# EMAIL THIS FORM to: sbhc.chinatrust@gmail.com or bernadette.chinatrust@yahoo.com

# or FAX THIS FORM to: 576-4595

# For more details please contact: 576-4578 or 576-4584



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| --- |
| Use black ink and complete all fields. If a field is not applicable, please write ‘N.A.’ FAX TO: SBHC-ORC / BERNADETTE  |
| LOAN DETAILS |
| Desired Loan Amount *(Subject to Bank’s approval)* |  |
| Desired Loan Term |  |
| 🞏 12 months | 🞏 18 months | 🞏 24 months | 🞏 36 months |
| Purpose of Loan |
| 🞏 Appliance🞏 Hospitalization | 🞏 Education🞏 Balance Transfer | 🞏 Personal Consumption |
| PERSONAL INFORMATION |
| Existing Loan Customer? | 🞏 Yes | 🞏 No |  |
|  |
| First Name | Middle Name | Last Name |
| Other Name (Alias) |  | Ttile | 🞏 Mr. | 🞏 Mrs. | 🞏 Ms. |
| Sex | 🞏 Male | 🞏 Female | Date of Birth (dd/mm/yyyy) |  |
| Marital Status | 🞏 Single | 🞏 Married | 🞏 Widowed | 🞏 Separated | 🞏 No |
| Spouse Name |  | Spouse Working? | 🞏 Yes | 🞏 No |
| No. of Children |  | No. of Dependents |  |
|  |
| Mother’s First Name | Mother’s Middle Name | Mother’s Last Name | **Middle Name** | **Last Name** |
| Philippine Resident? | 🞏 Yes | 🞏 No | Nationality |  |
| Educational Attainment | 🞏 High School | 🞏 College Graduate  | 🞏 Others |
|  | 🞏 College Level | 🞏 Post Graduate | \_\_\_\_\_\_\_\_\_\_\_\_ |
| SSS No. |  | TIN No. |  |
| Residence Type |  |
| 🞏 Owned (Not Mortgaged) |  |  |
| 🞏 Owned (Mortgaged) | Amortization/Month  | P\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 Rented | Rent/Month | P\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 Used Free/Staying with Relatives |  |  |
| 🞏 Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Home Address |  |  |
|  |  |  |
| Lot/Blk. No. | House/Unit No. | Floor No./Building Name | Subd./Compound Name |
|  |  |  |
| Street | City/Province | Zip Code |
| Residence Contact Number  |  |  |
| Area Code |  | Phone 1 |  | Phone 2 |  |
| Mobile |  | Fax |  | Email |  |

|  |  |  |
| --- | --- | --- |
| Previous Home Address |  |  |
|  |  |  |
| Lot/Blk. No. | House/Unit No. | Floor No./Building Name | Subd./Compound Name |
|  |  |  |
| Street | City/Province | Zip Code |
| Yrs./Months at Present Address | Yrs. | Mos. | Yrs./Months at Previous Address | Yrs. | Mos. |
| Provincial Home Address |  |  |
|  |  |  |
| Lot/Blk. No. | House/Unit No. | Floor No./Building Name | Subd./Compound Name |
|  |  |  |
| Street | City/Province | Zip Code |
| Provincial Contact Number  |  |  |
| Area Code |  | Phone 1 |  | Phone 2 |  |
| Mobile |  | Fax |  | Email |  |
| WORK AND FINANCES |
| Present Employment |  |
| Permanent? | 🞏 Yes | 🞏 No | Part Owner? | 🞏 Yes | 🞏 No |
| Company Type | 🞏 Private | 🞏 Government | 🞏 Others | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nature of Business |  |
| Position |  | Rank |  |
| Employer/Business Name |  |
| Employer’s Address |  |  |
|  |  |  |
| Lot/Blk. No. | House/Unit No. | Floor No./Building Name | Subd./Compound Name |
|  |  |  |
| Street | City/Province | Zip Code |
| Office Contact Number  |  |  |
| Area Code |  | Phone 1 |  | Phone 2 |  |
| Mobile |  | Fax |  | Email |  |
| Previous Employment |  |
| Employer/Business Name |  |
| Previous Employer’s Address |  |  |
|  |  |  |
| Lot/Blk. No. | House/Unit No. | Floor No./Building Name | Subd./Compound Name |
|  |  |  |
| Street | City/Province | Zip Code |
| Office Contact Number  |  |  |
| Area Code |  | Phone 1 |  | Phone 2 |  |

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mobile |  | Fax |  | Email |  |
| Yrs./Months at Present Company | Yrs. | Mos. | Yrs./Months at Previous Company | Yrs. | Mos. |
| Monthly Income and Expenses (based on one month payslip) |
| Basic |  | Allowance |  | Deduction |  |
| SPOUSE DETAILS |
| Employer/Business Name |  |
| Designation/Title/Rank |  | Department |  |
| Office Contact Number  |  |  |
| Area Code |  | Phone 1 |  | Phone 2 |  |
| Mobile |  | Fax |  | Email |  |
| OTHER DETAILS |
| Bank References |  |
| Bank Name | Branch | Account Type | Account Number |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Credit Card Owned |  |
| Credit Card No. | Issuer’s Name | Member Since(mm/yyyy) | Card Expiry(mm/yyyy) | Card Limit |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Personal Reference |  |
| Name | Landline | Mobile Number |
| A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Personal Reference |  |
| Relationship | Address |
| A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| BASIC REQUIREMENTS |
| 🞏 Completely filled out application form🞏 Photocopy of latest ITR/form 2316🞏 Photocopy of ID issued by the employer with photo and signature🞏 Photocopy of one (1) month latest pay slip (original copy may be required prior to loan release)🞏 Other documents (may be required from the applicant to process the loan) |
| All applicants with incomplete information and lacking requirements will not be processed. Any alteration requires the fullsignature of the applicant.Upon approval, applicants will be required to issue post-dated checks for payment. Post-dated checks should be under the name of the borrower.**Handling Fee: P1,500.00 *(automatically deducted from loan proceeds)*****NO FEE IS COLLECTED BY THE BANK OR ANY REPRESENTATIVE** **UPON APPLICATION.** |
| UNDERTAKINGS/AUTHORIZATION |
| I hereby certify that all information herein and in all supporting documents submitted with this application, are true and correct. I hereby authorize the bank and/or its representative to verify any and all information furnished by me including previous credit transactions with other institutions. In this connection, I hereby waive any and all statutory and regulatory provisions governing confidentiality of such information if applicable. I fully understand that any misrepresentation or failure to disclose information on my part as required in this application, may cause the disapproval of my application.  Upon acceptance of my application, I legally bind to the terms and conditions of Chinatrust including but not limited to joint and several liability for all charges, fees, and obligations incurred, and shall execute the necessary documents. *In case of disapproval of my loan application, I understand that the bank is not obligated to disclose the reasons for such disapproval.* Once I have received the loan proceeds, either via Manager's Check, Cash, Electronic Fund Transfer or the Cash Card, at the Bank's options, I am deemed to have fully examined the Documents and have waived any and all objections thereto. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ |
| Applicant’s Printed Name and Signature | Date |
| FOR BANK USE ONLY |
| Date (dd/mm/yyyy) |  | Application No. |  |
| Approval Center |  | Product |  |
| Channel Code |  | Sales Officer |  |
|  |  |
|  |  |
|  |  |  |  |