



# VEHICLE LOAN APPLICATION FORM

For Individual Borrower

Source:					
<input type="checkbox"/> Branch _____		<input type="checkbox"/> Others _____		Name of Agent _____	
<b>TO BE FILLED-UP BY THE BORROWER</b>					
<b>LOAN DETAILS</b>					
Date of Application	Amount of Loan Applied for	Purpose of Loan		Release of Loan Proceeds	
		<input type="checkbox"/> Acquisition of brand new car <input type="checkbox"/> Acquisition of used car <input type="checkbox"/> Refinancing <input type="checkbox"/> Others _____		<input type="checkbox"/> Manager's Check <input type="checkbox"/> Credit to my account number <input type="checkbox"/> Others _____	
Term of Loan		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<b>COLLATERAL / SECURITY</b>					
Brand		Type and Year Model		Use	
				<input type="checkbox"/> Private <input type="checkbox"/> Public	
<b>PERSONAL INFORMATION</b>					
Name of Borrower (Last Name, First Name, Middle Name)					
Present Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)					ZIP Code
Permanent Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)					ZIP Code
Home Ownership				Length of Stay	
<input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) <input type="checkbox"/> Rented <input type="checkbox"/> Owned by Parents <input type="checkbox"/> Others _____				_____ Years    _____ Months	
Telephone Number	Cellphone Number	E-mail Address	If Rented (Indicate Name of Landlord / Landlady, Contact Nos. and Monthly Rent)		
Provincial Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)					ZIP Code
Birthday (mm-dd-yy)		Birthplace		Age	Nationality (If Foreigner, indicate ACR No., Date and Place Issued)
Civil Status		Sex	TIN	SSS / GSIS Number	Educational Attainment
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated		<input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Dependents</b>					
Name		School	Grade / Year	Course	
Name of Spouse (Last Name, First Name, Middle Name)				Nationality (If Foreigner, indicate ACR No., Date and Place issued)	
Present Home Address (If different from the Borrower's address - No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)					ZIP Code
Birthday (mm-dd-yy)		Birthplace		TIN	SSS / GSIS Number
Name of Spouse's Employer / Business					Nature of Work / Business
Address of Spouse's Employer / Business (No., Street, Village/Municipality/Barangay, City/Town/Province)					ZIP Code
Length of Service	Business Phone Number	E-mail Address	Position / Title	Unit / Department	Employment Status
___ Years    ___ Months					<input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Self-employed

**EMPLOYMENT INFORMATION**

Name of Employer / Business				Nature of Work / Business	
Address of Employer / Business (No., Street, Village/Municipality/Barangay, City/Town/Province)					ZIP Code
Length of Service ___ Years ___ Months	Business Phone Number	E-mail Address	Position / Title	Unit / Department	Employment Status <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Self-employed

**FINANCIAL INFORMATION**

Gross Monthly Income	Other Income	Spouse's Gross Monthly Income	Total Gross Monthly Income
----------------------	--------------	-------------------------------	----------------------------

**PERSONAL REFERENCES**

Name	Address	Relationship	Contact Number

Credit Card Issuer	Credit Card Number	Credit Limit	Expiry Date	Member Since

**LOANS WITH OTHER BANKS / INSTITUTIONS**

Name of Bank / Company	Address	Monthly Payment	Outstanding Balance	Remaining Term	Contact Number

**BANK REFERENCES**

Name of Bank / Branch	Account Type	Account Number

**Waiver of Confidentiality / Grant of Authority  
(In Compliance with BSP Circular No. 472 and Like Regulations)**

I hereby certify that all information contained in this Application and in all supporting documents submitted are true and correct and that the signatures appearing thereon are genuine. In compliance with BSP Cir. Nos. 472 (as amended by BSP Cir. No. 549) and 589, I hereby authorize the Bank and/or its representative, as my Attorney-in-Fact, to verify my financial capacity, creditworthiness and all information herein, including previous credit transactions with other institutions, to conduct random verifications with the Bureau of Internal Revenue to establish the authenticity of the Income Tax Returns and accompanying Financial Statements/documents submitted by me in support of this Application and to report and make disclosures of any credit information relative to me that are basically adverse in nature to credit information bureaus and organizations performing similar functions. I willingly and voluntarily, with full knowledge of my rights under the law, waive my rights under any and all statutory and regulatory provisions governing confidentiality of information. I hereby authorize the Bank to obtain such information as it may require concerning the statements made in this application and that the sources to which it may apply are authorized to provide any information relative to this application.

I hereby hold free and harmless the Bank, its stockholders, directors, officers, employees and agents from any claims in relation to this waiver of confidentiality and authority, herein granted.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_

\_\_\_\_\_ Signature of Borrower

\_\_\_\_\_ Signature of Spouse