



**MANILA CREDIT CORPORATION**

6<sup>TH</sup> TRANS-PHIL HOUSE  
 1177 DON CHINO ROCES AVENUE (FORMERLY PASONG TAMO)  
 CORNER BAGTIKAN STREET  
 1203 MAKATI CITY, PHILIPPINES  
 TEL NOS. 890 34 61 LOC 25 & 29

2X2  
PHOTO

2X2  
PHOTO

**LOAN APPLICATION**

STRICTLY PRIVATE AND CONFIDENTIAL (PLEASE FILL OUT COMPLETELY)

NOTE: EVERY 1.) BORROWER / SPOUSE AND 2.) CO-MAKER MUST EACH FILL OUT A LOAN APPLICATION FORM

NEW ACCOUNT  RENEWAL: \_\_\_2<sup>ND</sup> \_\_\_3<sup>RD</sup> \_\_\_4<sup>TH</sup> AVAILMENT

TYPE OF LOAN  REAL ESTATE LOAN  CAR LOAN  OTHERS

BORROWER / CO-MAKER

SPOUSE

AMOUNT APPLIED \_\_\_\_\_ PURPOSE OF LOAN \_\_\_\_\_

**BORROWER'S PERSONAL DETAILS**

LAST NAME	FIRST NAME	MIDDLE NAME	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	AGE	BIRTHDAY (MM/DD/YY)
-----------	------------	-------------	---	-----	---------------------

CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED	CITIZENSHIP
---	-------------

PRESENT ADDRESS HOUSE NO. _____ STREET _____ VILLAGE/ SUBDIVISION/ BARANGAY _____ MUNICIPALITY / CITY _____ PROVINCE _____	LENGTH OF STAY
---	----------------

HOME OWNERSHIP <input type="checkbox"/> OWNED (NOT MORTGAGED) <input type="checkbox"/> OWNED (MORTGAGED) <input type="checkbox"/> RENTED/ MO. P _____ <input type="checkbox"/> FREE USE
---

HOME PHONE NO. _____	CELLPHONE NO. _____	EMAIL ADDRESS _____
----------------------	---------------------	---------------------

PREVIOUS ADDRESS	LENGTH OF STAY
------------------	----------------

PROVINCIAL ADDRESS	LENGTH OF STAY
--------------------	----------------

**EDUCATIONAL BACKGROUND**

SCHOOL	YEAR GRADUATED	COURSE
ELEMENTARY:		
HIGH SCHOOL:		
VOCATIONAL:		
COLLEGE:		
GRADUATE / POST GRADUATE :		

NO. OF DEPENDENTS \_\_\_\_\_ (PLEASE SPECIFY RELATIONSHIP WITH THE DEPENDENT / S)

NAME	RELATIONSHIP	AGE	SCHOOL

**WORK INFORMATION**

EMPLOYMENT <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT	EMPLOYER/ BUSINESS NAME	DTI/ SEC REG. NO.
--	-------------------------	-------------------

EMPLOYER/ BUSINESS ADDRESS FLOOR _____ BUILDING _____ NO. _____ STREET _____ VILLAGE/ SUBDIVISION/ BARANGAY _____ MUNICIPALITY/CITY _____ PROVINCE _____	LENGTH OF STAY/ YEARS IN BUSINESS
---	--------------------------------------

EMPLOYER/ BUSINESS TEL. NO.	POSITION	STATUS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> PERMANENT	MONTHLY INCOME	PRC LICENSE NO.	TIN
-----------------------------	----------	--	----------------	-----------------	-----

COMMUNITY TAX CERT. NO.	PLACE OF ISSUANCE	DATE OF ISSUANCE	SSS NO.	PASSPORT NO.
-------------------------	-------------------	------------------	---------	--------------

**SPOUSE'S PERSONAL DETAILS**

LAST NAME	FIRST NAME	MIDDLE NAME	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	AGE	BIRTHDAY (MM/DD/YY)
-----------	------------	-------------	---	-----	---------------------

**EDUCATIONAL BACKGROUND**

SCHOOL	YEAR GRADUATED	COURSE
ELEMENTARY:		
HIGH SCHOOL:		
VOCATIONAL:		
COLLEGE:		
GRADUATE / POST GRADUATE :		

EMPLOYMENT <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT	EMPLOYER/ BUSINESS NAME	DTI/ SEC REG. NO.
--	-------------------------	-------------------

EMPLOYER/ BUSINESS ADDRESS FLOOR _____ BUILDING _____ NO. _____ STREET _____ VILLAGE/ SUBDIVISION/ BARANGAY _____ MUNICIPALITY/CITY _____ PROVINCE _____	LENGTH OF STAY/ YEARS IN BUSINESS
---	--------------------------------------

EMPLOYER/ BUSINESS TEL. NO.	POSITION	STATUS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> PERMANENT	MONTHLY INCOME	PROFESSIONAL LICENSE NO.	TIN
-----------------------------	----------	--	----------------	--------------------------	-----

COMMUNITY TAX CERT. NO.	PLACE OF ISSUANCE	DATE OF ISSUANCE	SSS NO.	PASSPORT NO.
-------------------------	-------------------	------------------	---------	--------------

**PERSONAL/ CHARACTER REFERENCES (DO NOT INCLUDE RELATIVES)**

NAME	ADDRESS	TELEPHONE NO.

**EXISTING CREDITORS**

NAME OF CREDITOR	ADDRESS AND TEL. NO.	ACCT. NO./ TYPE OF LOAN	MONTHLY PAYMENT	BALANCE

**BANK ACCOUNTS**

BANK/ BRANCH	ACCOUNT TYPE	ACCOUNT NO.	DATE OPENED	BALANCE

SUMMARY OF INCOME (APPROXIMATE VALUE IN PESO)		SUMMARY OF LIVING EXPENSES	
NET MONTHLY SALARY	P	FOOD	P
NET MONTHLY OF SPOUSE	P	ELECTRICITY	P
OTHER INCOME SOURCES	P	WATER	P
	P	TELEPHONE	P
	P	RENTALS (IF ANY)	P
	P	SCHOOLING	P
		OTHERS (SPECIFY)	P
			P
			P
<b>TOTAL MONTHLY INCOME</b>	<b>P</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>P</b>

**BANK AUTHORIZATION**

**BORROWER'S / CO-MAKER'S UNDERTAKING**

DATE: \_\_\_\_\_  
DEAR: \_\_\_\_\_

THIS IS TO AUTHORIZE MANILA CREDIT CORPORATION OR ITS AUTHORIZED REPRESENTATIVES TO VERIFY MY SAVINGS/ CHECKING ACCOUNT WITH YOUR BANK.

YOU ARE ALLOWED TO DISCLOSE THE DATE OF OPENING OF MY/OUR SAVINGS/ CHECKING ACCOUNT, THE HANDLING AND THE AVERAGE DAILY BALANCE (ADB) FOR THE LAST SIX (6) MONTHS.

BANK	BRANCH/ ADDRESS	ACCT. TYPE	ACCT. NO.

THANK YOU VERY MUCH FOR YOUR VALUED ASSISTANCE.

VERY TRULY YOURS,

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

I/ WE, \_\_\_\_\_, HEREBY CERTIFY THAT ALL INFORMATION FURNISHED IN THIS LOAN APPLICATION ARE TRUE, CORRECT AND COMPLETE AND THAT THE SIGNATURES APPEARING HEREIN ARE TRUE AND GENUINE. I/ WE HEREBY AUTHORIZE MANILA CREDIT CORPORATION (MCC) TO OBTAIN SUCH INFORMATION AS MAY BE REQUIRED CONCERNING THE VALIDITY AND VERACITY OF THE INFORMATION PROVIDED IN THIS APPLICATION. I/ WE ALSO AGREE THAT THIS LOAN APPLICATION, ALL SUPPORTING DOCUMENTS AND INFORMATION OBTAINED BY MCC IN RELATION TO THIS APPLICATION SHALL REMAIN THE PROPERTY OF MCC WHETHER OR NOT THE LOAN IS GRANTED AND MCC SHALL HAVE NO OBLIGATION TO FURNISH ME/ US THE REASON/S FOR SUCH REJECTION. I/ WE UNDERSTAND THAT ANY FALSE STATEMENT OR CONCEALMENT OF INFORMATION WHICH MAY BE DISCOVERED AFTER THE LOAN HAS BEEN GRANTED SHALL BE SUFFICIENT BASIS FOR MCC TO CONSIDER THE ENTIRE LOAN DUE AND DEMANDABLE IMMEDIATELY.

\_\_\_\_\_  
PRINCIPAL BORROWER      SPOUSE      CO-MAKER

(PRINTED NAME AND SIGNATURE)

**CO-MAKER'S BASIC INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	AGE	BIRTHDAY (MM/DD/YY)
PRESENT ADDRESS HOUSE NO.      STREET      VILLAGE/ SUBDIVISION/ BARANGAY      MUNICIPALITY      PROVINCE					LENGTH OF STAY
HOME PHONE NO.	CELLPHONE NO.	EMAIL ADDRESS			
EMPLOYMENT <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT			EMPLOYER/ BUSINESS NAME		DTI/ SEC REG. NO.
EMPLOYER/ BUSINESS ADDRESS FLOOR      BUILDING      NO.      STREET      VILLAGE/ BARANGAY/ MUNICIPALITY      PROVINCE					LENGTH OF STAY/ YEARS IN BUSINESS
EMPLOYER/ BUSINESS TEL. NO.	POSITION	STATUS <input type="checkbox"/> CONTRACTUAL <input type="checkbox"/> PERMANENT	MONTHLY INCOME	PRC LICENSE NO.	TIN
COMMUNITY TAX CERT. NO.	PLACE OF ISSUANCE	DATE OF ISSUANCE	SSS NO.	PASSPORT NO.	

APPLICATION RECEIVED BY:

DATE APPLICATION RECEIVED:

INTERVIEWED / ORIENTED BY:

DATE INTERVIEWED / ORIENTED:

INTERVIEW, ORIENTATION AND RECEIPT OF  
HANDOUT ACKNOWLEDGED BY BORROWER:

DATE:

