

OPTIONAL SUPPLEMENTAL INFORMATION FORM

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.

BORROWER NAME (First Name, Middle Name, Last Name)		CUSTOMER INFORMATION NUMBER							
Registered Business Name (Trade Name)		Business Date Established (MM/DD/YYYY)							
Authorized Representative Name	Authorized Representative TIN		Authorized Representative Civil Status						
			☐ Single ☐ Married			☐ Widowed ☐ Legally Separated			
Authorized Representative Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)							Zip Code		

Are you related to any Equicom Savings Bank Employee? ☐ Yes Name _____ Relationship _____ ☐ No	
Are you a Director, Officer or Stockholder (DOS) of Equicom Savings Bank or its Subsidiary and/or Affiliate? ☐ Yes Name _____ Relationship _____ ☐ 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? ☐ Yes Name _____ Relationship _____ ☐ No	

DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSIONS (DNFBP) SELF-CERTIFICATION	
Please select the industry or category that best represents your business operations:	
☐	I am not involved in any of the business categories listed below.
☐	Jewelry shop/dealer trading precious metals/stones
☐	Company service provider/law firm/accounting firm which provides any of the following services to third parties: a. Acting as a formation agent of juridical persons; b. Acting as (or arranging for another person to act as) a director or corporate secretary of a company, a partner of a partnership, or a similar position in relation to other juridical persons; c. Providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement; and d. Acting as (or arranging for another person to act as) a nominee shareholder for another person;
☐	An individual/law firm/accounting firm who/which provides any of the following services: a. Managing of client money, securities or other assets; b. Management of bank, savings or securities accounts; c. Organization of contributions for the creation, operation or management of companies; and d. Creation, operation or management of juridical persons or arrangements, and buying and selling business entities.
☐	Casino (including internet and ship-based casinos with respect to their casino cash transactions related to their gaming)
☐	An individual or company engaged in Real Estate Brokerage and/or Property Development
☐	A company that is an Offshore Gaming Operator/Business (OGO/OGB) or a Service Provider for an Offshore Gaming Operator/Business (OGO/OGB SP)

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 Representative Signature Above Printed Name	_____ Date (MM/DD/YYYY)

FOR BANK USE ONLY	
Processed by	Approved by