



COOPERATIVE BANK OF QUEZON PROVINCE

Branch : _____

No 123456

APPLICATION FOR _____ LOAN

Date Applied : _____

INSTRUCTIONS : Print all information required legibly. IF NOT APPLICABLE, write N/A. If in doubt of a question, ask any of the Bank Representative to assist you.

CORPORATE DATA

BUSINESS NAME:		TIN:
BUSINESS ADDRESS:		NO OF YEARS IN OPERATION :
CONTACT NO:	E-MAIL ADD:	NATURE OF BUSINESS:
REGISTERED WITH: (please check) <input type="radio"/> CDA <input type="radio"/> SEC <input type="radio"/> Others. Pls. Specify _____		
Registration No. _____		Date of Registration: _____
APPLICANT TYPE : (please check)		
<input type="radio"/> CORPORATE _____ Single Proprietorship _____ Partnership _____ Corporation		
<input type="radio"/> COOPERATIVE _____ Multi-Purpose _____ Credit _____ Others. Pls. Specify _____		
TOTAL ASSETS: (please check) <input type="radio"/> Up to 3 Million <input type="radio"/> Over 3M to 15M <input type="radio"/> Over 15M		

LOAN DETAILS

AMOUNT APPLIED : _____	TERM : _____	PURPOSE OF LOAN : _____ _____
MODE OF PAYMENT : <input type="radio"/> Monthly <input type="radio"/> Quarterly		
<input type="radio"/> Semi-Annual <input type="radio"/> Annual <input type="radio"/> Lump sum		

COLLATERAL DETAILS

TCT NO. / OCT No. _____ Area: _____ Improvements: _____
 Location : _____ Registered Owner/(s) : _____
 Others: (please specify details) _____

PERSONAL INFORMATION OF AUTHORIZED SIGNATORY(ies) / REPRESENTATIVE(s)
Per Approved BOD Res. No. _____ Dated _____

Name		
Address		
Contact Numbers		
Date of Birth / Age		
Place of Birth		
Civil Status		
Citizenship		
Business/Employers Name		
Business/Employers Address		
Business/Employers Contact No.		
Position/Occupation		
Affiliations/Civic Organizations		
Name of Spouse		
Employers Name		
Employers Address		
Position/Occupation		

I/We hereby certify that the above information's are true and correct to the best of my/our knowledge and belief.

I/We hereby acknowledge and authorize:

- 1)The regular submission and disclosure of my basic credit data as defined in RA no. 9510 its implementing rules and regulations to the Credit Information System (CIC) as well as any updates or correction thereof, and*
- 2)The sharing of my/our basic data with other lenders authorized by the CIC and credit regulatory agencies accredited by the CIC.*

Signature

Signature

BANK'S ACTION : Approved Disapproved Deferred Remarks: _____

I. MANAGER Date : _____ Approved for : _____ Signature : _____	III. CREDIT COMMITTEE Date : _____ Approved for : _____ Signature of: Chairman : _____ Member : _____ Member : _____	IV. BOARD OF DIRECTORS Date : _____ Approved for : _____ Signature of: Chairperson: _____ Under BOD Res. No. _____
II. SENIOR MANAGEMENT Date : _____ Approved for : _____ Signature : _____		