

NOTE: This form requests information supplemental to the Standard Business Loan Application Form (SBLAF) as permitted by the BSP Circular No. 1156 for enhanced risk assessment. While the SBLAF is the sole mandatory application template, certain information fields in this supplemental form may be required by Equicom Savings Bank's lending units to complete your loan application and credit undertaking process, depending on your specific loan product and risk profile.

INSTRUCTION: All fields are mandatory. Mark the box with "X" and put N.A. where it is not applicable. Application processing will start only upon submission of all documentary requirements. Incomplete applications will not be processed.

Registered Business Name (Trade Name)	Business Date Established (MM/DD/YYYY)

ADDITIONAL CONTACT INFORMATION				
Alternate Business Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)				Zip Code
Business Email Address		Business Landline Number (Area Code, Number, Local)		

ADDITIONAL BUSINESS AND FINANCIAL INFORMATION			
Business Registration <input type="checkbox"/> Domestic <input type="checkbox"/> Foreign		Place of Incorporation (City, Municipality, Province)	Major Products/Services Offered
Equity Capital		At Inception	At Present
Authorized Capital Stock			
Subscribed Capital Stock			
Paid-Up Capital Stock			
Manpower Complement			
Regular	Contractual	Unionized	CBA
<input type="checkbox"/> Men <input type="checkbox"/> Women	<input type="checkbox"/> Men <input type="checkbox"/> Women	<input type="checkbox"/> Yes: Date Unionized <input type="checkbox"/> No	<input type="checkbox"/> Existing: Expiry <input type="checkbox"/> None

Ownership Structure			
Name of Stockholders (First Name, Middle Name, Last Name)	Citizenship	Date of Birth (MM/DD/YYYY)	Percentage of Ownership

Operating Facility		
Land (in sq. m) / Location	Motor Vehicle	Heavy Equipment / Machinery

Affiliated Company / Subsidiary	
Name of Affiliate / Subsidiary	Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)

Background of Principal Owners / Key Management			
	Officer 1	Officer 2	Officer 3
Full Name			
Position			
Citizenship			
Present Home Address			
Date of Birth			
Civil Status			
Educational Attainment			
Spouse Name			
Spouse Date of Birth			
Number of Children, If any			

ADDITIONAL CUSTOMER INFORMATION	
Name of Borrower (First Name, Middle Name, Last Name)	
Are you related to any Equicom Savings Bank Employee? <input type="checkbox"/> Yes Name Relationship <input type="checkbox"/> No	
Are you a Director, Officer or Stockholder (DOS) of Equicom Savings Bank or its Subsidiary and/or Affiliate? <input type="checkbox"/> Yes Name Relationship <input type="checkbox"/> No	
Are you related to a DOS of Equicom Savings Bank or any of its Subsidiary and/or Affiliate of the Equicom Group of Companies? <input type="checkbox"/> Yes Name Relationship <input type="checkbox"/> No	

ADDITIONAL EMPLOYMENT INFORMATION (If Employed)	
Employer Name	Total Years Working/In Business
Type of Organization <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others	
Employer/Business Address (Lot/Block No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)	Zip Code
Nature of Industry/Business	Position/Years in Service
Annual Basic Salary	Other Allowances/Bonuses/Commissions
Office Number	Office Email Address

REGULATORY REQUIREMENTS	
A. Political Relations and Affiliations Questionnaire Do you have previous and current affiliation/dealings with the Government and/or relations to any official of a government in any country, territory, or of an intergovernmental/international organization? If 'Yes', kindly provide the required information below. <input type="checkbox"/> Yes <input type="checkbox"/> No Full Name of Relation/Affiliation (Last Name, First Name, Middle Name) Rank/Position of Relation/Affiliation Relation or Affiliation via <input type="checkbox"/> Relative <input type="checkbox"/> Business Partner <input type="checkbox"/> Associate <input type="checkbox"/> Employee/Representative <input type="checkbox"/> Political Supporter <input type="checkbox"/> Donor	
B. Foreign Account Tax Compliance Act (FATCA) Questionnaire Are you a Green Card Holder? If 'Yes', kindly provide the required information below. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you obligated to pay taxes to the U.S. IRS because of your citizenship or residency. If 'Yes', kindly provide the required information below. <input type="checkbox"/> Yes <input type="checkbox"/> No Foreign Home Address (House/Unit No., Block No., District/Town, City, State, Zip Code, P.O. Box No.) Foreign Contact Number Foreign SS/TIN	
C. Designated Non-Financial Business and Professions (DNFBPs) Questionnaire (Please refer to Annex 1) Does your work / business fall under the classification of a DNFBP? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your work/business provide service, process transactions, have transactions or related interests/relationships with any business or service provider in the online gaming industry? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', kindly provide the Certificate of Registration (COR) issued by the Anti-Money Laundering Council (AMLC).	
D. Onboarding Requirements for All Beneficial Owners, Primary Officers, and Authorized Signatories of the Business Entity (Please refer to Annex 2) Any Individual Beneficial Owner with at least 20% ownership in the business, Primary Officers and Authorized Signatories. Any Individual Beneficial Owner with more than 10% ownership in the business and is obligated to pay taxes to the U.S. IRS because of their citizenship or residency.	

UNDERTAKING AND DECLARATION	
I/We, the undersigned, hereby certify, declare, and warrant that: The information provided in this Optional Supplemental Information Form is true, accurate, current, and complete to the best of my/our knowledge and belief. I/We understand that this information is submitted to Equicom Savings Bank (the "Bank") as supplementary to the Standard Business Loan Application Form (SBLAF) and will be used to facilitate a comprehensive assessment of my/our loan application, including credit evaluation, risk profiling, and compliance with all applicable laws and regulations. I/We authorize the Bank, its representatives, and/or agents to collect, process, store, record, organize, update or modify, retrieve, consolidate, block, erase, or destroy, and/or share the personal and/or business information provided herein, including sensitive personal information, with its affiliates, subsidiaries, partners, service providers, and relevant government authorities (such as the Bangko Sentral ng Pilipinas, Anti-Money Laundering Council, National Privacy Commission, and credit bureaus/agencies) for purposes of verifying, validating, and assessing my/our loan application, conducting customer due diligence, complying with regulatory requirements, and for legitimate business purposes in accordance with the Bank's Data Privacy Policy, banking laws, and the provisions of the Data Privacy Act of 2012 (Republic Act No. 10173) and its Implementing Rules and Regulations. I/We understand that the Bank may verify any information provided herein, and I/we agree to cooperate fully with any such verification process. Any false, misleading, or incomplete information may lead to the disapproval of my/our application or the termination of any resulting loan facility. I/We understand that all information submitted in this form shall form an integral part of my/our overall loan application and may be relied upon by the Bank in making its credit decision.	
Authorized Officer 1 Signature Above Printed Name	Date (MM/DD/YYYY)
Authorized Officer 2 Signature Above Printed Name	Date (MM/DD/YYYY)

FOR BANK USE ONLY	
Processed by	Approved by