

Source Code

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MY PERSONAL INFORMATION

First Name

Middle Name

Last Name

Birth Date **Mother's Full Maiden Name**
 ___ / ___ / ___ First Middle Last
 dd mmm yyyy

Gender
 Male Female

Civil Status
 Single Married Widowed Separated

No. of Dependents

Education
 High School Some College College Post Graduate

Citizenship
 Filipino Others _____
 ACR No. _____

Tax Identification Number (TIN) **SSS/GSIS Number**

Home Address
 No. Street Village/Brgy/Municipality
 City/Province Zip Code

Home Ownership
 Owned, Mortgaged Living w/ Parents/Relatives Rented
 Owned, Not Mortgaged Company Provided

Years of Stay

Home Phone (if provincial, include area code) **Mobile Phone** **Best Time to Call** (Day/Time) **Email Address** **No. of Cars Owned**

MY SPOUSE

Name of Spouse
 First Middle Last

Company/Business Name
 Position Department

Business Address
 No. Street Village/Brgy/Municipality
 City/Province Zip Code

Business Phone (if provincial, include area code) **Mobile Phone** **Gross Annual Income**

MY PERSONAL REFERENCES (Please indicate 2)

1. Full Name
 First Middle Last

Company/Business Name
 Position Department

Business Address
 No. Street Village/Brgy/Municipality
 City/Province Zip Code

Business Phone (include local/extension) **Home Phone** (if provincial, include area code) **Mobile Phone**

2. Full Name
 First Middle Last

Company/Business Name
 Position Department

Business Address
 No. Street Village/Brgy/Municipality
 City/Province Zip Code

Business Phone (include local/extension) **Home Phone** (if provincial, include area code) **Mobile Phone**

FOR BANK USE ONLY

PS	EDIT	BL / WL
ENCODE	NFIS	UPDATE

MY WORK & FINANCES

Employment
 Self-employed Government Others
 Private Retired

No. of Years w/ Present Employer/Business

Total No. of Years Working

Position
 Clerk Non-Officer Production Worker
 Officer-Junior/Supervisor OFW Self-employed/Proprietor
 Officer-Senior Religious Others _____
 Executive Retired

Position/Title

Nature of Present Business
 Agricultural/Mining Financing Utilities
 Banking Insurance Wholesale/Retail
 Business/Commercial Services Manufacturing Others _____
 Community/Social/Personal Real Estate
 Construction Transportation/Communication

Occupation
 Administrator/Executive Clerical Sales Worker
 Professional/Technical Self-employed Others _____
 Service Worker Armed Forces/Military
 Agricultural Production/Transport

Company/Business Name **Department**

Business Address
 Floor Bldg No. Street
 Village/Brgy/Municipality City/Province Zip Code

Business Phone (include local/extension) **Email Address** **Gross Annual Income**

Are you an existing EastWest Bank Depositor?

Yes No Bank Account Number _____

Are you an existing EastWest Bank Credit Cardholder?

Yes No Credit Card Number _____

Other Loans

Bank	Loan Type	Monthly Amortization

Other Credit Card References

Card Issuer	Card Number	Member Since	Credit Limit

PERSONAL LOAN DETAILS

Loan Purpose
 Home Improvement/House/Lot Purchase Tuition Fee/School Expenses
 Car Purchase/Repair Credit Card Payment
 Appliance/Furniture Purchase Bills Payment
 Travel/Vacation Others _____
 Medical Expenses

Desired Loan Amount

My Preferred Payment Tenor

6 months 12 months 18 months 24 months 36 months

AUTHORITIES GRANTED TO EASTWEST BANK AND WAIVER OF CONFIDENTIALITY

I certify that all information and the supporting documents I submitted in connection with this application are complete, true and correct, and the signatures therein are genuine.

I authorize EastWest Bank, its agents and service providers, to conduct inquiries on the information and documents I have provided with any source as it deems appropriate and to have access to information and records relating to me contained in any government or private records, including but not limited to tax, employment, or financial records and to secure copies thereof.

I consent to the use and disclosure by EastWest Bank of information relating to me, my application and my transactions with EastWest Bank, to any of its subsidiaries and affiliates, agents, members of the Filinvest Group of Companies, its third-party service providers, other banks, credit card companies, financial institutions, banking, financial and credit associations, credit information bureaus and their equivalent, for use in connection with EastWest Bank's exercise of its functions or for any business purpose (including but not limited to sales and marketing, credit investigation and collection, information technology systems, data processing and storage and statistical and risk analyses purposes).

I consent to the disclosure by EastWest Bank of information relating to me to any of its subsidiaries and affiliates and the members of the Filinvest Group of Companies to enable the latter to offer their products, programs and services directly to me.

I agree that such disclosure or exchange of information shall not be the basis of any claim against EastWest Bank or the parties to whom EastWest Bank makes the disclosure.

I allow EastWest Bank, at its discretion, to grant or extend to me its products and/or services, including but not limited to credit and/or debit products and facilities.

I agree and authorize EastWest Bank to send promotional advertisements of its products and/or services to me through mail, short messaging services, multimedia messaging services, electronic mail and other forms of telecommunications, unless I expressly notify EastWest Bank otherwise.

I agree and authorize EastWest Bank to enroll my personal loan account to EastWest Bank's online banking facility.

I understand and agree that EastWest Bank may be required to report my account/s and transaction/s including the handling thereof, to the Bangko Sentral ng Pilipinas, Anti-Money Laundering Council, Bankers Association of the Philippines, credit information bureaus or any other central monitoring body.

In case my application is disapproved, I acknowledge that EastWest Bank is not obliged to advise me of the disapproval and the reasons thereof. I understand that my application and supporting documents submitted to EastWest Bank will not be returned to me.

For purposes of this authority to verify and disclose information, I waive confidentiality of any such information relating to me under applicable confidentiality and data privacy laws, rules and regulations.

 Signature Over Printed Name of Applicant Date