

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"/> Pick-Up <input type="checkbox"/> Truck <input type="checkbox"/> Others _____ <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	

BUSINESS/COMPANY DETAILS

Business/Company Name			Nature of Industry/Business
Business/Company Address (Lot/Blk. No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)			Business/Company Landline Number
Branch/Factory/Outlet Address (Lot/Blk. No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)			Branch/Factory/Outlet 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"/> Corporation <input type="checkbox"/> Association <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 (Last Name, First Name, Middle Name)		
Home Address (Lot/Blk No., House/Unit No., Floor No./ Building Name, Subdivision/Village, City/Province, Zip Code)		
Date of Birth (MM/DD/YYYY)		
Position		

STOCKHOLDER/PARTNER/OFFICER DETAILS

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

PERSONAL/TRADE REFERENCE 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
			₱
			₱
			₱

OTHER DETAILS

Are you a Director, Officer, or Stockholder (DOS) of Equicom Savings Bank, or its Subsidiary and/or Affiliate?
 Yes. If 'Yes,' please provide Name _____ Relationship _____
 No

Are you related to a DOS of EqB or any of its Subsidiary and/or Affiliate of the Equicom Group of Companies?
 Yes. If 'Yes,' please provide Name _____ Relationship _____
 No

Are you related to any EqB Employee?
 Yes. If 'Yes,' please provide Name _____ Relationship _____ Position _____
 No

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?
 Yes. If 'Yes,' please accomplish the **DNFBP Self-Certification Form** below.
 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 ACKNOWLEDGMENT

I/We hereby certify that:

1. **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.
2. **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.
3. **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.equicomsavings.com. In particular, I/we provide my/our express consent to:

1. **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.
2. **Bank Secrecy Waiver:** The verification of my accounts under R.A. 1405.
3. **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.
4. **Set-Off:** The Bank's right to offset any of my deposits against my loan in case of default.

AML/DNFBP Compliance Undertaking and Condition Precedent for Loan Disbursement

I/We explicitly acknowledge and agree that if I/we am/are classified as or operating as a Designated Non-Financial Business and Profession (DNFBP) under prevailing laws and regulations, the processing and/or approval of my/our loan application by Equicom Savings Bank (the "Bank") does not constitute a waiver of mandatory regulatory requirements.

I/We explicitly agree that the submission of a valid Certificate of Registration (COR) issued by the Anti-Money Laundering Council (AMLC) is a strict condition precedent to the release, disbursement, or crediting of any loan proceeds. The Bank shall have no obligation to disburse or release any portion of the approved loan proceeds unless and until I/we have submitted the required COR within the applicable validity period of the loan approval. Failure to comply with this requirement within the said validity period shall give the Bank the absolute and automatic right to cancel, revoke, and rescind the loan approval without any liability or obligation to disburse any funds to me/us.



Co-Maker/Signatory 1 Signature Above Printed Name

Date (MM/DD/YYYY)



Co-Maker/Signatory 2 Signature Above Printed Name

Date (MM/DD/YYYY)

FOR BANK USE ONLY

To be filled-out by Account/Branch Officer

1. Does the Borrower fall under the VIP category? Yes No

To be filled-out by Customer Information Build-Up Officer

1. Is the Borrower verified as Director Officer Stockholder EqB Employee N.A.
 2. Is the Borrower verified related to Director Officer Stockholder EqB Employee N.A.
 3. Is the Borrower considered a Related Party of EqB? Yes No
 4. Does the Borrower fall under the Designated Non-Financial Business and Profession (DNFBP) category? Yes No

Referred By	Employee Number	Branch Code
Verified By	Reviewed By	Approved By