

CORPORATE SALARY 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.

Company Name
Company Address <small>(Floor No., Building Name, Street Name, District/Town, City/Province, Zip Code)</small>

EMPLOYMENT DETAILS		
Employment Status <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Others, please specify _____		
Rank <input type="checkbox"/> Rank & File <input type="checkbox"/> Manager <input type="checkbox"/> Senior Executive <input type="checkbox"/> Self Employed <input type="checkbox"/> Officer/Supervisor <input type="checkbox"/> Others, please specify _____		
Job Title/Position	Date Hired in Current Company	Total No. of Years Working
Office Email Address	Office Phone Number	Tax Identification Number (TIN)
SSS Number	Unified Multi-Purpose ID (UMID)	PhilSys ID Number

LOAN DETAILS		
Desired Loan Amount (₱)	Request For <input type="checkbox"/> New <input type="checkbox"/> Top Up <input type="checkbox"/> Re-Availment	Desired Payment Term (in months) <input type="checkbox"/> 6 <input type="checkbox"/> 18 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 36
Mode of Loan Release <input type="checkbox"/> Manager's Check* <small>(*MC Charge, MC Delivery Fee, and OTC encashment charge apply.)</small> <input type="checkbox"/> Credit to Equicom Savings Bank Account Number _____ Account Name _____ <input type="checkbox"/> Credit to Another Bank Bank Name and Account Number _____ Account Name _____		

LOAN PURPOSE			
<input type="checkbox"/> Travel	<input type="checkbox"/> Furniture/Fixtures	<input type="checkbox"/> Education	<input type="checkbox"/> Medical
<input type="checkbox"/> Balance Transfer	<input type="checkbox"/> Home Improvement	<input type="checkbox"/> Appliance/s	<input type="checkbox"/> Car Repair
<input type="checkbox"/> Personal Consumption	<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Special Event/s	<input type="checkbox"/> Others _____

BORROWER DETAILS			
Complete Name <small>(First Name, Middle Name, Last Name)</small>			Mother's Maiden Name <small>(First, Middle, Last)</small>
Date of Birth <small>(MM/DD/YYYY)</small>	Place of Birth <small>(City, Country)</small>	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	
Nationality	No. of Dependents <input type="checkbox"/> Children _____ <input type="checkbox"/> Others _____	Educational Attainment <input type="checkbox"/> High School <input type="checkbox"/> Post Graduate <input type="checkbox"/> College <input type="checkbox"/> Others _____	
Mobile Number <small>(+63XXXXXXXXXX)</small> 6 3	Home Number <small>(Area Code + Phone No.)</small>	Personal Email Address	
Present Home Address <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>		Zip Code	Length of Stay ____ Years ____ Months
Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Mortgaged ₱ _____ per month <input type="checkbox"/> Company Provided <input type="checkbox"/> Rented ₱ _____ per month			
Permanent Home Address <small>(Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province)</small>		Zip Code	Length of Stay ____ Years ____ Months
Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Living with Parents/Relatives <input type="checkbox"/> Mortgaged ₱ _____ per month <input type="checkbox"/> Company Provided <input type="checkbox"/> Rented ₱ _____ per month			

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:
- 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.equicomsavings.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.

AMLA/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.



Borrower Signature Above Printed Name

Date and Time

ACKNOWLEDGMENT OF COMPANY'S AUTHORIZED REPRESENTATIVE

I/We hereby certify all employment information and statements contained in this certification and declared by the applicant are correct and complete and are given for the purpose of obtaining credit. I/We further certify that the signatures appearing thereon are genuine.

I/We also commit ourselves to deduct the amounts necessary to pay the applicant's obligation to you from his/her salary, separation, termination, retirement or gratuity pay or benefit and remit the said amounts directly to month thereafter until the entire loan of the employee-borrower is fully paid.

I/We shall likewise be bound to the Terms and Conditions under the Memorandum of Agreement and other documents that we shall execute in favor of the Bank.

I/We hereby certify the address information given by the applicant on this application match his/her present address on our 201 file/records.



Authorized Representative Signature Above Printed Name

Date and Time

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 Not Applicable
- 2. Is the Borrower verified related to Director Officer Stockholder EqB Employee Not Applicable
- 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

Source Code	Application Number
Account Officer Name	Reviewer Name
Received Date (MM/DD/YYYY)	Reviewed Date (MM/DD/YYYY)
Time (HH:MM)	Time (HH:MM)