



PERSONAL LOAN APPLICATION

FINEX

Source <input type="checkbox"/> Branch _____ <input type="checkbox"/> Others _____		Do you want a UCPB Credit Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	CIF Number
REQUIREMENTS		INSTRUCTIONS	
1. Borrower must be a Filipino, at least 23 years old but not more than 55 years old upon loan maturity. 2. Must have a minimum gross monthly salary of ₱ 30,000 3. Must be employed on a regular and permanent status for at least two (2) years with the present employer. 4. Preferably employed in one of the Top 7,000 Corporations in the Philippines or company with legitimate operations and has been existing for at least five (5) years.		Attach the following documents (For Borrower and Co-Maker): 1. Two (2) valid IDs (passport, driver's license, PRC ID, SSS card, etc.) with picture (Original to be presented) 2. Latest ITR received by BIR or Certificate of Compensation Payment / Tax Withheld (BIR Form 2316) signed by Employer 3. Photocopy of latest month payslip / audited 3 yrs. Financial statements 4. Latest month utility bill and credit card bill showing the present home address 5. Photocopy of valid ID of spouse, if applicable 6. Latest 6 mos. bank statements	
TO BE FILLED UP BY THE BORROWER			
LOAN DETAILS			
Amount of Loan Applied for*		Purpose of Loan <input type="checkbox"/> Credit card balance payoff <input type="checkbox"/> Tuition fee <input type="checkbox"/> Home improvement <input type="checkbox"/> Others _____	
Term of Loan <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months		Mailing Instruction <input type="checkbox"/> For delivery to the office <input type="checkbox"/> Others _____	
PERSONAL INFORMATION			
Name of Borrower (Last Name, First Name, Middle Name)			
Present Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)			ZIP Code
Permanent Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)			ZIP Code
Home Ownership <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) <input type="checkbox"/> Rented <input type="checkbox"/> Owned by Parents <input type="checkbox"/> Others _____			
Telephone Number	Mobile Phone Number	E-mail Address	If Rented (Indicate Name of Landlord / Landlady, Contact Nos. and Monthly Rent)
Provincial Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)			ZIP Code
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birthdate (mm-dd-yy)	Birthplace
Nationality (If Foreigner, indicate ACR No., Date and Place Issued)			
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	TIN	SSS / GSIS Number	
Educational Attainment	No. of Dependents	Any Two (2) Children Studying (Name, school, grade / year, course)	
Name of Spouse (Last Name, First Name, Middle Name)			Nationality (If Foreigner, indicate ACR No., Date and Place Issued)
Present Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)			ZIP Code
Permanent Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.)			ZIP Code
Educational Attainment	Birthdate (mm-dd-yy)	Birthplace	TIN
SSS / GSIS Number			
Name of Spouse's Employer / Business			Nature of Work / Business
Address of Spouse's Employer / Business (No., Street, Village/Municipality/Barangay, City/Town/Province)			ZIP Code
Business Phone Number	Facsimile Number	E-mail Address	Position / Title
Date of Employment / Incorporation	Unit / Department	Employment Status <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Self-employed	
EMPLOYMENT INFORMATION			
Name of Employer / Business			Nature of Work / Business
Address of Employer / Business (No., Street, Village/Municipality/Barangay, City/Town/Province)			ZIP Code
Business Phone Number	Facsimile Number	E-mail Address	
Date of Employment / Incorporation	Unit / Department	Position / Title	
FINANCIAL DATA			
Monthly Net Income (A)		Assets (B)	
Borrower's Monthly Income	_____	Cash on Hand and in Bank	_____
Spouse's Monthly Income	_____	Real Estate	_____
Income from Other Sources	_____	Car / Vehicle	_____
Total Monthly Income	₱ _____	Others	_____
Less: Combined Monthly Expense	_____	Liabilities (C)	
Monthly Rent Expense	_____	Loans / Amortizations	_____
Monthly Amortization	_____		
Monthly Net Income	₱ _____	Net Worth (A+B-C)	₱ _____

PERSONAL REFERENCES

Name	Address	Relationship	Contact Number

CREDIT CARD DETAILS

Credit Card Issuer	Credit Card Number	Credit Limit	Expiry Date	Member Since

LOANS WITH OTHER BANKS / INSTITUTIONS

Name of Bank / Company	Address	Monthly Payment	Outstanding Balance	Remaining Term	Contact Number

BANK REFERENCES

Name of Bank / Branch	Account Type	Account Number

**Waiver of Confidentiality / Grant of Authority
(In compliance with BSP Circular No. 472 and Like Regulations)**

I hereby certify that all information contained in this Application and in all supporting documents submitted are true and correct and that the signatures appearing thereon are genuine. In compliance with BSP Cir. Nos. 472 (as amended by BSP Cir. No. 549) and 589, I hereby authorize the Bank and/or its representative, as my Attorney-in-Fact, to verify my financial capacity, creditworthiness and all information herein, including previous credit transactions with other institutions, to conduct random verifications with the Bureau of Internal Revenue to establish the authenticity of the Income Tax Returns and accompanying Financial Statements/documents submitted by me in support of this Application and to report and make disclosures of any credit information relative to me that are basically adverse in nature to credit information bureaus and organizations performing similar functions. I willingly and voluntarily, with full knowledge of my rights under the law, waive my rights under any and all statutory and regulatory provisions governing confidentiality of information. I hereby authorize the Bank to obtain such information as it may require concerning the statements made in this application and that the sources to which it may apply are authorized to provide any information relative to this application.

I hereby hold free and harmless the Bank, its stockholders, directors, officers, employees and agents from any claims in relation to this waiver of confidentiality and authority, herein granted.

Signed this _____ day of _____ 20__ at _____.

Signature of Borrower

Signature of Spouse

TO BE FILLED UP BY THE CO-MAKER (IF APPLICABLE)

Name of Co-Maker (Last Name, First Name, Middle Name)

Present Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.) ZIP Code Length of Stay

Permanent Home Address (No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.) ZIP Code Length of Stay

Home Ownership
 Owned Rented Owned by Parents Others _____

Telephone Number	Mobile Phone Number	E-mail Address	If Rented (Indicate Name of Landlord / Landlady, Contact Nos. and Monthly Rent)
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Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birthday (mm-dd-yy)	Birthplace	Nationality (If Foreigner, indicate ACR No., Date and Place Issued)
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Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated	Educational Attainment	TIN	SSS / GSIS Number
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Name of Employer / Business	Nature of Work / Business
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Address of Employer / Business (No., Street, Village/Municipality/Barangay, City/Town/Province) ZIP Code

Business Phone Number	Facsimile Number	E-mail Address	Position / Title
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Length of Service ____ Years ____ Months	Unit / Department	Employment Status <input type="checkbox"/> Permanent <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Self-employed
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Name of Spouse (Last Name, First Name, Middle Name)	Birthday (mm-dd-yy)
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Present Home Address (If different from the Co-Maker's address - No., Street, Village/Municipality/Barangay, City/Town/Province. If without house no., please provide sketch of residence.) ZIP Code

Educational Attainment	TIN	SSS / GSIS Number	Nationality (If Foreigner, indicate ACR No., Date and Place Issued)
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Subject to the approval of this Personal Loan Application (Application) by United Coconut Planters Bank (Bank), I hereby agree to act as the CO-MAKER of the herein named BORROWER and I am aware that, as CO-MAKER I become jointly and solidarily liable with the BORROWER for the full payment of the LOAN obtained through this Application.

**Waiver of Confidentiality / Grant of Authority
(In compliance with BSP Circular No. 472 and Like Regulations)**

I hereby certify that all information contained in this Application and in all supporting documents submitted are true and correct and that the signatures appearing thereon are genuine. In compliance with BSP Cir. Nos. 472 (as amended by BSP Cir. No. 549) and 589, I hereby authorize the Bank and/or its representative, as my Attorney-in-Fact, to verify my financial capacity, creditworthiness and all information herein, including previous credit transactions with other institutions, to conduct random verifications with the Bureau of Internal Revenue to establish the authenticity of the Income Tax Returns and accompanying Financial Statements/documents submitted by me in support of this Application and to report and make disclosures of any credit information relative to me that are basically adverse in nature to credit information bureaus and organizations performing similar functions. I willingly and voluntarily, with full knowledge of my rights under the law, waive my rights under any and all statutory and regulatory provisions governing confidentiality of information. I hereby authorize the Bank to obtain such information as it may require concerning the statements made in this application and that the sources to which it may apply are authorized to provide any information relative to this application.

I hereby hold free and harmless the Bank, its stockholders, directors, officers, employees and agents from any claims in relation to this waiver of confidentiality and authority, herein granted.

Signed this _____ day of _____ 20__ at _____.

Signature of Co-Maker

Signature of Spouse