

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

PICTURE

LOAN APPLICATION FORM

LOAN DATA											
AMOUNT REQUESTED	TERM										
LOAN PURPOSE						I					
FOR CORPORATE ACCOUNT											
BORROWER'S INFORMATION											
NAME OF FIRM											
ADDRESS											
TELEPHONE NO./S											
NATURE OF BUSINESS											
DATE ESTABLISHED	YRS OF OPERATION										
FORM OF ORGANIZATION											
OWNERSHIP / MANAGEMENT											
	ΔΜΟ										
NAME	POSITION			PARTICIPATION (%)		ADDRESS					
		FOR I	NDIVID	UAL ACC	COUNT						
		BODD									
SURNAME		FIRST NAME				MIDDL	E NAME				
HOME ADDRESS				1							
HOME TEL. NO.				MOBILE NO.							
DATE/PLACE OF BIRTH	E OF BIRTH			SSS/GSIS NO							
STATUS	TIN										
NATIONALITY				EDUCATIONAL ATTAINMENT							
NAME OF CHILDREN	DATE OF BIRTH / AGE			00	CCUPATI	ON / STA	TUS				
RESIDENCE	Owned (Not Mortgaged)			Owned (Mortgaged)							
	Living w/ Parents/Relatives			Rented Mo. Rental / Mortgage = P							
		S	OURCE	OF INCO	ИE						
EMPLOYER / BUSINESS											
BUSINESS ADDRESS											
OFC. TEL. NO.				OFC. FAX							
RANK/POSITION				YRS OF							
MO. SALARY				OTHER INCOME							
			SDUI	SE DATA			1				
			3500	SE DATA							
SURNAME		FIRST NAME				MIDDLI	E NAME				
BIRTH DATE					SSS/GSIS NO.						
BIRTH PLACE				TIN							
EMPLOYER											
OFC. ADDRESS											
RANK/POSITION											
MO. SALARY OFFICE TEL. NO											
PERSONAL REFERENCE (KINDLY DO NOT INCLUDE RELATIVES)											
NAME		ADDRESS			RELATIONSHIP			ELEPHONE NO.			

OFFERED COLLATERAL											
REAL ESTATE PROPERTY(IES)											
REGISTERED OWNER	S LOCATION	TCT/CCT NC).s	CREDITOR IF ENCUMBERED						
CREDIT REFERENCE(S) DO YOU HAVE ANY LOANS / CREDIT FACILITIES WITH OTHER BANKS / YES FINANCIAL INSTITUTIONS?											
NO											
				MONTHLY							
BANK/FIN. INS.	LOAN TYPE	0	O/S BALANCE		ACCOUNT OFFICER / TEL. NO.						
DO YOU OWN A CREDIT CARD?			S	NO	•						
CREDIT CARD AND NO.			REDIT LIMIT	MEMBER SINCE							
ARE YOU A LOAN CLIEN	IT OF CITYSTATE?	YI	ES	NO	NO						
ARE YOU A DEPOSITIOF	R OF CITYSTATE?	YI	ES	NO							
	[DEPOSI	T ACCOUNT(S)								
BANK/BRANCH	ACC	OUNT NUMBER	CONTACT PERSON / TEL. NO.								
	ACCOUNT/S										
TRADE REFERENCE(S)											
CUSTOMER'SNAME	AVE. MONTHLY SALES	CF	REDIT TERMS	COI	NTACT PERSON / TEL. NO.						
	SUF	PLIER'	S REFERENCE	S)							
SUPPLIER'S NAME	AVE. MONTHLY PURCHASED	CF	REDIT TERMS	COI	NTACT PERSON / TEL. NO.						
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 this application. You may approve or reject my application at your sole discretion. I/We understand that should my application be denied, CITYSTATE SAVINGS BANK, INC. shall remain its property whether or not the loan is granted.											
I/We understand this application is non-transferable. By signing below, I agree to abide by CITYSTATE SAVINGS BANK, INC.'s terms and conditions on the LOAN and (we) certify that any material misrepresentation or falsification therein shall be construed as an act to defraud CITYSTATE SAVINGS BANK, INC. for which civil and/or criminal liability can be pursued against me (us). I/We further undertake to submit additional documents that the Bank may require to facilitate the processing of the loan application.											
I/We hereby waive the confidentiality to the transaction for BIR purposes and hereby give authority to CITYSTATE SAVINGS BANK, INC. to conduct random verification with the BIR in order to establish authenticity of the Income Tax Return and accompanying financial statements.											
APPLICANT'S SIGNATUR	RE	DATE									
				1							