



**SPOUSE DETAILS**

Name	Telephone/Mobile Number	Address

**PERSONAL/TRADE REFERENCE DETAILS**

Personal/ Trade Reference Name <i>(Required)</i>	Relationship <i>(Required)</i>	Telephone/ Mobile Number <i>(Required)</i>	Address <i>(Required)</i>

**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. **AMLA 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:

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.
5. **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.

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**

*Please make payments only to authorized Bank employees. Sales agents and/or referrers are not allowed to collect any fees of whatever nature on behalf of the Bank. Any payments made to individuals/entities not authorized by the Bank will not be binding on the Bank.*

## DOCUMENT REQUIREMENTS

- Duly filled-out and original signed Application Form
- Photocopy of Company ID with picture and signature
- Photocopy of one (1) valid government-issued ID
- Three (3) specimen signatures
- Post-Dated Check/Checking Account

**If Employed:**

- Latest one (1) month payslip
- Proof of Billing (e.g. Meralco bill, internet bill, postpaid plan bill, etc.)

**If Self-Employed:**

- Latest General Information Sheet (GIS)
- Latest three (3) months Bank Statement
- Latest two (2) years Audited Financial Statement
- Latest two (2) years ITR
- Latest Business Permit
- SEC/DTI Certificate of Registration
- Authorization to verify bank account/s
- Proof of Billing (e.g. Meralco bill, internet bill, postpaid plan bill, etc.)

*Note: Additional supporting documents may be required to process the application.*

## 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 a   | <input type="checkbox"/> Director | <input type="checkbox"/> Officer | <input type="checkbox"/> Stockholder | <input type="checkbox"/> EqB Employee | <input type="checkbox"/> Not Applicable |
| 2. Is the Borrower verified related to a   | <input type="checkbox"/> Director | <input type="checkbox"/> Officer | <input type="checkbox"/> Stockholder | <input type="checkbox"/> EqB Employee | <input type="checkbox"/> Not Applicable |
| 3. Is the Borrower considered a Related Party of EqB?  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No      |                                      |                                       |   |
| 4. Does the Borrower fall under the Designated Non-Financial Business and Profession (DNFBP) category? | <input type="checkbox"/> Yes      | <input type="checkbox"/> No      |                                      |                                       |   |

Channel Source	Source Code	Sales Officer	Date and Time Received from DSA
Start Date and Time Started Reviewing	End Date and Time Started Reviewing	Reviewed By	Date and Time Submitted to Sales Support