



CARITAS BANCO NG MASA

A MICROFINANCE-ORIENTED RURAL BANK

LOAN APPLICATION INFORMATION

BORROWER'S APPLICATION INFORMATION

Name: _____	Nature of Work : _____	PHOTO 2X2 picture
Home Address: _____ <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Stays with parents	Name of Employer : _____	
Provincial Address: _____	Cel. No. : _____	
Residence Tel No.: _____	Place of Birth : _____	
Date of Birth: _____	Tax Identification No: _____	
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	SSS / GSIS No. : _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Health Condition: _____	Ailments: _____	

MICROENTERPRISE ACTIVITY

Nature of Business: _____

Products Offered: _____

Business Address: _____ Owned Rented

Business Tel. No.: _____ Cel No.: _____

Estimated Capital of Business: _____ No. of years in business: _____

Estimated Daily Gross Sales: _____ Weekly Gross Sales: _____

Other business, Please specify: _____

Banks where you maintain deposit accounts: _____

LOAN PURPOSE

What is the use for the loan applied? Please specify: _____

Amount of loan needed: P _____

Schedule of repayment : Weekly Bi-monthly Monthly Others _____

Amount of repayment affordable: P _____

Source(s) of income: _____

How long will loan be repaid? 4 months 6 months 12 months Others _____

Collateral(s) of proposed loan: _____

REFERENCES

Do you borrow from your supplier for stocks? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have other loans? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List of Suppliers	Amount Borrowed	List of others lenders	Amount Borrowed	Schedule of Repayment/ Terms
1. _____	P _____	1. _____	P _____	_____
2. _____	P _____	2. _____	P _____	_____
3. _____	P _____	3. _____	P _____	_____
4. _____	P _____	4. _____	P _____	_____
When do you pay suppliers? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Others				

FAMILY BACKGROUND

Father's Name : _____ Age : _____

Occupation : _____ Tel. No.: _____ Cel No.: _____

Home Address: _____

Provincial Address: _____

Mother's Name: _____ Age : _____

Occupation : _____ Tel. No.: _____ Cel No.: _____

Provincial Address: _____

Please indicate the family member you always run to when you have problems.

Name: _____ Tel. No.: _____ Cel No.: _____

Home Address: _____

Relationship: _____

Name of Spouse: _____ Age : _____ Place of Birth: _____

Provincial Address: _____

Occupation of Spouse: _____ Nationality: _____ Cel No.: _____

Employer of Spouse: _____ Cel. No.: _____

Name of Children	Age	School/Work
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

AUTHORIZATION

I confirm that the above information is true and correct to the best of my knowledge. I am aware that any false statement may be an immediate cause for denial of this loan. In connection with my application, I authorize CARITAS BANCO NG MASA to obtain such other information from suppliers, commercial banks, rural banks, and all other creditors while releasing these institutions from liability under Philippine Laws.

I willingly, voluntarily and with full knowledge of my right under the law, waive my right to confidentiality of information, I authorize the bank to disclose, divulge and reveal any such information relating to the loan application or loan account, including events of default to third parties such as but not limited to my employer, service providers, other financial institutions, Bankers Association of the Philippines-Credit Bureau (BAP-CB) or any similar central monitoring entity or recipients as provided for by law or required by competent authority.

I hold the bank free and harmless from any and all liabilities, claims and demands of whatever kind or nature in connection with or arising from the aforementioned disclosure or reporting.

SIGNATURE OF APPLICANT
OVER PRINTED NAME : _____ DATE/PLACE: _____

SIGNATURE OF SPOUSE
OVER PRINTED NAME : _____ DATE/PLACE: _____