

## APPLICATION FORM CONSUMER LOAN

Application No.:

NOTE: Please print legibly. Do not leave blank space. If field is not applicable, write "N/A". Processing of application will start only upon submission of all required documents (please refer to the loan application checklist).

		CONSUMER	LOAN DETAILS			
Existing AFC Custome	er: Yes	□ No		Date of Appli	cation:	
Source of Loan Infor		AFC Employee	TV/Radio Ad	_	spaper/Magazine Ad	Website
	AFC Brochure/	Flyer/Poster	Car/Motor De	aler 🗌 Othe	r:	
Desired Loan Amoun	t (subject for approval): Ph	р		Desired Paym	ent Terms (Months):	
Loan Purpose:	Multi Purpose Loan	Housin	g Loan		Auto Loan	Motorcycle Loan
	Appliances	Res	sidential Lot		☐ New	☐ New
	Balance Transfer	Res	sidential House &Lot		Used	Used
	☐ Education	_	nstruction of House	Bran	d:	Brand:
	☐ Electronic Gadgets	☐ Tov	wnhouse			
	Furnitures/Fixtures	Co	ndominium	Mod	el:	Model:
	Health and Wellness	□ Но	me Improvement			
	☐ Hospitalization/Medical	Ref	inancing/Take-out	Cash	Price:	Cash Price:
	Personal Consumption	_	<b>J</b> .			
	Special Events			Acce	ssories:	Accessories:
	☐ Vacation/Travel					
	Others (please specify):					
Brief Description						
of Loan Purpose:						
·		PERSON	AL DETAILS			
/=		1 2110011				
	iddle Name, Last Name):				1/4 11. 1	L. Arch
Gender:  Male	_	Status: Single Place of Bir	☐ Married		_	low/Widower
Date of Birth (mm/de Educational Attainme		Place of Bir	College	☐ Post-Gra		
Present Address (Cor	_	vocational	College	Post-Gra	duate 🗀 Others.	Zip Code:
Length of Stay (years	· ·	: Owned Ow	ned-Mortgaged	Rented	Living w/Relative	
Home Phone No.:	· <del></del>	Mobile Phone No.:	0 0	_	il Address:	Company
Permanent Address						Zip Code:
(Complete):		WORK	DETAILS			
		WORK	DETAILS			
Type of Employment						
Position:	:: Government Priv	ate Retired	Unemployed _	Self-Employed	d Employment Sta	tus:
	:: Government DPriv		Unemployed			tus:
·		Rank:			Date Hired:	
Business/Employer's	Name	Rank:			Date Hired:	:
Business/Employer's Business/Employer's	Name Address:	Rank:			Date Hired: PRC No.: Length of Service	zip Code:
Business/Employer's Business/Employer's	Name Address:	Rank: TIN: Office Fax No:			Date Hired: PRC No.:	zip Code:
Business/Employer's Business/Employer's	Name Address:	Rank: TIN: Office Fax No:			Date Hired: PRC No.: Length of Service	zip Code:
Business/Employer's Business/Employer's Office Phone No.:	Name Address:	Rank: TIN: Office Fax No: FINANCI	AL DETAILS	Contact I	Date Hired: PRC No.: Length of Service Person:	zip Code:
Business/Employer's Business/Employer's Office Phone No.: Own Monthly Incom	Name Address:  e: Php	Rank: TIN: Office Fax No:	AL DETAILS	Contact I	Date Hired: PRC No.: Length of Service Person:	zip Code:
Business/Employer's Business/Employer's Office Phone No.: Own Monthly Incom Spouse Monthly Inco	Name Address:  e: Php	Rank: TIN: Office Fax No: FINANCI	AL DETAILS	Contact I	Date Hired: PRC No.: Length of Service Person:	zip Code:
Business/Employer's Business/Employer's Office Phone No.: Own Monthly Incom	Name Address:  e: Php	Rank: TIN: Office Fax No: FINANCI	AL DETAILS	Contact I	Date Hired: PRC No.: Length of Service Person:	zip Code:
Business/Employer's Business/Employer's Office Phone No.: Own Monthly Incom Spouse Monthly Inco	Name Address:  e: Php	Rank: TIN: Office Fax No: FINANCI	AL DETAILS	Contact I	Date Hired: PRC No.: Length of Service Person:	zip Code:
Business/Employer's Business/Employer's Office Phone No.: Own Monthly Incom Spouse Monthly Inco	Name Address:  e: Php	Rank: TIN: Office Fax No: FINANCI	AL DETAILS  ch Name	Contact I  A. BANK DEPO  Type of Depo	Date Hired: PRC No.: Length of Service Person:  SITS Sit Account Number	zip Code:
Business/Employer's Business/Employer's Office Phone No.: Own Monthly Incom Spouse Monthly Inco	Name Address:  e: Php	Rank: TIN:  Office Fax No:  FINANCI  Bank/Bran	AL DETAILS  ch Name	Contact I  A. BANK DEPO  Type of Depo	Date Hired: PRC No.: Length of Service Person:  SITS Sit Account Number	Zip Code:  Balance
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:	Name Address:  e: Php ome:	Rank: TIN: Office Fax No: FINANCI	AL DETAILS  ch Name	Contact I  A. BANK DEPO  Type of Depo	Date Hired: PRC No.: Length of Service Person:  SITS Sit Account Number	zip Code:
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:  A-Total Monthly Inco	Name Address:  e: Php ome:  ome: Php	Rank: TIN:  Office Fax No:  FINANCI  Bank/Bran	AL DETAILS  ch Name	Contact I  A. BANK DEPO  Type of Depo	Date Hired: PRC No.: Length of Service Person:  SITS Sit Account Number	Zip Code:  Balance
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:  A-Total Monthly Inco B-Fixed Monthly Exp	Name Address:  e: Php ome:  pme: Php enses:	Rank: TIN:  Office Fax No:  FINANCI  Bank/Bran	AL DETAILS  ch Name	Contact I  A. BANK DEPO  Type of Depo	Date Hired: PRC No.: Length of Service Person:  SITS Sit Account Number	Zip Code:  Balance
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:  A-Total Monthly Inco B-Fixed Monthly Exp C-Other Monthly Exp	Name Address:  e: Php ome:  ome: Php enses:	Rank: TIN:  Office Fax No:  FINANCI  Bank/Bran	AL DETAILS  ch Name	Contact I  A. BANK DEPO  Type of Depo	Date Hired: PRC No.: Length of Service Person:  SITS Sit Account Number	Zip Code:  Balance
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:  A-Total Monthly Inco B-Fixed Monthly Exp C-Other Monthly Exp TOTAL NET INCOME:	Name Address:  e: Php ome:  ome: Php enses:	Rank: TIN:  Office Fax No:  FINANCI  Bank/Bran	AL DETAILS  ch Name  Bank	Contact I  A. BANK DEPO  Type of Depo  CREDIT CARD E  Card Number	Date Hired:	Zip Code:  Balance
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:  A-Total Monthly Inco B-Fixed Monthly Exp C-Other Monthly Exp	Name Address:  e: Php ome:  ome: Php enses:	Rank: TIN:  Office Fax No:  FINANCI.  Bank/Bran	AL DETAILS  ch Name  Bank  C. O	Contact I  A. BANK DEPO  Type of Depo  CREDIT CARD E  Card Number	Date Hired: PRC No.: Length of Service  Person:  SITS Sit Account Number  Credit Limit  COUNTS	Expiry Date
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:  A-Total Monthly Inco B-Fixed Monthly Exp C-Other Monthly Exp TOTAL NET INCOME: (A-B-C)	Name Address:  e: Php ome:  ome: Php enses: penses: Php	Rank: TIN:  Office Fax No:  FINANCI  Bank/Bran	AL DETAILS  ch Name  Bank  C. O	Contact I  A. BANK DEPO  Type of Depo  CREDIT CARD E  Card Number	Date Hired:	Expiry Date
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:  A-Total Monthly Inco B-Fixed Monthly Exp C-Other Monthly Exp TOTAL NET INCOME:	Name Address:  e: Php ome:  ome: Php enses: penses: Php	Rank: TIN:  Office Fax No:  FINANCI.  Bank/Bran	AL DETAILS  ch Name  Bank  C. O	Contact I  A. BANK DEPO  Type of Depo  CREDIT CARD E  Card Number	Date Hired: PRC No.: Length of Service  Person:  SITS Sit Account Number  Credit Limit  COUNTS	Expiry Date
Business/Employer's Business/Employer's Office Phone No.:  Own Monthly Incom Spouse Monthly Inco Other Sources:  A-Total Monthly Inco B-Fixed Monthly Exp C-Other Monthly Exp TOTAL NET INCOME: (A-B-C)	Name Address:  e: Php ome:  ome: Php enses: penses: Php	Rank: TIN:  Office Fax No:  FINANCI.  Bank/Bran	AL DETAILS  ch Name  Bank  C. O	Contact I  A. BANK DEPO  Type of Depo  CREDIT CARD E  Card Number	Date Hired: PRC No.: Length of Service  Person:  SITS Sit Account Number  Credit Limit  COUNTS	Expiry Date

		SPOUSE AND	FAMILY DETA	ILS		
Spouse's Name (First Name,Mi	iddle Name. Last Nar	ne):				
Date of Birth (mm/dd/yyyy):		Place of B	irth:		Nationality:	
Educational Attainment:	High School	_		Post-Graduate		
	Trigit School	Vocationa	College	Fost-Graduate	_	
Business/Employer's Name						ion <u>:</u>
Business/Employer's Address:						Zip Code:
Office Phone No.:	Nu	imber of Depend	lents:C	hildren Other	s (relationship):	
		1st CO-MA	KER'S DETAILS	5		
Co-Maker's Name (First Name,	,Middle Name, Last N	ıame):				
Business/Employer's Name					Posit	ion:
Business/Employer's Address:						Zip Code:
Office Phone No.:	Mobile	Phone No.:		Gross Monthly	Income: Php	
		2nd CO-M	AKER'S DETAIL	c		
		ZIIU CO-IVIA	AKEN 3 DETAIL	3		
Co-Maker's Name (First Name,	,Middle Name, Last N	lame):				
Business/Employer's Name					Posit	ion:
Business/Employer's Address:						Zip Code:
Office Phone No.:		Phone No.:		Gross Monthly		
		OFFERED	COLLATERAL			
For Housing and Auto/Motorc	ycle Loan Only: Pro	perty/Unit will s	serve as collateral?	☐ Yes [	No	
1st Real Estate Details						
TCT/CCT No.:	Registe	red Owner:			Lot Area	(sqm):
Location:		_				a (sqm)
Type of Improvement:	,	use 🔲 Town	_	minium 📙 Apartı	ment 🗌 Build	ling
	Factory/Warehouse	☐ Agricu	ıltural 🗌 Others			
Postdated Checks Detail:	Issuing Bank:		Accour	nt Number:		
Payroll/Allottee Payment:	Issuing Bank:		Card N	o.:		
Payroll Schedule:			Mode	of Payment: 🔲 N	1onthly $\square$	Per Payroll
	DEDCON	AL AND TRAC	AE DEEEDENICE	(at least 4)		
	PERSUNA	AL AND IKAL	E REFERENCES	o (at least 4)		
Name	Relat	tionship	Ad	ddress	Con	tact Number
			_			
					_	
	<del></del>					
		<u> </u>				
	A	GREEMENT A	ND UNDERTA	KING		
We hereby certify that all informat appearing hereon are genuine. We all our loan is approved or not. any informations and the second of the s	uthorize AFC to obtain info	rmation as it may re	quire concerning our loa	an application and agree that	t it shall remain AFC's	property whether
disapproval of our loan.						
We further authorize AFC to condu- bank and financial institutions to esta processing and evaluating our applica related to AFC's compliance with Anti	ablish the authenticity of the ation and hereby further wa	e information declar aive any laws on conf	ed and documents subn	nitted , in relation to our loa	n application as may	be necessary for
We hereby authorize AFC to includ			out our loan history in a	any credit bureau or instituti	on as required by law	w.
We hereby authorize AFC to condu Report will be forwarded directly to A		accredited appraiser	s, an appraisal of any or	all of the collateral to be use	ed for this loan and tl	nat the Appraisal
We hereby agree that AFC has the	right to assign a lower amo	ount than my desired	l loan amount and shall	render AFC free and harmles	ss from any liability a	rising thereof.
We also legally bind ourselves to the	he Terms and Conditions o	f the Loan Program, I	Promissory Note, Disclos	sure Statement and other re	levant documents the	at we shall execute
Signature over Printed Name	of Borrower	Date	Signat	ure over Printed Name of 1	st Co-Maker	Date
Signature over Printed Name	e of Spouse	Date	Signate	ure over Printed Name of 2r	nd Co-Maker	Date
		FOP AF	C USE ONLY			
			C OSL ONLI			
Account Number:		Appraisal Fee:		OR Number/l	Date:	
Application Received by						
Application Received by:	Collateral Appraised	by:	Application Endorse	ed for Approval by:	Approved by:	
Signature over Printed Name	Collateral Appraised  Signature over Print		Application Endorse Signature over Print		Approved by: Signature over Pr	inted Name
···						inted Name
Signature over Printed Name	Signature over Print		Signature over Print		Signature over Pr	inted Name