

#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) 2x2 ID picture (Co-Maker)

## **BUSINESS LOAN APPLICATION (SOLE PROPRIETORSHIP)**

				•		NOI KILI	<u> </u>			
Please do not leave	anything b			ot applicab				T		
Loan Amount Request		Term of Loa	an 		Purpose of	l Loan		Agent's Name		
			BORROV	VER'S INFO	RMATION					
Borrower's Name (Last	, First, Middle	e)								
Maiden Name if married	d (Last, First	, Middle)								
Date of Birth		Place of Birth			Gender	Marital Status		Nationality		
Present address (includ	ling ZIP code	<del>)</del>								
Residential Status			Source of     Business   Bank Bo		Income  Franchising  Sales		☐ Sales ☐ Services e ☐ Salary	Others: (Pls. specify)		
Length of Stay (in yrs)	I I	" 7ID				10.000.0	· 🗀 Salaiy			
Permanent/Provincial a		-	•			TIN				
Mobile No.	Landline No	).	c. Email addre		ss			SSS/GSIS No.		
Name of Spouse (Last,	First, Middle	÷)								
Date of Birth	Mobile No.		Email addre	ess		TIN		SSS/GSIS No.		
	Dependents			Date of Birth	h	School/C		Company		
	·									
1. 2. 3. School 1. 2. 3.										
School	Attended		Level/Course				Year Attended			
1. 2										
3.										
			CO-MAI	KER INFOR	MATION					
Co-maker's Name (Last, First, Middle)				Rela			Relationshi	ationship with Borrower		
Maiden Name if married	d (Last, First	, Middle)					•			
Date of Birth Place of Bir		Place of Bir	rth		Gender	Marital Status		Nationality		
Present address (includ	ling ZIP code	<del>)</del>								
Residential Status  Owned Rented Living with Relatives				Source of Funds  Business Income Frame Income Incom			anchising Sales Others: (Pls. specify estments Services ofessional Fee Salary			
Length of Stay (in yrs) Mobile No.	Ti an dia a Ni		Image and a solution				- La Salary	Toda/odla Ni-		
MODIE NO.	Landline No. Email addr		<del>2</del> 88		TIN		SSS/GSIS No.			
Name of Spouse (Last,	First, Middle	<del>;</del> )								
Date of Birth	Mobile No.		Email address			TIN		SSS/GSIS No.		
Occupation	☐ Self-Empl	loved $\square$ F	I Employed (Priv	/ate) $\square$ Fi	mployed (Gov	/ernment)	Retired			
Occupation Name of Company/Bus	iness	<u> </u>	p.cyca (	<u>acc, <u> </u></u>	<u>p.o.y.ca (00.</u>	<u> </u>		Registration Date		
Company/Business Address Contact No.					<u> </u>					

			BUSINE	ESS INFORM	MATION				
Business Name									
Main Office Address (in	cluding ZIP	code)							
Nature of Business							Date Regist	ered	
☐ Agriculture ☐ Manufacturing ☐ Wholesale & Retail				Real Estate       □ Education         Professional Services       □ Health         Support Services       □ Others:			No. of Employees		
Landline No.	Mobile No.		Business Email address			Company TIN Company SSS		SS No.	
Average Monthly Sales (in Php)			Average Monthly Expense (in Php)			Average Monthly Net Income (in Php)			
			BANK ACC	COUNT INFO	RMATION				
Bank/Branch	Acct. N	Number	Accour	nt Type	Date C	pening	Cor	ntact No./Per	rson
TRADE REFERE	ENCES: MA	JOR SUPPL	IERS		TRADE F	REFERENCE	S: MAJOR	CLIENTS	
Company Name	Conta	act Person/Number		Company Nar		ne	Contact Person/Number		
	LO	DANS WITH	OTHER FIN	IANCING &	BANKING I	NSTITUTIO	NS		
Name of Institu	ition	Type of Loan		Date Availed		Original Amount		Outstanding Balance	
			PROF	PERTIES OW	VNED				
Year / Make / M	VEHICLES lodel	Mortgaged? If yes, with		Location Size (s		LA Size (sqm)	ND Classification	Mortgaged?	If yes, with
		(Y/N)	whom?			(1)		(Y/N)	whom?
DECLA	RATION AN	ID SIGNATU	JRE (please	put a check	on the bo	x if you agre	ee to the fol	lowing)	
□ I/We hereby certify be false, ABU-EMP Financial ready released). ABU-EM form, make disclosure/s or rating/investigation compa I/We agree that this applic become properties of ABU gathered about me will be Financing, Inc. is not oblig □ For this purpose, I/M Deposits, and authorized A have indicated to have had accounts with creditor ban am/are offering as collaters □ In compliance with agree that, in the course of for processing, ABU-EMP evaluating the loan applicat transmission, storage, dispending the loan application of the properties, as may be necessing.	cing Inc. may MP Financing, r share inform ny or such oth atton form and I-EMP Financi used to determed to disclose We waive my/ABU-EMP Fin d any transact liks, if applicabilation the loan, the requirement of my loan app Financing Incution (herein coposal, use, an cess, collect,	disapprove the line. And its a station contained her persons it dedocuments are ing, Inc. and with the reason for our rights uncancing Inc. to ions and/or buble. I/We further, if any.  The contained her in the lication with Actual to the lication with Ac	is application authorized represent herein or in may deem ne (excluding original properties) and the provision of the provisi	and/or declare resentative are any documen excessary to co ginal bank stat for whatever ran. I/We also on. on of Republic ness/trade chargs with, and county and the county of the count	e the loan to ce hereby authorsterby authors	due and dema orized to valid bmitted in con acity of the infi sed checks) s am/are aware that should my 5, otherwise ke re necessary i ries on the sta conduct an ap s Date Privacy the term of m infomation wh pressly conse	ndable (in casate the information control ubmitted in control that the state //our application control	e the loan pro- ation provided with to any cre- ained herein co- connection here- ements/inform on be denied,  _aw on Secre- m any person is of my/our lo property/ies in I/we acknowled in application is considered rele- sing, collectio- low members	oceeds have d in this edit or therein. ewith nation ABU-EMP ocy of Bank n/entity I/we nan/borrowing that I/we edge and a accepted evant in in, of ABU-
Signature over	printed na	me of Borro	ower	•	Sigr	nature over	printed nar	ne of Co-M	laker



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DATE:						
TO:						
RE:	AUTHORITY TO VERIFY BANK INFORMATION					
To whom	this may concern:					
verify my	-	EMP Financing Inc. or any of its representatives and/or employees to your branch with details as follows:				
	Bank/Branch:					
	Account Name:					
	Account Number:					
amended subseque represen and auth	I, Republic Act No. 10173 (Datent amendments or supplement I/We shall hold the bank and tatives, and agents, free and horities hereunder, or from any appointment.	I to Republic Act No. 1405 (The Bank Secrecy Act of 1955), as ta Privacy Act of 2012), and other laws/regulations, incuding all nts thereto, relative to the confidentiality or secrecy of bank deposits. ABU-EMP Financing Inc., their directors, officers, employees, narmless of any liability arising from their exercise of the remedies action taken by them on the basis of and within the framework of the required information for their reference and perusal.				
		FT 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:					
	Signature over printed na	me / Designation				
Authoriz	ed Signatory/ies,					
Signature	e over printed name	Signature over printed name				

Signature over printed name

Signature over printed name



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10:		
RE:	AUTHORITY TO VI	ERIFY PREMISES
To whom	this may concern:	
premises	This is to authorize a with details below:	ABU-EMP Financing Inc. or any of its representatives to enter and inspect our
	Business Address:	
	Residence Address:	
investiga		ecessary assistance for their verification which is a requirement for credit cation. Attached is my ID for your confirmation.
Sincerely	<b>′</b> ,	
Signature	e over printed name	of Borrower
		SKETCH OF BUSINESS & RESIDENCE