



Salary 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.

MY LOAN INFORMATION			
Desired Loan Amount (PhP)	Desired Payment Term <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months	<input type="checkbox"/> 24 months <input type="checkbox"/> 36 months	Mode of Loan Release <input type="checkbox"/> Manager's Check <input type="checkbox"/> Credit to Equicom Account _____ <input type="checkbox"/> Credit to Non-Equicom Account _____
Loan Purpose			
<input type="checkbox"/> Travel <input type="checkbox"/> Appliance/s <input type="checkbox"/> Furniture/Fixtures	<input type="checkbox"/> Electronic Gadgets <input type="checkbox"/> Personal Consumption <input type="checkbox"/> Hospitalization/Medical	<input type="checkbox"/> Health and Wellness <input type="checkbox"/> Education <input type="checkbox"/> Balance Transfer	<input type="checkbox"/> Special Events <input type="checkbox"/> Home Improvement <input type="checkbox"/> Car Repair

MY PERSONAL INFORMATION					
First Name		Middle Name		Last Name	
Mother's Maiden Name (First Name, Middle Name, Last Name)			Date of Birth (mm/dd/yyyy)		Age
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Nationality	
<input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated				No. of Dependents <input type="checkbox"/> Children: _____ <input type="checkbox"/> Others: (Relationship) _____	
Educational Attainment <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate		Home Phone Number		Mobile Phone Number	
<input type="checkbox"/> Vocational <input type="checkbox"/> Others				E-Mail Address	
Present Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)				<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged PhP _____/mo. <input type="checkbox"/> Rented PhP _____/mo.	
Length of Stay ___ Years ___ Months					
Permanent Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)				<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged PhP _____/mo. <input type="checkbox"/> Rented PhP _____/mo.	
Length of Stay ___ Years ___ Months					
Previous Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)				<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged PhP _____/mo. <input type="checkbox"/> Rented PhP _____/mo.	
Length of Stay ___ Years ___ Months					
Source of Funds <input type="checkbox"/> Commission <input type="checkbox"/> Employment <input type="checkbox"/> Remittance		<input type="checkbox"/> Others, please specify _____		Car Ownership <input type="checkbox"/> Owned No. of cars owned ____ <input type="checkbox"/> Personal PhP _____/mo. <input type="checkbox"/> Company Provided <input type="checkbox"/> None	
				Are you related to any EqB Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____	
Are you a Director, Officer or Stockholder (DOS) of Equicom Savings Bank (EqB), or EqB subsidiary and/or affiliate? If YES, specify company and position/affiliation _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to a DOS of EqB or any EqB subsidiary and/or affiliate of Equicom Group of Companies? If YES, specify company and position/affiliation _____				<input type="checkbox"/> Yes <input type="checkbox"/> No	

MY EMPLOYMENT/BUSINESS INFORMATION			
Employer/Business Name			
Employer/Business Address (Number, Floor, Building Name, District/Town, City/Province, Zip Code, Country, Zip Code)			Nature of Business
Type of Employment <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Professional <input type="checkbox"/> Self-Employed		<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Others, please specify _____	
Employment Status <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Professional		<input type="checkbox"/> Consultant <input type="checkbox"/> Special Occupation <input type="checkbox"/> Others, please specify _____	
Position		Rank <input type="checkbox"/> Rank & File <input type="checkbox"/> Junior Officer <input type="checkbox"/> Middle Manager <input type="checkbox"/> Senior Executive	
Date of Hire (mm/dd/yyyy)		<input type="checkbox"/> Self-Employed <input type="checkbox"/> Others, please specify _____	
Length of Service ____ Years ____ Months		Tax Identification Number (TIN)	
Office Phone Number		Total Years Working ____ Years ____ Months	
Immediate Supervisor/HR Contact Person		Office Email Address	
Office Telephone Number		Best Time and Day to Call	
Previous Employer / Business Name		Length of Service ____ Years ____ Months	
		Position	

MY SPOUSE INFORMATION					
First Name		Middle Name		Last Name	
Employer / Business Name			Employer / Business Address		Position
Date of Birth (mm/dd/yyyy)		Office Phone Number		Mobile Phone Number	
				Email Address	

OTHER INFORMATION			
Personal/Trade Reference Name	Relation to Applicant	Telephone Number	Home Address
1.			
2.			
Credit Card Issuing Bank	Card Number	Credit Limit	Expiry Date
1.			
2.			
Other Loan Accounts (Bank/Loan)	Type of Loan	Outstanding Balance	Monthly Payment
1.			
2.			

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 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. 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. Subject to the approval of my loan application and availment of my loan, I hereby assign in favor the Bank an amount equivalent to the monthly amortization of my loan from my salary and other remuneration. I also authorize my Company/Employer to deduct the said amount from my salary and other remunerations and to remit the same to the Bank on or before the due date and every month thereafter. Whenever applicable, I further authorize my Company/Employer to deduct from my salary late penalties, fees, interests, charges, costs, and principal amount due to effectively bring my loan to current status.

I hereby confirm and acknowledge that in the event of the occurrence of my circumstance that would cause my separation from employment either by resignation, termination, retirement or death, I hereby authorize my Company/Employer to notify the Bank of such fact which will likewise render my loan automatically due and demandable. Consequently, I further authorize my Company/Employer to deduct from my remuneration or compensation of whatever kind or nature due me such amount as the Bank may certify to be due and owing the Bank for the full settlement of the loan and remit the same to the Bank.

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.

I authorize the Bank to deduct from my loan proceeds from the outstanding balance/s enumerated below. 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.

Bank/Institution	Outstanding Balance
1.	PhP _____
2.	PhP _____
3.	PhP _____
4.	PhP _____
5.	PhP _____

Borrower Signature Above Printed Name

Date (mm/dd/yyyy)

CERTIFICATE OF EMPLOYMENT

Monthly Basic Salary	PhP _____
ADD: Regular Monthly Allowance	PhP _____
ADD: Average Commission/Incentive (past 3 months)	PhP _____
ADD: Others, _____ (overtime pay not included)	PhP _____
Gross Salary	PhP _____
LESS: Monthly Amortization Deductions	PhP _____
LESS: Government Mandated Deductions (SSS, Pag-Ibig, Tax)	PhP _____
LESS: Others, _____	PhP _____
Net Pay	PhP _____

I/We hereby certify all employment information and statements contained in this certification and declared by the applicant are correct and complete and are given for the purpose of obtaining credit. I/We further certify that the signatures appearing thereon are genuine.

I/We also commit ourselves to deduct the amounts necessary to pay the applicant's obligation to you from his/her salary, separation, termination, retirement or gratuity pay or benefit and remit the said amounts directly to month thereafter until the entire loan of the employee-borrower is fully paid.

I/We shall likewise be bound to the Terms and Conditions under the Memorandum of Agreement and other documents that we shall execute in favor of the Bank.

I/We hereby certify the address information given by the applicant on this application match his/her present address on our 201 file/records.

Yes _____ If No, please state _____

Remarks _____

Printed Name and Signature of the Authorized Signatory

Date (mm/dd/yyyy)

DOCUMENT REQUIREMENTS

- | | |
|---|---|
| <input type="checkbox"/> Duly filled-out and original signed application form | <input type="checkbox"/> Photocopy of one (1) valid and primary Government-issued ID |
| <input type="checkbox"/> Photocopy of Company ID with three (3) specimen signatures | <input type="checkbox"/> Latest Original one (1) month's payslip or Certificate of Employment |

FOR BANK USE ONLY

Channel Source	Source Code	Sales Officer
Application Number: _____		
Approved Loan Amount	PhP _____	Monthly Amortization
Processing Fee	PhP _____	Approved Loan Term
Net Proceeds	PhP _____	Documentary Stamp
_____	_____	_____

Printed Name and Signature of Approver

Date of Approval (mm/dd/yyyy)



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:

I hereby confirm that I understand the foregoing and that I am voluntarily giving my consent to the processing of my Personal Data under the terms and conditions provided above. The consent will remain in full force until I revoke it in writing.

Customer Signature over Printed Name

Date and Time