

# 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"/> House Construction/Renovation <input type="checkbox"/> Home Equity	<input type="checkbox"/> Reimbursement of Acquisition Cost <input type="checkbox"/> Refinance/Take Out From _____ <input type="checkbox"/> Others, please specify _____
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## COLLATERAL DETAILS

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

## BORROWER DETAILS

	Principal Borrower	Co-Borrower / Spouse
<b>Full Name</b> (First Name, Middle Name, Last Name)		
<b>Date of Birth</b> (MM/DD/YYYY)		
<b>Place of Birth</b> (City, Country)		
<b>Nationality</b>		
<b>Civil Status</b>	<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
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>No. of Dependents</b>		
<b>Mother's Maiden Name</b> (First Name, Middle Name, Last Name)		
<b>Educational Attainment</b>	<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 _____
<b>SSS / GSIS Number</b>		
<b>Tax Identification Number (TIN)</b>		
<b>Personal Email Address</b>		
<b>Mobile Number</b> (+63XXXXXXXXXX)	6 3	6 3
<b>Home Landline Number</b>		
<b>Present Home Address</b> (Lot/Blk No., House/Unit No., Floor No./Building Name, Subdivision/Village, City/Province, Zip Code)		
<b>Length of Stay</b>	_____ No. of Years _____ No. of Months	_____ No. of Years _____ No. of Months
<b>Home Ownership</b>	<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
<b>Employment Type/ Source of Funds</b>	<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
<b>Employer/Business Name</b>		
<b>Employer/Business Address</b> (Lot/Blk. No., House/Unit No., Floor No./ Building Name, Subdivision/Village, City/Province, Zip Code)		
<b>Nature of Industry/ Business</b>		
<b>Total Years Working/ In Business</b>		
<b>If Self-Employed</b>	<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 _____
<b>Rank</b>	<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 _____
<b>Job Title/ Position</b>		

<b>Date of Hire/Business Date Established</b> (MM/DD/YYYY)			
<b>Employment Status</b>	<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 _____
<b>Gross Monthly Income</b>	₱ _____	₱ _____	

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/DD/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

OTHER DETAILS
<b>Are you a Director, Officer, or Stockholder (DOS) of Equicom Savings Bank, or its Subsidiary and/or Affiliate?</b> <input type="checkbox"/> Yes. If 'Yes,' please provide: <b>Name</b> _____ <b>Relationship</b> _____ <input type="checkbox"/> No
<b>Are you related to a DOS of EqB or any of its Subsidiary and/or Affiliate of the Equicom Group of Companies?</b> <input type="checkbox"/> Yes. If 'Yes,' please provide: <b>Name</b> _____ <b>Relationship</b> _____ <input type="checkbox"/> No
<b>Are you related to any EqB Employee?</b> <input type="checkbox"/> Yes. If 'Yes,' please provide: <b>Name</b> _____ <b>Relationship</b> _____ <b>Position</b> _____ <input type="checkbox"/> No
<b>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?</b> <input type="checkbox"/> Yes. If 'Yes,' please accomplish the <b>DNFBP Self-Certification Form</b> below. <input type="checkbox"/> No

DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSIONS (DNFBP) SELF-CERTIFICATION	
Please select the industry or category that best represents your business operations:	
<input type="checkbox"/>	I am not involved in any of the business categories listed below.
<input type="checkbox"/>	Jewelry shop/dealer trading precious metals/stones
<input type="checkbox"/>	Company service provider/law firm/accounting firm which provides any of the following services to third parties: <ol style="list-style-type: none"> <li>Acting as a formation agent of juridical persons;</li> <li>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;</li> <li>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</li> <li>Acting as (or arranging for another person to act as) a nominee shareholder for another person.</li> </ol>

<input type="checkbox"/>	An individual/law firm/accounting firm who/which provides any of the following services: <ol style="list-style-type: none"> <li>Managing of client money, securities or other assets;</li> <li>Management of bank, savings or securities accounts;</li> <li>Organization of contributions for the creation, operation or management of companies; and</li> <li>Creation, operation or management of juridical persons or arrangements, and buying and selling business entities.</li> </ol>
<input type="checkbox"/>	Casino (including internet and ship-based casinos with respect to their casino cash transactions related to their gaming)
<input type="checkbox"/>	An individual or company engaged in Real Estate Brokerage and/or Property Development
<input type="checkbox"/>	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](http://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.

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.



**Borrower Signature Above Printed Name**

**Co-Borrower/Spouse Signature Above Printed Name**

**Date (MM/DD/YYYY)**

**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

- 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
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- 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
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- Is the Borrower considered a Related Party of EqB?  Yes  No
- 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