



CORPORATE SALARY LOAN

APPLICATION FORM

Please fill out the form using BLOCK / CAPITALS

Company Name: _____

Company Address: _____
 (Floor No., Building Name, Street Name, District/Town, City/Province, ZIP Code)

EMPLOYMENT DETAILS

Employment Status:			Rank:		
<input type="checkbox"/> Permanent	<input type="checkbox"/> Consultant	<input type="checkbox"/> Others, please specify: _____	<input type="checkbox"/> Rank & File	<input type="checkbox"/> Senior Executive	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Probationary	<input type="checkbox"/> Professional		<input type="checkbox"/> Junior Officer	<input type="checkbox"/> Self-Employed	
<input type="checkbox"/> Contractual	<input type="checkbox"/> Special Occupation		<input type="checkbox"/> Middle Manager		
Position / Job Title: _____			Length of Service in Current Company:		
			_____ Years _____ month(s)		
SSS No.: _____		Tax Identification No.: _____		Office Email Address: _____	
Total No. of Years Working: _____		Date Hired in Current Company (MM/DD/YYYY): _____		Office Phone Number: _____	

LOAN DETAILS

REQUEST FOR:	<input type="checkbox"/> New	<input type="checkbox"/> Top-Up	<input type="checkbox"/> Re-Availment
Desired Loan Amount	Desired Payment Terms (in months)		Mode of Loan Release
PHP _____	<input type="checkbox"/> 12	<input type="checkbox"/> 24	<input type="checkbox"/> Manager's Check*
	<input type="checkbox"/> 18	<input type="checkbox"/> 36	<small>* MC Charge, MC Delivery Fee, and OTC encashment charge apply</small>
Loan Purpose: _____			<input type="checkbox"/> Credit to EqB Account
			Account Name: _____
			Account No.: _____
<input type="checkbox"/> Travel <input type="checkbox"/> Appliance/s <input type="checkbox"/> Furniture/Fixtures <input type="checkbox"/> Car Repair <input type="checkbox"/> Education			<input type="checkbox"/> Credit to Non-EqB Account
<input type="checkbox"/> Personal Consumption <input type="checkbox"/> Hospitalization/Medical <input type="checkbox"/> Health and Wellness <input type="checkbox"/> Hospitalization <input type="checkbox"/> Balance Transfer			Bank Name: _____
<input type="checkbox"/> Special Event/s <input type="checkbox"/> Home Improvement <input type="checkbox"/> Others: _____			Account Name: _____
			Account No.: _____

BORROWER DETAILS

Complete Name (First Name, Middle Name, Last Name)		Date of Birth (MM/DD/YYYY)	Place of Birth (City, Province)
Civil Status		Gender	Nationality
<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Male	No. of Dependents
<input type="checkbox"/> Married	<input type="checkbox"/> Legally Separated	<input type="checkbox"/> Female	
Educational Attainment		<input type="checkbox"/> Home Phone Number: _____ <input type="checkbox"/> Mobile Number: _____ <input type="checkbox"/> Personal Email Address: _____	
<input type="checkbox"/> High School		<input type="checkbox"/> Post-Graduate	
<input type="checkbox"/> College		<input type="checkbox"/> Vocational	
<input type="checkbox"/> Others: _____			
Mother's Maiden Name (First Name, Middle Name, Last Name)			
Permanent Home Address (Number, Floor, Building Name, Barangay, District/Town)			
		ZIP Code	Length of Stay
		City/Province	_____ Years _____ Month/s
<input type="checkbox"/> Owned	<input type="checkbox"/> Living with Parents	<input type="checkbox"/> Company Provided	<input type="checkbox"/> Mortgaged PHP _____/month
		<input type="checkbox"/> Rented PHP _____/month	
Present Home Address (Number, Floor, Building Name, Barangay, District/Town)			
		ZIP Code	Length of Stay
		City/Province	_____ Years _____ Month/s
<input type="checkbox"/> Owned	<input type="checkbox"/> Living with Parents	<input type="checkbox"/> Company Provided	<input type="checkbox"/> Mortgaged PHP _____/month
		<input type="checkbox"/> Rented PHP _____/month	
Are you related to any EqB Employee?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please specify: Name: _____ Relationship: _____	
Are you a Director, Officer or Stockholder (DOS) of Equicom Savings Bank (EqB), or EqB subsidiary and/or affiliate?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please specify: Name: _____ Relationship: _____	
Are you related to a DOS of EqB or any EqB subsidiary and/or affiliate of Equicom Group of Companies?			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES, please specify: Name: _____ Relationship: _____	



CONSENT TO DATA PROCESSING

While your consent may be solicited to process your personal data, the Bank may also process your personal data without your consent, such as when processing is necessary and is related to the fulfillment of a contract with you or in order to take steps at your request prior to entering into a contract, or those allowed under Section 12 or Section 13 of the Data Privacy Act of 2012.

By signing this application form, you hereby authorize the Bank and consent to the processing of your personal data provided herein including the sharing or disclosure of such personal data to the Bank's accredited service providers, partners, vendors, and affiliate companies for direct marketing, cross-selling, sales referrals, and for any and all of the purposes stated in its Privacy Notice published at www.equicom-savings.com and deemed incorporated by reference in this form. Such consent shall serve as lawful criteria for processing your personal data relied on by the Bank. It is understood that you may withdraw anytime your consent to any specific and declared purpose/s for the processing of your personal data.

UNDERTAKING

I hereby certify that all information herein is true and correct based on my own personal knowledge. 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 application, cancel its approval or if the loan proceeds have already 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 deposited to the account with another bank which I have particularly specified in my request/instruction to 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 thirty (30) days from the release of my loan and other related charges, including incidental costs and expenses on account of my request/instruction to the Bank. Subject to the approval of my loan application and availment of my loan, I hereby assign in favor of 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 any 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, compensation or employee benefit, 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 an amount lower 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. 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 authorize the Bank to deduct from my loan proceeds from the outstanding balance/s enumerated below.

ACKNOWLEDGEMENT OF CUSTOMER

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 and agree to be bound by any and all undertakings and obligations stated herein. The consent to the processing of my Personal Data shall remain in full force until I revoke it in writing.

 Customer Signature over Printed Name

 Date and Time

ACKNOWLEDGMENT OF COMPANY'S AUTHORIZED REPRESENTATIVE

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 201file/records.

 Authorized Representative's Signature
 Over Printed Name

 Date and Time

FOR BANK USE ONLY

Source Code		Application Number	
Account Officer		Reviewer	
Name:		Name:	
Signature:		Signature:	
Received Date:	Time:	Reviewed Date:	Time: