



APPLICATION FORM

 Head Office

 Business Center _____

Note: To ensure fast and efficient processing of this application, all blanks in this form should be properly filled up.

LOAN REQUESTED			PURPOSE OF LOAN		DATE
Amount	No. of Years	Rate Fixing			
			<input type="checkbox"/> Construction	<input type="checkbox"/> Home Improvement / Renovation	
			<input type="checkbox"/> Purchase of House & Lot	<input type="checkbox"/> Personal Consumption / MPL	
			<input type="checkbox"/> Purchase of Condominium	<input type="checkbox"/> Business Loan	
			<input type="checkbox"/> Purchase of Townhouse	<input type="checkbox"/> Refinancing	
			<input type="checkbox"/> Purchase of Lot	<input type="checkbox"/> Others: _____	

COLLATERAL

Address of collateral being offered: _____

TCT/CCT NO. _____ Lot No. _____ Block No. _____

Registered in the name of: _____

Contact Person: _____

Tel. No.: _____

BORROWER

Name: _____ Date of Birth: _____ Age: _____
(As indicated in Birth Certificate) Last First Middle

Mother's Maiden Name: _____ Nationality: _____

Address: _____ Civil Status: Single Widowed _____ years
 Married _____ years Separated _____ years
 Legal Not Legal

TIN.: _____ No. of children _____ Age _____
 No. of Dependents _____

Tel. Nos.: Res. _____ Office No.: _____ Cell phone No.: _____ Fax No.: _____ E-mail Add: _____

Years in above address: _____ Residence owned: Yes No If no Renting Living with parents / Relatives

Previous Address: _____ Tel No.: _____

Provincial Address: _____ Tel No.: _____

Employer or Name of Business, if self employed: _____

Office Address: _____ Tel. No. _____

Nature of Business: _____ Position: _____ Years in Employment/Business: _____

SPOUSE

Name: _____ Date of Birth: _____ Age: _____
(As indicated in Birth Certificate) Last First Middle

Mother's Maiden Name: _____

TIN.: _____

Nationality: _____ Cell phone No.: _____ Fax No.: _____ E-mail Address: _____

Employer or Name of Business, if self employed: _____

Office Address: _____ Tel. No.: _____

Nature of Business: _____ Position: _____ Years in Employment/Business: _____

PREVIOUS EMPLOYMENT

	Employer	Address	Date of Employment		Position	Monthly Salary
			From	To		
BORROWER						
SPOUSE						

MONTHLY INCOME

	Borrower	Spouse	Total
Salaries	P _____	P _____	P _____
Allowances	P _____	P _____	P _____
Business Income	P _____	P _____	P _____
Commissions	P _____	P _____	P _____
Rental Income	P _____	P _____	P _____
Others: _____	P _____	P _____	P _____
TOTAL:	P _____	P _____	P _____

BANK ACCOUNTS

Bank and Branch Address:	Type of Account:	Account No.:	Present Balance:

DETAILS OF MONTHLY INSTALLMENT DEBTS (EXISTING LOANS AND FINANCING)

Name of Creditor	Security	Maturity Date	Original Amount	Outstanding Balance	Monthly Amortization

TRADE REFERENCES OF BUSINESS

Name of Suppliers/Clients	Address	Telephone No.	Contact Person

AGREEMENT:

I/We affirm that each of the statement made in this application is true and correct and agree to notify the bank of any material change affecting the information contained herein. I/We authorize you to obtain and verify such information as may be required covering the application. You may approve or reject my application at your sole discretion. I/We understand that should my application be denied, BPI Family Bank has no obligations on its part to furnish the reason on such rejection. Furthermore, I/We agree that all information obtained by BPI Family Bank shall remain its property whether or not loan is granted.

I/We understand this application is non-transferable. By signing below, I agree to abide by BPI Family Bank's terms and conditions on Housing Loan and (We) certify that any material misrepresentation or falsification therein shall be construed as an act to defraud BPI Family Savings Bank, Inc. for which civil and/or criminal liability can be pursued against me (us).

 Signature of Borrower

 Date signed

 Signature of Spouse

 Date signed

For Bank's use only

Preferred Client	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mass Market	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Bank of the Philippine Islands	Branch Code _____
				<input type="checkbox"/> BPI Family Savings Bank	Branch Code _____
Referred by	<input type="checkbox"/> Developer _____	RM No. of Borrower/Client _____	<input type="checkbox"/> BPI Family Direct		
	<input type="checkbox"/> Broker _____	Mobile No. of Broker / BM / RM _____			
	<input type="checkbox"/> Branch _____				