

AUTO LOAN

APPLICATION FORM FOR BUSINESS ENTITY



NOTE: Please fill-out 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.

LOAN DETAILS

Dealer Name		Dealer Contact No.	Loan Purpose <input type="checkbox"/> Purchase <input type="checkbox"/> Reimbursement	Vehicle Classification <input type="checkbox"/> Brand New <input type="checkbox"/> Used	Mode of Payment <input type="checkbox"/> In Arrears <input type="checkbox"/> 1 Month Advance
Cash Price ₱	Down Payment ₱	Amount Financed ₱	Brand	Make/Unit	Year Model
Make/Unit Type <input type="checkbox"/> Sedan <input type="checkbox"/> AUV <input type="checkbox"/> MPV <input type="checkbox"/> SUV		Mode of Payment <input type="checkbox"/> Post-Dated Check (PDC) <input type="checkbox"/> Auto-Debit Arrangement via EqB Account Name _____ Account Number _____		Term <input type="checkbox"/> 12 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 months	
<input type="checkbox"/> Pick-Up		<input type="checkbox"/> Truck		<input type="checkbox"/> Others _____	

BUSINESS/COMPANY DETAILS

Business/Company Name			Nature of Industry/Business
Business/Company Address <i>(Lot/Blk. No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)</i>			Business/Company Landline Number
Branch/Factory/Outlet Address <i>(Lot/Blk. No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)</i>			Business/Company Landline Number
SEC Registration Number	Business/Company SSS Number	Business/Company TIN	Years of Operation
Business Organization <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Others, please specify _____			

BUSINESS/COMPANY FINANCIAL DETAILS

(A) Total Assets ₱	(B) Liabilities ₱	(C) Net Worth (A - B) ₱
(A) Total Income ₱	(B) Total Expenses ₱	Total Monthly Disposable Income (A - B) ₱

CO-MAKER/SIGNATORY 1

CO-MAKER/SIGNATORY 2

Full Name <i>(Last Name, First Name, Middle Name)</i>		
Home Address <i>(Lot/Blk No., House/Unit No., Floor No./ Building Name, Subdivision/Village, City/Province, Zip Code)</i>		
Date of Birth <i>(MM/DD/YYYY)</i>		
Position		

STOCKHOLDER/PARTNER/OFFICER DETAILS

Full Name <i>(Last Name, First Name, Middle Name)</i>	Nationality	Position in the Business/ Company	Amount of Stock Ownership	Percentage (%)	Home Address <i>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)</i>

OTHER DETAILS

Personal/Trade Reference	Relationship to Applicant	Telephone Number	Home Address

CREDIT CARD DETAILS

Issuing Bank	Card Number	Credit Limit	Expiry Date (MM/YYYY)
		₱	
		₱	
		₱	

EXISTING LOAN DETAILS

Other Loan Account	Loan Product	Outstanding Balance	Monthly Payment
		₱	₱
		₱	₱
		₱	₱

BANK DETAILS

Bank Name and Branch	Account Name	Account Type	Average Daily Balance
			₱
			₱
			₱

Are you a Director, Officer, or Stockholder (DOS) of Equicom Savings Bank, or its Subsidiary and/or Affiliate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide: Name _____ Relationship _____
Are you related to a DOS of EqB or any of its Subsidiary and/or Affiliate of the Equicom Group of Companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide: Name _____ Relationship _____
Are you related to any EqB Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide: Name _____ Relationship _____ Position _____
Is your business or profession considered a Designated Non-Financial Business and Profession (DNFBP), such as casino, real estate, accounting, law, or dealing in precious metals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please provide sector: Sector _____

UNDERTAKING AND ACKNOWLEDGMENT

I/We hereby certify that:

- Accuracy of Information: All information provided in this application and the supporting documents are true, correct, and updated. I/We authorize Equicom Savings Bank (the "Bank") to verify such information from any source the Bank may deem appropriate, including but not limited to, the Bureau of Internal Revenue (BIR), credit bureaus, and my/our employer/s.
- DOSRI & Related Interests Disclosure: In compliance with BSP MORB Section 341, I/We have truthfully disclosed my/our status as a Director, Officer, or Stockholder (DOS) of the Bank, or as a Related Interest (RI) thereof. I/We undertake to immediately inform the Bank of any change in such status.
- AML A Compliance & VIP/PEP Tagging: I/We acknowledge that the Bank is required to comply with the Anti-Money Laundering Act (AMLA) and BSP regulations on "Know Your Customer" (KYC) and customer due diligence. I/We authorize the Bank to tag and monitor my/our account as VIP, Politically Exposed Person (PEP), or DNFBP, as applicable, based on the Bank's internal risk assessment and regulatory standards.

By signing below, I/we acknowledge that I/we have read, understood, and agreed to be bound by foregoing and the specific Terms and Conditions for Loan Product/s applied for which is published at www.equicom-savings.com. In particular, I/we provide my/our express consent to:

- Data Privacy: The processing of my personal data for credit evaluation and reporting to the CIC/BAP, to the processing, profiling, and sharing of my/our personal and sensitive personal information by the Bank with its subsidiaries, affiliates, and third-party service providers (local or offshore) for purposes of: (a) application processing; (b) account maintenance and servicing; (c) credit scoring and investigation; (d) collection; and (e) regulatory reporting. I/We acknowledge that these third parties are contractually bound to the Bank to maintain the confidentiality and security of my/our data.
- Bank Secrecy Waiver: The verification of my accounts under R.A. 1405.
- AFASA Compliance: The Bank's authority to hold funds or restrict accounts under R.A. 12010 (Anti-Financial Account Scamming Act) in case of suspected fraud.
- Set-Off: The Bank's right to offset any of my deposits against my loan in case of default.

_____	_____	_____	_____
Borrower	Date	Co-Maker/Signatory	Date
Signature Above Printed Name		Signature Above Printed Name	

FOR BANK USE ONLY

To be filled-out by Account/Branch Officer					
Does the Borrower fall under the VIP category? <input type="checkbox"/> Yes <input type="checkbox"/> No					
To be filled-out by Customer Information Build-Up Officer					
Is the Borrower verified as		<input type="checkbox"/> Director	<input type="checkbox"/> Officer	<input type="checkbox"/> Stockholder	<input type="checkbox"/> EqB Employee <input type="checkbox"/> N.A.
Is the Borrower verified related to		<input type="checkbox"/> Director	<input type="checkbox"/> Officer	<input type="checkbox"/> Stockholder	<input type="checkbox"/> EqB Employee <input type="checkbox"/> N.A.
Is the Borrower considered a Related Party of EqB? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does the Borrower fall under the Designated Non-Financial Business and Profession (DNFBP) category? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Referred By	Employee Number	Branch Code	Verified By	Reviewed By	Approved By