ASSET AND BANK INFORMATION** DEPOSIT **Bank Name and Branch** Account Name **Account Type** Average Daily Balance (1) (1) (1) (1) (2) (2)(2)(2)(3) (3) (3) (3) AUTOMOBILE Model Туре Year Encumbered (Yes or No) (1) (1) (1) (1)(2) (2) (2) (2) (3) (3) (3) (3) OTHER REAL ESTATE PROPERTY Property Address (Lot/Blk No., House/Unit No., o./Building Name, Subdivision/ Village, City/Province, Zip Code) Floor Area Encumbered TCT Lot Area Number (m<sup>2</sup>)(m<sup>2</sup>)(Yes or No) (1) (1) (1) (1) (1) (2) (2) (2) (2) (2) (3) (3) (3) (3) (3) PERSONAL REFERENCE Address Name Relationship **Contact Number** (1) (1) (1)(1)(2)(2) (2) (2)(3) (3) (3) (3) TRADE REFERENCE Relationship **Contact Person** Contact Number Name Year/s of Dealings (1) (1) (1) (1) (1) (2) (2) (2) (2)(2) (3) (3) (3) (3) (3) ATTORNEY-IN-FACT DETAILS Name Address Contact Number **Relationship to Borrower** (2) (2) (2)(2) (3) (3) (3) (3) **UNDERTAKING** I hereby certify that all information herein are true and correct based on my own personal knowledge. I authorize the Bank to obtain information as it may require concerning my loan

I hereby certify that all information herein are true and correct based on my own personal knowledge. I authorize the Bank to obtain information as it may require concerning my loan application and agree that it shall remain the Bank's property whether my loan is approved or not. Any information given by me or other persons duly authorized by me which is not true or accurate, will automatically cause the Bank to reject my loan, cancel its approval or if the loan has been released to me, to demand immediate payment thereof.

I hereby waive my rights and benefits under the provisions of R.A. 9510 (Credit Information System Act), R.A. 1405 (Secrecy of Bank Deposit Act), R.A. 6426 (Foreign Currency Deposits Act), R.A. 10173 (Data Privacy Act of 2012), R.A. 8791 (General Banking Law), R.A. 9160 (Anti-Money Laundering Act) and other laws on confidentiality of bank account, credit, loan and other related information and hereby authorize the Bank to process divulge, or make necessary disclosure of such otherwise confidential information, to third parties, including but not limited to the Bank's affiliates, subsidiaries, agents or service providers, the Bankers' Association of the Philippines – Credit Bureau (BAP – CB) or to other credit bureau or to any similar central monitoring entity or recipients as may be provided for by law and required by competent authority.

I further authorize the Bank, as my Attorney-in-Fact, to conduct random verification with the Bureau of Internal Revenue (the "BIR") in order to establish the authenticity of my tax statements (the "ITR") and the accompanying financial statements/documents submitted to the Bank in accordance with banking regulatory requirements and/or to process, report, share and disclose my information to domestic or foreign authorities and/or tax authorities and/or withhold from me, such amounts as may be required by domestic or foreign regulatory and/or tax authorities in accordance with the requirements of United States Foreign Account Tax Compliance Act (FATCA), and such other rules and regulations issued and/or may be issued, by the Government of the Philippines in connection with FATCA.

For this purpose, I hereby authorize the Bank, its employees or its agent to verify and obtain information relevant to my loan application, such as, but not limited to residential and contact information, business or trade and payment performance.

I hold the Bank free and harmless from any and all liabilities, claims and demands of whatever kind or nature in connection with or arising from the aforementioned disclosure or reporting.

I hereby acknowledge that the loan or any part(s) thereof shall be deemed to have been availed on the date on which funds are transferred to my bank account or cash/prepaid card, maintained with the Bank, or receipt of the Manager's Check reflecting the amount of the loan less applicable fees, charges and taxes.

I further authorize the Bank to deduct from the proceeds of my loan, all fees including, but not limited to, processing fees, documentary stamp tax, notarial fees and interest accruals should the first due date be over 30 days from the release of my loan and other related charges.

I likewise authorize the Bank to provide me with a consumer loan or additional bank product/s (such as but not limited to auto, housing, credit card and other products suited to my situation) at the Bank's sole discretion. My acceptance of the credit card or the proceeds of any loan released pursuant thereto shall be conclusive proof of my acknowledgment of my additional obligations and/or indebtedness to the Bank under the Terms and Conditions set forth by the Bank and prevailing at the time the credit card is issued or the additional loan is approved.

I hereby agree that the Bank has the right to approve a lower amount than my desired loan amount as indicated in this application and shall render the Bank free and harmless from any liability arising thereof.

I hereby agree that should my application be denied, the Bank has no obligation to furnish the reason for such rejection or to return my application and other submitted documents.

I also legally bind myself to the Terms and Conditions of the Loan Program Promissory Note, Disclosure Statement and other relevant documents that I shall execute in favor of the Bank.

I hereby freely and voluntarily give my consent, and hereby agree and authorize the Company, its parent company, affiliated companies, subsidiaries, financial advisors, accredited/affiliated third parties or independent/non-affiliated third parties, whether local or foreign (collectively referred to as Companies), to collect and process matter or information, personal or otherwise, pertaining to myself, this application or transaction, including sensitive personal information and privileged information (as defined under existing laws and subject to consent of other parties to the exchange as may be applicable) herein provided, collected or held or otherwise obtained separately by the Companies, and to disclose the above information between and among the Companies, for any legitimate business purpose as such Companies may deem appropriate, including but not limited to cross-selling, promotion/conduct of marketing and direct marketing activities, research, providing advice or information covering products or services which the Companies believe may be of interest to me, to effectively administer or manage my account, enhance customer services, or to communicate with me for any purpose. The words collect and process are hereby understood to include any operation or any set of operations performed upon personal information including, but not limited to, the collection, recording, organization, storage, updating or modification, retrieval, consultation, use, consolidation, blocking, erasure or destruction of data.

destruction of data.				
Borrower Signa	ture Above Printed Name		Date (mn	n/dd/yyy)
Spouse/Co-Borrower	Signature Above Printed Name		Date (mn	n/dd/yyyy)
	LOAN INFORMATI	ON (FOR BANK USE ONI	LY)	
Reference Number	Loan Amount (PhP)	Interest Rate		Term
Employee Name/ Branch/	Broker/Agent Name	Signature		Date (mm/dd/yyyy)

Unit/Developer



## **Data Processing Consent Form**

### IMPORTANT: PLEASE READ CAREFULLY.

In the course of our business transaction/relation or your availment of the Bank's products and services, Equicom Savings Bank, Inc (the Bank) will process Personal Information and/or Sensitive Personal Information ("Personal Data") relating to you and/or your legal representative. Such processing of Personal Data may include its collection, recording, retrieval, use, retention, disclosure and disposal/destruction. Personal Data may include name, age, date of birth, gender, race, nationality, home or office address, contact number, email address, identity card number, passport number, specimen signature, company name, occupation, salary, job position, credit card number, credit history, religious affiliation and other information which are relevant to our business transaction or relationship or your availment of the Bank's products and services. By signing this consent form, you hereby authorize and consent to the processing and sharing of your personal data for one or more specific purposes:

- (a) to verify your identity, responding to requests, updating your records, processing of transaction and other relevant payment and invoices, receipts, collecting debts, provide other requested products and services in the ordinary course of our business;
- (b) to facilitate commercial transactions with you and fulfill contractual obligations to you in the preparation of any relevant agreements (if any) and for maintaining our own accounts and records;
- (c) to assess your application/request for our services, to process your application for and to provide continuous services such as loan and credit/prepaid card application;
- (d) to communicate with you and your authorize/legal representative via SMS, phone call, email, fax, mail and/or any other appropriate communication channels;
- (e) to notify you of and provide you with information about our products, goods, facilities, services, upcoming events that you request via SMS, phone call, email, fax, mail and/or any other appropriate communication channels unless you have otherwise notified us that you do not wish for us to process your Personal Data for such purpose;
- (f) conduct appropriate checks for credit-worthiness in the ordinary course of our business;
- (g) to offer and provide you with new or related products and services of Equicom Group, its affiliates, subsidiaries or third parties,
- (h) for internal investigations, audit or security purposes;
- (i) to enforce contractual and legal rights and obligations; and
- (j) to comply with the Bank's internal policies and its reporting obligations to governmental authorities under applicable laws.

Your information may continue to be collected, stored, processed and/or shared by the Bank as prescribed by the law, or as long as necessary for the purpose of maintaining or implementing our business relation or transaction and to comply with applicable laws, rules, and regulations. You and your legal representative are entitled to certain rights in relation to the Personal Data that may be collected from you and your legal representative, including the right to access, correct, delete, destroy and to object to the processing of the same. A more detailed description of your rights under the Philippine Data Privacy Act of 2012, and its implementing rules and regulations may be accessed and downloaded at https://privacy.gov.ph.

You may communicate with the Bank's Data Protection Officer through email at dpo@equicomsavings.com.ph or call 812-3861 or visit the National Privacy Commission website at https://privacy.gov.ph for any privacy concern regarding your personal data.

### ACKNOWLEDGEMENT:

hereby confirm that I understand the	e foregoing and that I ar	n voluntarily giving my	consent to the prod	cessing of my F	<sup>2</sup> ersonal
Data under the terms and conditions	provided above. The co	nsent will remain in ful	I force until I revoke	e it in writing.	

Customer Signature over Printed Name	Date and Time