

BUSINESS LOAN SUPPLEMENTAL INFORMATION FORM



NOTE: This form is required by Equicom Savings Bank to supplement the Standard Business Loan Application Form (SBLAF) in accordance with BSP Circular No. 1156 and other applicable regulations. Completion of all fields is mandatory to proceed with the loan application and credit undertaking process.

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 <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	
Authorized Representative Home Address (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)			

OTHER DETAILS

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 _____

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:

- Acting as a formation agent of juridical persons;
- 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;
- 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
- 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:

- Managing of client money, securities or other assets;
- Management of bank, savings or securities accounts;
- Organization of contributions for the creation, operation or management of companies; and
- 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 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 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.
- Authorization to Share Data:** I hereby expressly authorize the Bank to disclose and transfer my personal data, sensitive personal information, and loan account details to MaxiLife for the purpose of enrollment, administration, and claims processing under the Group Credit Life Insurance Plan.
 I further consent to receive marketing communications and product updates from MaxiLife and its affiliates.

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

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"/> Not Applicable
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"/> Not Applicable
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	