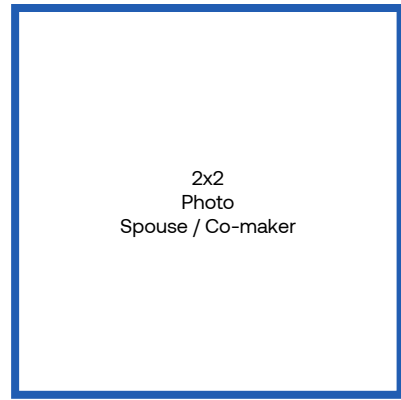




BOF LG Form No. 3
Revised (01/2023)

CONSUMER LOAN APPLICATION FORM

Client Number
Branch
Date



A. LOAN DETAILS		B. COLLATERAL'S DETAILS (4. For FAST CASH LOAN only)	
1. Loan Purpose <input type="checkbox"/> Fast Cash Loan <input type="checkbox"/> Deposit Hold-Out Loan <input type="checkbox"/> Auto Loan <input type="checkbox"/> SSS Pensioner's Loan <input type="checkbox"/> Housing Loan ___ Acquisition of Property ___ Construction of House ___ House Renovation <input type="checkbox"/> Others _____	2. Loan Information <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Restructured	3. Loan Requested Amount PhP _____ Term <input type="checkbox"/> _____ months <input type="checkbox"/> _____ years	4.1. Property Address 4.2. TCT Number 4.3. Lot Number 4.4. Block Number 4.5. TCT presently in the name of _____

C. BORROWER'S INFORMATION					
5.1. Last Name	5.2. First Name	5.3. Middle Name	5.4. Suffix (e.g. Jr., Sr., etc.)		
6. Present Address		House/Unit/Floor No. & Building	Blk/Lot/Street	Village/Subdivision	
Barangay/Municipality		City/Province	Country	Zip Code	
7. Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living with Parents <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Mortgaged <input type="checkbox"/> Others					
8. Permanent Address		House/Unit/Floor No. & Building	Blk/Lot/Street	Village/Subdivision	
Barangay/Municipality		City/Province	Country	Zip Code	
9. Date of Birth (MM/DD/YYYY)	10. Place of Birth	11. Age	12. Nationality	13. Citizenship	14. No. of Dependents
15. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Widow/er _____ years <input type="checkbox"/> Married <input type="checkbox"/> Separated _____ years		17. Mailing Address <input type="checkbox"/> Present Address <input type="checkbox"/> Business Address <input type="checkbox"/> Permanent Address		
18. Mother's Maiden Name (Last Name, First Name, Middle Name)			19. Father's Name (Last Name, First Name, Middle Name)		
20. Mobile No.		21. Residence Phone Number	22. Business Phone Number	23. Email Address	
24. ID Presented (1)		25. ID Number Expiry Date	26. ID Presented (2)	27. ID Number Expiry Date	
28. TIN		29. SSS / GSIS Number		30. Reason for No TIN / SSS / GSIS Number	
31. Source of Funds or Income (Check all that apply) <input type="checkbox"/> Allowance <input type="checkbox"/> Business <input type="checkbox"/> Pension <input type="checkbox"/> Salary <input type="checkbox"/> Regular Remittance <input type="checkbox"/> Others _____					

D. SPOUSE INFORMATION					
32.1 Last Name		32.2 First Name	32.3 Middle Name	32.4 Suffix (e.g. Jr., Sr., etc.)	
33. Date of Birth (MM/DD/YYYY)	34. Place of Birth	35. Age	36. Nationality	37. Citizenship	
38. TIN		39. SSS / GSIS Number		40. Reason for No TIN / SSS / GSIS Number	
41. Present Address			42. Permanent Address		
43. Mobile Number			44. Email Address		

E. EMPLOYMENT OR BUSINESS INFORMATION			
BORROWER		SPOUSE	
IF EMPLOYED	<input type="checkbox"/> Private <input type="checkbox"/> Government	<input type="checkbox"/> Private <input type="checkbox"/> Government	<input type="checkbox"/> Private <input type="checkbox"/> Government
Employer Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation
Business Organization	<input type="checkbox"/> Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Partnership
Address	_____	_____	_____
Telephone or Fax Number	_____	_____	_____
Position	_____	_____	_____
Years of Employment	_____	_____	_____
Nature of Business	_____	_____	_____
Are you an Officer, Director, or Stockholder of a Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF WITH BUSINESS	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation
Type of Business	<input type="checkbox"/> Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Partnership
Business Name	_____	_____	_____
Address	_____	_____	_____
Telephone or Fax Number	_____	_____	_____
Years of Operation	_____	_____	_____
Years in Business	_____	_____	_____
Nature of Business	_____	_____	_____
DTI or SEC Number	_____	_____	_____
Place of Registration	_____	_____	_____
Date of Registration	_____	_____	_____
Expiration Date	_____	_____	_____
IF UNEMPLOYED	_____	_____	_____
Source of Funds or Income	_____	_____	_____
Previous Employment	_____	_____	_____
Employer	_____	_____	_____
Address	_____	_____	_____
Date of Employment (MM/DD/YYYY)	From _____ To _____	From _____ To _____	From _____ To _____
Position	_____	_____	_____

F. FOR AUTO LOAN ONLY (CO-MAKERS, if applicable)			
Co-Maker 1		Co-Maker 2	
Full Name	_____	_____	_____
Date of Birth / Age	_____ _____	_____ _____	_____ _____
Place of Birth	_____	_____	_____
Citizenship	_____	_____	_____
TIN / SSS or GSIS Number	_____ _____	_____ _____	_____ _____
Permanent Address	_____	_____	_____
Source of Funds or Income	_____	_____	_____
Contact Number	_____	_____	_____
Relationship with the Borrower	_____	_____	_____

G. FINANCIAL INFORMATION (Use additional sheet if necessary)

(A) Total Assets	(B) Total Liabilities	(A less B) Net worth (as of _____ 20__)
(A) Total Sales / Income	(B) Total Expense	(A less B) Total Monthly Disposal Income

H. DEBT SERVICE CAPACITY (separate sheet)

I. LOANS WITH OTHER BANKS AND FINANCIAL INSTITUTIONS

Type of Loan	Bank or Financial Institution	Original Amount	Monthly Payment	Outstanding Balance	Date Granted (MM/DD/YYYY)	Maturity Date (MM/DD/YYYY)
1.						
2.						
3.						

J. CERTIFICATION, AUTHORIZATION AND UNDERTAKING

Pursuant to Republic Act (R.A.) No. 9510 which became effective on October 31, 2008, and its Implementing Rules and Regulations (IRR), creating the Credit Information Corporation (CIC), I/We authorize BOF, Inc. (A Rural Bank) to submit my/our basic credit data (as defined in R.A. No. 9510 and its IRR), as well as any regular updates or correction thereof, to the CIC for consolidation and disclosure as may be authorized by the CIC. Consequently, my/our basic credit data may thus be shared with other lenders authorized by the CIC, and other credit reporting agencies duly accredited by the CIC, for the purpose of establishing my/our creditworthiness.

I/We confirm that the above information is true and correct to the best of my/our knowledge. I/We am/are aware that any false statement may be an immediate cause for denial of this loan. In connection with this application, I/we authorized BOF, INC. (A Rural Bank) to obtain such other information as may be required. This authorization includes obtaining information from suppliers, commercial banks, rural banks, and all other creditors while releasing these institutions from liability under any and all bank secrecy laws. In addition, I/we waive confidentiality of information and I hereby authorize BOF to conduct random verification with the Bureau of Internal Revenue (BIR) to establish authenticity of the Income Tax Return (ITR) and accompanying financial statements.

I/We hereby waive my/our rights under existing laws relating to the confidentiality of bank deposits and further unconditionally and irrevocably hold free and harmless as well as indemnify BOF, its directors, officers, employees, and representatives (collectively, the "Bank") from any and all liabilities, claims, suits, charges, or expenses of whatever nature arising out of or in connection with its issuance and/or use of the certification.

Further, I/we authorize the Bank to disclose any/all information regarding the aforesaid bank deposit placement/ loan dealings in the event said institution to whom the certification is submitted seeks confirmation of its contents.

_____/_____/_____
Signature over Printed Full Name of Borrower / Date

_____/_____/_____
Signature over Printed Full Name of Spouse / Date

_____/_____/_____
Signature/s over Printed Full Name/s of Co-Maker/s (if applicable) / Date

K. DATA PRIVACY CONSENT

In compliance with the provisions of the Republic Act No. 10173 also known as Data Privacy Act (DPA) of 2012, its implementing Rules and Regulations (IRR) and other relevant policies including issuances of the National Privacy Commission (NPC), I acknowledge that I have fully read and understood the Policy on Data Privacy of BOF, Inc. (A Rural Bank) published on its website, www.bof.com.ph, and I hereby consent BOF to collect, process, disclose, share, store, and retain personal information and sensitive information, for use in connection with the BOF's exercise of its functions, other business purposes, and in relation to my availment of the BOF's products and services.

_____/_____/_____
Signature over Printed Full Name of Borrower / Date

L. PORTION TO BE FILLED OUT BY THE BANK

PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification <input type="checkbox"/> OFAC <input type="checkbox"/> NFIS <input type="checkbox"/> UNSC	Risk Type <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Standard of Due Diligence <input type="checkbox"/> Reduced <input type="checkbox"/> Average <input type="checkbox"/> Enhanced
General Comments and Endorsement _____ _____			
Rating 5 – Excellent 4 – Very Satisfactory 3 – Satisfactory 2 – Below Satisfactory 1 – Needs Improvement	Character _____ Capacity _____ Collateral _____	Other Remarks	

_____/_____/_____
Signature over Printed Full Name of Branch Operations Officer

_____/_____/_____
Date

M. CREDIT INVESTIGATION AND FINDINGS

<input type="checkbox"/> Background or Employment Checking	_____	<input type="checkbox"/> Deposit Dealings	_____
<input type="checkbox"/> Trade Dealings (Suppliers)	_____	<input type="checkbox"/> CMAP and NFIS	_____
<input type="checkbox"/> Trade Dealings (Clients)	_____	<input type="checkbox"/> DSC	_____
<input type="checkbox"/> Loan Dealings	_____	<input type="checkbox"/> Other Remarks or Findings	_____
Validated by Credit Investigator	_____	Validated by Credit Group Head	_____

N. RECOMMENDATION AND TERMS & CONDITIONS

Amount of Loan	PHP _____	Amortizations	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual
Number of Years or Terms	_____	Others	_____
Interest Rate	_____		

O. REMARKS

1. _____
2. _____
3. _____

Recommended by:

_____ Signature over Printed Full Name of Loans Department Head	_____ Signature over Printed Full Name of Lending Group Head	_____ Signature over Printed Full Name of Credit Management Group Head
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P. APPROVED BY Per Policy of Loan Approval (POLA)

Credit Committee Member

_____ Signature over Printed Full Name of Credit Committee Member (1)	_____ Signature over Printed Full Name of Credit Committee Member (2)
_____ Signature over Printed Full Name of Credit Committee Member (3)	_____ Signature over Printed Full Name of Credit Committee Member (4)

Other Terms & Conditions in the Approval:

1. _____
2. _____
3. _____