



# LOAN APPLICATION

2X2  
PHOTO

Submit completely filled-out and signed application form (indicate N/A if Not Applicable) together with complete documents required. Processing of application will start only upon submission of all required documents.

DESIRED LOAN AMOUNT Php | DESIRED TERM (MONTHS)  6  9  12  18  24 months

**LOAN TYPE:**  BRAND NEW CAR  PUJ / PUV / TAXI  
**SECURED LOAN**  CAR REFINANCING  REAL ESTATE MORTGAGE **UNSECURED LOAN**  DOCTOR'S LOAN  BUSINESS LOAN  
 2<sup>ND</sup> HAND CAR PURCHASE  TRUCK REFINANCING  SEAFARER'S LOAN  DENTIST/OPTOMETRIST/VETERINARIAN  
 CAR TAKE-OUT  PUJ PURCHASE  OFW MULTI-PURPOSE LOAN

**LOAN PURPOSE:**  
**PERSONAL**  HOME IMPROVEMENT  TRAVEL/VACATION **BUSINESS**  WORKING CAPITAL PLS. SPECIFY \_\_\_\_\_  
 EDUCATION  SPECIAL EVENTS  BUSINESS PROPERTY PURCHASE  
 MEDICAL EXPENSES  DEBT CONSOLIDATION  OTHERS Pls. Specify \_\_\_\_\_  
 PROPERTY PURCHASE

### BORROWER'S PERSONAL INFORMATION

FIRST NAME		MIDDLE NAME		LAST NAME		BIRTH DATE
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		BIRTH PLACE		NATIONALITY		MOTHER'S FULL MAIDEN NAME
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED						
NAME OF DEPENDENTS		AGE		SCHOOL & ADDRESS		
PRESENT ADDRESS						NO. OF YEARS
PROVINCIAL ADDRESS						NO. OF YEARS
TEL. NO.	MOBILE NO.	EMAIL ADD.	TIN/GSIS/SSS/PRC NO.			
RESIDENCE OWNERSHIP <input type="checkbox"/> OWNED <input type="checkbox"/> MORTGAGE <input type="checkbox"/> RENTING (MONTHLY RENT) <input type="checkbox"/> LIVING WITH RELATIVES						
EDUCATIONAL ATTAINMENT: <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> VOCATIONAL				DEGREE/COURSE		
SCHOOL LAST ATTENDED:			NO. OF VEHICLES OWNED <input type="checkbox"/> OWNED ( ) <input type="checkbox"/> MORTGAGE ( )			

### BORROWER'S EMPLOYMENT & SOURCE OF INCOME INFORMATION

EMPLOYED: <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT		OTHERS: _____		BUSINESS: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		
EMPLOYER/BUSINESS NAME						
INDUSTRY						
OFFICE ADDRESS					TEL. NO.	
TITLE/POSITION:		YEARS EMPLOYED/IN OPERATION		MONTHLY GROSS INCOME		MONTHLY EXPENSES
OTHER SOURCE OF INCOME: <input type="checkbox"/> Remittances <input type="checkbox"/> Investments <input type="checkbox"/> Other Business <input type="checkbox"/> Pension Others (specify) _____					MONTHLY INCOME	

### SPOUSE/CO-BORROWER'S PERSONAL INFORMATION & SOURCE OF INCOME

FIRST NAME		MIDDLE NAME		LAST NAME		BIRTH DATE
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		BIRTH PLACE		NATIONALITY		MOTHER'S FULL MAIDEN NAME
PRESENT ADDRESS						LENGTH OF STAY
TEL. NO.	MOBILE NO.	EMAIL ADD.	TIN/SSS/PASSPORT NO.			
EMPLOYED: <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT		OTHERS: _____				
BUSINESS: <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION						
EMPLOYER/BUSINESS NAME						
Type of Industry						
OFFICE ADDRESS					TEL. NO.	
TITLE/POSITION:		YEARS EMPLOYED/IN OPERATION		MONTHLY GROSS INCOME		MONTHLY EXPENSE
OTHER SOURCE OF INCOME: <input type="checkbox"/> Remittances <input type="checkbox"/> Investments <input type="checkbox"/> Other Business <input type="checkbox"/> Pension Others (specify) _____					MONTHLY INCOME	
EDUCATIONAL ATTAINMENT: <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> VOCATIONAL				DEGREE/COURSE		

Marketing Office: \_\_\_\_\_

How did you know about TRB?

FLYERS

AGENT (Name) \_\_\_\_\_

Walk-In to Branch/Marketing Office

Referral from TRB Employee (Name) \_\_\_\_\_

**BORROWER'S PERSONAL REFERENCE**

NAME	RELATION	ADDRESS	CONTACT NO.

**TRADE REFERENCE**

NAME OF CLIENT / SUPPLIER	ADDRESS	CONTACT NO.

**CREDIT CARD / FINANCING INSTITUTION / BANK**

CREDIT CARD COMPANY	CARD NUMBER	CREDIT LIMIT	OUTSTANDING BALANCE

**BANK AUTHORIZATION**

Date:

This is to authorize Tanay Rural Bank Inc., or its authorized representative to verify my/our Savings/Checking Account with your bank.

**Bank Account No.**

**Bank/Branch**

**Account Type**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you very much for your kind assistance.

\_\_\_\_\_

**Signature over printed name**

**UNDERTAKING AND AUTHORIZATION**

I/We hereby certify that all the information furnished in this Application Form is true, correct and complete, and that the signatures appearing herein are true and genuine. I/We hereby authorized TRBI to obtain such information as may be required concerning the validity and veracity of the information provided in this application using any applicable methods of processes, including my/our loan and deposit account, and waives my/our rights under R.A. 1405. I/We further agree that this application and all supporting documents and any other information obtained by TRBI relative to this application shall remain as TRBI's property whether or not the loan is granted. I/We agree that TRBI has no obligation to furnish me/us the reason for such rejection. I/We also understand that any false statement or concealment of information which may be discovered after the loan has been granted shall be sufficient basis for TRBI to consider the loan due and demandable immediately. I/We understand that if approved, the documentary taxes, processing fee and such other fees may be charged by TRBI in connection with the loan shall be for my account.

I/We acknowledge that the Bank is a member of the BAP Credit Bureau, Inc. and, as such, has, access to information on mishandled current accounts, canceled credit cards due to improper handling, litigated loan accounts foreclosed accounts, written-off accounts, and other credit related information.

I/We hereby authorized the Bank to report my/our name/s to BAP Credit Bureau Inc., in the event that my/or current account is mishandled by the issuance of unfunded or insufficiently funded check/s or when my/our credit card is cancelled due to mishandling or when I/We defaulted in payment of our loan and the same is litigated, foreclosed judicially or extra judicially, or written-of as bad debt.

I/We fully understand that, when information on our current account/loan account is reported to BAP Credit Bureau Inc. such information will be accessible to other members of the bureau, and may be used by them in connection with their credit investigation and decision process. I/We hereby confirm that I/We have read, understood and agreed to all the stipulations herein stated.

\_\_\_\_\_  
Signature of Borrower over Printed Name  
Date:

\_\_\_\_\_  
Signature of Spouse over Printed Name  
Date:

\_\_\_\_\_  
Signature of Co-Borrower over Printed Name  
Date:

**DISCLOSURE OF INTEREST RATES, FEES & CHARGES**

Interest Rates\*  
Monthly Add-on Interest Rate

TYPE OF LOAN	INTEREST RATE
CAR	1.39%-2%
REFINANCING	1.39%-2%
2ND HAND CAR	1.35%-1.95%
PUJ/PUV/TAXI/ TRUCK	2.25%
REAL ESTATE	1.39%
DOCTORS	1.68%
SEAFARER'S	2.5%-4%
DENTIST / OPTO. / VET.	1.68%
BUSINESS	2.75%

Sample Computation of Monthly Amortization \*

The computation below serves as your guide. TRBI, at its sole discretion, shall determine the final loan amount and terms to be approved

$$\boxed{\text{DESIRED LOAN AMOUNT}} \times \boxed{\frac{1 + (\text{INTEREST RATE} \times \text{DESIRED TERMS})}{24}} = \boxed{\text{MONTHLY AMORTIZATION}}$$

**SAMPLE 300,000 X 1 + (.0139 X 24) / 24 = 16,700**

Fees and Charges\*

Processing Fee	4%-5.5% of amount approved
Documentary Stamp	Amount approved x .005
Late Payment Fee	1,500 or 15% of monthly amortization whichever is higher
Returned Check Fee/ account closure	1,500 or 15% of monthly amortization whichever is higher

Interest and charges are subject to change without prior notice. All applications will be subject to the Bank's credit policies and procedures