



#717 Dr. Jose P. Rizal Ave., Brgy. Valenzuela, Makati City
Telefax: (02) 8563-4663 / Mobile: 09177022621
Email: loans@abu-emp.com

2x2
ID picture
(Borrower 1)

2x2
ID picture
(Borrower 2)

BUSINESS LOAN APPLICATION (CORPORATION)

Please do not leave anything blank. Put "N/A" if not applicable

Loan Amount Request	Term of Loan	Purpose of Loan	Agent's Name
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BUSINESS INFORMATION

Business Name				
Main Office Address (including ZIP code)				
Nature of Business		Source of Funds		Date Registered
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Business Income	<input type="checkbox"/> Sales	No. of Employees
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Bank Borrowing	<input type="checkbox"/> Services	
<input type="checkbox"/> Wholesale & Retail	<input type="checkbox"/> Support Services	<input type="checkbox"/> Donations	<input type="checkbox"/> Salary	
<input type="checkbox"/> Logistics	<input type="checkbox"/> Education	<input type="checkbox"/> Franchising	<input type="checkbox"/> Others: (Pls. specify)	
<input type="checkbox"/> Food	<input type="checkbox"/> Health	<input type="checkbox"/> Investments		
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Others: _____	<input type="checkbox"/> Professional Fee		
Landline No.	Mobile No.	Business Email address	Company TIN	Company SSS No.
Average Monthly Sales (in Php)		Average Monthly Expense (in Php)	Average Monthly Net Income (in Php)	

BORROWER 1 INFORMATION

Borrower's Name (Last, First, Middle)				Position in Company & % Share	
Maiden Name if married (Last, First, Middle)					
Date of Birth	Place of Birth	Gender	Marital Status	Nationality	
Present address (including ZIP code)					
Residential Status <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living with Relatives			Length of Stay (in yrs)		
Permanent/Provincial address (including ZIP code)					
Mobile No.	Landline No.	Email address	TIN	SSS/GSIS No.	
Name of Spouse (Last, First, Middle)					
Date of Birth	Mobile No.	Email address	TIN	SSS/GSIS No.	
Name of Dependents		Date of Birth	School/Company		
1.					
2.					
3.					
School Attended		Level/Course	Year Attended		
1.					
2.					
3.					

BORROWER 2 INFORMATION

Borrower's Name (Last, First, Middle)				Position in Company & % Share	
Maiden Name if married (Last, First, Middle)					
Date of Birth	Place of Birth	Gender	Marital Status	Nationality	
Present address (including ZIP code)					
Residential Status <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living with Relatives			Length of Stay (in yrs)		

BORROWER 2 INFORMATION (CONTINUED)				
Permanent/Provincial address (including ZIP code)				
Mobile No.	Landline No.	Email address	TIN	SSS/GSIS No.
Name of Spouse (Last, First, Middle)				
Date of Birth	Mobile No.	Email address	TIN	SSS/GSIS No.
Name of Dependents		Date of Birth	School/Company	
1.				
2.				
3.				
School Attended		Level/Course	Year Attended	
1.				
2.				
3.				
BANK ACCOUNT INFORMATION				
Bank/Branch	Acct. Number	Account Type	Date Opening	Contact No./Person

TRADE REFERENCES: MAJOR SUPPLIERS		TRADE REFERENCES: MAJOR CLIENTS	
Company Name	Contact Person/Number	Company Name	Contact Person/Number

LOANS WITH OTHER FINANCING & BANKING INSTITUTIONS				
Name of Institution	Type of Loan	Date Aailed	Original Amount	Outstanding Balance

PROPERTIES OWNED							
VEHICLES			LAND				
Year / Make / Model	Mortgaged? (Y/N)	If yes, with whom?	Location	Size (sqm)	Classification	Mortgaged? (Y/N)	If yes, with whom?

DECLARATION AND SIGNATURE (please put a check on the box if you agree to the following)
<p><input type="checkbox"/> I/We hereby certify that all information I/we furnished in this form are true and correct. Should said information furnished herein be found to be false, ABU-EMP Financing Inc. may disapprove this application and/or declare the loan to due and demandable (in case the loan proceeds have already released). ABU-EMP Financing, Inc. and its authorized representative are hereby authorized to validate the information provided in this form, make disclosure/s or share information contained herein or in any documents/papers submitted in connection herewith to any credit rating/investigation company or such other persons it may deem necessary to confirm the veracity of the information contained herein or therein. I/We agree that this application form and documents (excluding original bank statement and used checks) submitted in connection herewith become properties of ABU-EMP Financing, Inc. and will not return for whatever reason. I/We am/are aware that the statements/information gathered about me will be used to determine my eligibility for this loan. I/We also understand that should my/our application be denied, ABU-EMP Financing, Inc. is not obliged to disclose the reason for such rejection.</p> <p><input type="checkbox"/> For this purpose, I/We waive my/our rights under the provision of Republic Act No. 1405, otherwise known as the Law on Secrecy of Bank Deposits, and authorized ABU-EMP Financing Inc. to conduct business/trade checking, secure necessary information from any person/entity I/we have indicated to have had any transactions and/or business dealings with, and conduct inquiries on the status and details of my/our loan/borrowing accounts with creditor banks, if applicable. I/We further authorize ABU-EMP Financing Inc. to conduct an appraisal of the property/ies that I/we am/are offering as collateral for the loan, if any.</p> <p><input type="checkbox"/> In compliance with the requirements of the Republic Act No. 10173 otherwise known as Date Privacy Act of 2012, I/we acknowledge and agree that, in the course of my loan application with ABU-EMP Financing Inc., and throughout the term of my loan, if such application is accepted for processing, ABU-EMP Financing Inc. may receive and/or have access to my/our personal infomation which may be considered relevant in evaluating the loan application (herein collectively referred to as "Private Information"). I/We expressly consent the processing, collection, transmission, storage, disposal, use, and/or disclosure of my/our Private Information by ABU-EMP Financing Inc. I/We allow members of ABU-EMP Financing Inc. to process, collect, use, store, and/or disclose my/our information to other members, to governmental authorities, and/or to 3rd parties, as may be necessary.</p>

DATE: _____

TO: _____

RE: **AUTHORITY TO VERIFY BANK INFORMATION**

To whom this may concern:

I/We hereby authorize ABU-EMP Financing Inc. or any of its representatives and/or employees to verify my/our account/s maintained in your branch with details as follows:

Bank/Branch: _____

Account Name: _____

Account Number: _____

This authorization signifies content and waiver of my/our right to confidentiality under Philippine Banking Laws, including but not limited to Republic Act No. 1405 (The Bank Secrecy Act of 1955), as amended, Republic Act No. 10173 (Data Privacy Act of 2012), and other laws/regulations, including all subsequent amendments or supplements thereto, relative to the confidentiality or secrecy of bank deposits.

I/We shall hold the bank and ABU-EMP Financing Inc., their directors, officers, employees, representatives, and agents, free and harmless of any liability arising from their exercise of the remedies and authorities hereunder, or from any action taken by them on the basis of and within the framework of the foregoing appointment.

Please disclose the following required information for their reference and perusal.

TABLE BELOW MUST BE LEFT BLANK AND RESERVED FOR BANK VERIFICATION

Date of Account Opening:	
Type of Account:	
Current Balance:	
Average Daily Balance:	
Handling of Account:	
History of Returned Checks:	
Credit Line/BP Line (if any):	
Name of Signatories:	1. _____
	2. _____
	3. _____
	4. _____
Signature Requirement:	
Verified By:	
<div></div>	
Signature over printed name / Designation	

Authorized Signatory/ies,

Signature over printed name

Signature over printed name

Signature over printed name

Signature over printed name



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TO: _____
RE: **AUTHORITY TO VERIFY PREMISES**

To whom this may concern:

This is to authorize ABU-EMP Financing Inc. or any of its representatives to enter and inspect our premises with details below:

Business Address:	
Residence Address:	

Please extend all necessary assistance for their verification which is a requirement for credit investigation on my loan application. Attached is my ID for your confirmation.

Sincerely,

Signature over printed name of Borrower

SKETCH OF BUSINESS & RESIDENCE