

HOME LOAN APPLICATION FORM



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 PURPOSE

<input type="checkbox"/> Purchase of Condominium Unit With Parking Lot <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Purchase of Townhouse Unit	<input type="checkbox"/> Reimbursement of Acquisition Cost
<input type="checkbox"/> Purchase of House and Lot	<input type="checkbox"/> House Construction/Renovation	<input type="checkbox"/> Refinance/Take Out From _____
	<input type="checkbox"/> Home Equity	<input type="checkbox"/> Others, please specify _____

COLLATERAL DETAILS

Property Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)					Zip Code
TCT Number	Lot Number	Block Number	Registered Owner	Appraiser	Contact Number

BORROWER DETAILS

	Principal Borrower	Co-Borrower / Spouse
Full Name <i>(First Name, Middle Name, Last Name)</i>		
Date of Birth (MM/DD/YYYY)		
Place of Birth (City, Country)		
Nationality		
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
No. of Dependents		
Educational Attainment	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____	<input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____
SSS / GSIS Number		
Tax Identification Number (TIN)		
Personal Email Address		
Mobile Number (+63XXXXXXXXXX)	6 3	6 3
Home Landline Number		
Present Home Address <i>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)</i>		
Length of Stay	_____ No. of Years _____ No. of Months	_____ No. of Years _____ No. of Months
Home Ownership	<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged ₱ _____/mo. <input type="checkbox"/> Rented ₱ _____/mo.	<input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents <input type="checkbox"/> Company Provided <input type="checkbox"/> Mortgaged ₱ _____/mo. <input type="checkbox"/> Rented ₱ _____/mo.

EMPLOYMENT DETAILS

	Principal Borrower	Co-Borrower / Spouse
Employment Type/ Source of Funds	<input type="checkbox"/> Employed/Salary <input type="checkbox"/> Retired <input type="checkbox"/> Others _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> OFW	<input type="checkbox"/> Employed/Salary <input type="checkbox"/> Retired <input type="checkbox"/> Others _____ <input type="checkbox"/> Self-Employed <input type="checkbox"/> OFW
Employer/Business Name		
Employer/Business Address <i>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)</i>		
Nature of Industry/Business		
Total Years Working/In Business		
If Self-Employed	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others _____	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Others _____
Rank	<input type="checkbox"/> Rank & File <input type="checkbox"/> Officer/Supervisor <input type="checkbox"/> Self-Employed <input type="checkbox"/> Manager <input type="checkbox"/> Senior Executive <input type="checkbox"/> Others _____	<input type="checkbox"/> Rank & File <input type="checkbox"/> Officer/Supervisor <input type="checkbox"/> Self-Employed <input type="checkbox"/> Manager <input type="checkbox"/> Senior Executive <input type="checkbox"/> Others _____
Job Title/Position		
Date of Hire/Business Date Established (MM/DD/YYYY)		
Employment Status	<input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Others _____	<input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Others _____
Gross Monthly Income	₱ _____	₱ _____

OTHER DETAILS

Personal/Trade Reference Name (Required)	Relationship (Required)	Telephone/Mobile No. (Required)	Address (Required)

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 _____

DEPENDENT DETAILS				
Name of Dependent	Age	Date of Birth	School Name/Employer	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
		₱	₱
		₱	₱
		₱	₱

ASSET AND BANK DETAILS			
Bank Name and Branch	Account Name	Account Type	Average Daily Balance
			₱
			₱
			₱

OTHER REAL ESTATE PROPERTY DETAILS					
Property Address	TCT Number	Floor Area	Lot Area	Encumbered	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

ATTORNEY-IN-FACT DETAILS			
Name	Address	Contact Number	Relationship to Borrower

UNDERTAKING AND ACKNOWLEDGMENT	
I/We hereby certify that:	
<ol style="list-style-type: none"> 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 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:	
<ol style="list-style-type: none"> 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 Signature Above Printed Name	Date
_____	_____
Co-Borrower Signature Above Printed Name	Date

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
Is the Borrower verified related to		<input type="checkbox"/> Director	<input type="checkbox"/> Officer	<input type="checkbox"/> Stockholder	<input type="checkbox"/> EqB Employee
Is the Borrower considered a Related Party of EqB?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable
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