

series 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).

Date of Application: _____

MOTORCYCLE MODEL : _____ DP : _____ Amount Finance : Php _____ Terms : _____

PERSONAL DETAILS

Name (First Name,Middle Name, Last Name): _____

Gender: Male Female

Civil Status: Single Married Separated/Annulled Widow/Widower

Date of Birth (mm/dd/yyyy): _____ Place of Birth: _____ Nationality: _____

Educational Attainment: High School Vocational College Post-Graduate Others: _____

Present Address (Complete): _____ Zip Code: _____

Length of Stay (years): _____ Home Ownership: Owned Owned-Mortgaged Rented Living w/Relatives

Home Phone No. : _____ Mobile Phone No.: _____ Email Add: _____

Permanent Address (Complete): _____ Zip Code: _____

WORK DETAILS

Type of Employment: Government Private Retired Unemployed Self-Employed

Employment Status: _____

Position: _____ Rank: _____ Date Hired: _____

SSS/GSIS No.: _____ TIN: _____ PRC No.: _____

Business/Employer's Name _____ Length of Service: _____

Business/Employer's Address: _____ Zip Code: _____

Office Phone No.: _____ Mobile Phone No.: _____ Gross Monthly Income: Php _____

SPOUSE AND FAMILY DETAILS

Spouse's Name (First Name,Middle Name, Last Name): _____

Business/Employer's Name _____ Position: _____

Business/Employer's Address: _____ Zip Code: _____

Office Phone No.: _____ Mobile Phone No.: _____ Gross Monthly Income: Php _____

FINANCIAL DETAILS

Own Monthly Income: Php _____

Spouse Monthly Income: _____

Other Sources: _____

A-Total Monthly Income: Php _____

B-Fixed Monthly Expenses: _____

C-Other Monthly Expenses: _____

TOTAL NET INCOME: Php _____

A. BANK DEPOSITS

Bank/Branch Name	Type of Deposit	Account Number	Balance
_____	_____	_____	_____
_____	_____	_____	_____

B. CREDIT CARD DETAILS

Issuing Bank	Card Number	Credit Limit	Expiry Date
_____	_____	_____	_____
_____	_____	_____	_____

C. OTHER LOAN ACCOUNTS

Bank/Financing Institution	Type of Loan	Monthly Payment	Balance
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES (Direct Relatives)

NAME	RELATIONSHIP	ADDRESS	CONTACT NO.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AGREEMENT AND UNDERTAKING

We hereby certify that all information herein are true and correct based on our own knowledge, and are made for the purpose of obtaining a credit, and the signatures appearing hereon are genuine. We authorize AFC to obtain information as it may require concerning our loan application and agree that it shall remain AFC's property whether our loan is approved or not. Any information given by us or other personnel we authorized which is not true or accurate will automatically cause the rejection, cancellation or disapproval of our loan.

We further authorize AFC to conduct a random verification with the Bureau of Internal Revenue (BIR), any other appropriate government agencies or third parties including bank and financial institutions to establish the authenticity of the information declared and documents submitted , in relation to our loan application as may be necessary for processing and evaluating our application and hereby further waive any laws on confidentiality as applicable. We also authorize AFC to disclose any pertinent information related to AFC's compliance with Anti-Money Laundering Law, if so required by law.

We hereby authorize AFC to include our name and other pertinent information about our loan history in any credit bureau or institution as required by law.

We hereby authorize AFC to conduct, thru its representative accredited appraisers, an appraisal of any or all of the collateral to be used for this loan and that the Appraisal Report will be forwarded directly to AFC for its sole use only.

We hereby agree that AFC has the right to assign a lower amount than my desired loan amount and shall render AFC free and harmless from any liability arising thereof.

We also legally bind ourselves to the Terms and Conditions of the Loan Program, Promissory Note, Disclosure Statement and other relevant documents that we shall execute in favor of AFC.

Signature over Printed Name of Borrower

Date

Signature over Printed Name of 1st Co-Maker

Date

Signature over Printed Name of Spouse

Date

Signature over Printed Name of 2nd Co-Maker

Date

FOR AFC USE ONLY

Account Number:	_____	Appraisal Fee:	_____	OR Number/Date:	_____
Application Received by:	_____	Collateral Appraised by:	_____	Application Endorsed for Approval by:	_____
_____	_____	_____	_____	Approved by:	_____
Signature over Printed Name	Signature over Printed Name	Signature over Printed Name	Signature over Printed Name	Signature over Printed Name	Signature over Printed Name
Position: _____	Position: _____	Position: _____	Position: _____	Position: _____	Position: _____
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

/afc forms.xlsx



SKETCH MAP