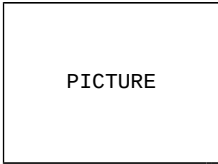




**Citystate Savings Bank, Inc.**  
 709 Shaw Boulevard, Pasig City, Philippines  
 Tel. Nos.: 470-3333 loc. 216 / 214 / 206  
 Tel./Fax No.: 706-5869  
[www.citystatesavings.com](http://www.citystatesavings.com)



## BANK OFFICER SALARY LOAN APPLICATION FORM

LOAN DATA				DO YOU HAVE ANY LOANS / CREDIT FACILITIES WITH OTHER BANKS / FINANCIAL INSTITUTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
AMOUNT REQUESTED				BANK/FIN. INS.	LOAN TYPE	O/S BALANCE	MONTHLY AMORT.	
REPAYMENT TERM	<input type="checkbox"/> 12	<input type="checkbox"/> 18	<input type="checkbox"/> 24	<input type="checkbox"/> 36				
LOAN PURPOSE								
PERSONAL DATA								
SURNAME		FIRST NAME		MIDDLE NAME				
HOME ADDRESS								
BIRTH DATE		SSS/GSIS NO						
BIRTH PLACE		TIN						
HOME TEL. NO.		MOBILE NO.			DO YOU OWN A CREDIT CARD? <input type="checkbox"/> YES <input type="checkbox"/> NO			
STATUS		# OF DEPENDENTS			CREDIT CARD AND NO.	CREDIT LIMIT	MEMBER SINCE	
RESIDENCE	<input type="checkbox"/> Owned (Not Mortgaged)		<input type="checkbox"/> Living w/ Parents/Relatives					
	<input type="checkbox"/> Owned (Mortgaged)		<input type="checkbox"/> Rented Mo. Rental/Mortgage = P_____					
EMPLOYMENT DATA								
EMPLOYER				DO YOU OWN A VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, HOW MANY? _____			
OFC. ADDRESS				<input type="checkbox"/> Owned (Not Mortgaged)		<input type="checkbox"/> Owned (Mortgaged)		
OFC. TEL. NO.		OFC. FAX NO.			ARE YOU A LOAN CLIENT OF CITYSTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RANK/POSITION		YRS OF SERVICE			ARE YOU A DEPOSITOR OF CITYSTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
MO. SALARY		OTHER INCOME			PERSONAL REFERENCE			
SPOUSE DATA				1. NAME				
SURNAME		FIRST NAME		MIDDLE NAME		ADDRESS		
						RELATIONSHIP	TEL. NO.	
BIRTH DATE		SSS/GSIS NO.			2. NAME			
BIRTH PLACE		TIN			ADDRESS			
EMPLOYER				RELATIONSHIP			TEL. NO.	
OFC. ADDRESS				OTHER INSTRUCTION				
RANK/POSITION		YRS OF SERVICE			<p>I hereby certify that all data and statements in this application are correct and complete, and are made for the purpose of obtaining credit, and the signature appearing thereon is genuine. I authorize you to obtain such information as you may require concerning the statement made in this application and that the sources to which you may apply are authorized to provide any information relative to this application.</p> <p>I hereby agree that this application may remain your property whether the credit is granted or not.</p>			
MO. SALARY		OFFICE TEL. NO						
<b>DOCUMENTARY REQUIREMENTS :</b> <input type="checkbox"/> Completely filled up and signed application form <input type="checkbox"/> Orig. Cert. of Employment stating Tenure, Rank, and Compensation <input type="checkbox"/> Photocopy of latest ITR or W2 form <input type="checkbox"/> Photocopy of company ID <input type="checkbox"/> Latest one (1) month pay slip <input type="checkbox"/> Orig. Proof of Billing (indicating residence address) <input type="checkbox"/> Latest 2x2 picture  <b>Fees/Charges :</b> Processing Fee = P1,500.00 CGLI premium Documentary Stamp Tax (to be deducted from loan proceeds)				Please send correspondences to <input type="checkbox"/> Home Address <input type="checkbox"/> Office Address <input type="checkbox"/> Others : _____				
				APPLICANT'S SIGNATURE		DATE		