

## APPLICATION FORM

Please write legibly and fill-up all fields. Write **N/A** if the item is **Not Applicable**.

### PURPOSE

Purchase of:

- |   |   |
|---|---|
| <input type="checkbox"/> Acquisition of Residential Lot                                 | <input type="checkbox"/> House & Lot      |
| <input type="checkbox"/> Townhouse/ rowhouse  | <input type="checkbox"/> Condominium      |
| <input type="checkbox"/> House Construction   | <input type="checkbox"/> Major Renovation |
| <input type="checkbox"/> Refinancing/ Take-out of Loan from other financial institution |   |

### CREDIT & BANK REFERENCES

Bank Account	Account Type	Bank / Branch	Account No.	Outstanding Balance
Loans/ Credit Facilities	Institution Bank & Address	Loan Type	Monthly Ammortization	Outstanding Balance
Credit Cards	Card Company	Account Number	Credit Limit	
			Local	
				Int'l
Major Supplies	Company & Address	Amount of Line	Credit Team	

### AMOUNT OF LOAN

Amount of Loan applied <b>₱</b>	Loan Term (years)
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### EMPLOYMENT DETAILS

Applicant Employer (or name of business)	
Office Address	Tel. No.
Position /Title	Years with the company
Previous Employer	
Address	Tel. No.
Spouse Employer (or name of business)	
Address	Tel. No.
Previous Employer	
Address	Tel. No.
Position /Title	Years with the company

### PROPERTY TO BE FINANCED

TCT/ CCT No	Location
Total Area/ sq.m	Lot
Registered Owner	

### PERSONAL INFORMATION

Name (Last Name, First Name, Middle Name)			
Birthdate	Place of Birth	Sex	No. of Dep.
Citizenship		Civil Status	
Name of Spouse (Last Name, First Name, Middle Name)			
Home Address (Lot No., Blk No., Street, Subdivision)			
(Brgy., Town, City/ Province)			Tel. No.
Previous Address (if length of stay in present address is less than 2 years)		Length of Stay	
Philippine Address		Length of Stay	

### FINANCIAL STANDING

<b>ASSETS</b>	Cash on hand	SGD	_____
	Real Estate	SGD	_____
	Stocks and Bonds	SGD	_____
	Motor Vehicles	SGD	_____
	Others (Please Specify)	SGD	_____
	Total Assets	SGD	_____
<b>LIABILITIES</b>	Clean Loans	SGD	_____
	Secured Loans	SGD	_____
	Car Loans	SGD	_____
	Appliance Loans	SGD	_____
	Others (Please Specify)	SGD	_____
	Total Liabilities	SGD	_____
<b>NET WORTH</b>	(TOTAL ASSETS LESS TOTAL LIABILITES) SGD _____		
<b>Monthly Income</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
	Salaries & Loans	_____	_____
	Expenses	_____	_____
	Others	_____	_____
	Total Income	_____	_____
<b>Monthly Income</b>			
	Living Utilities	_____	_____
	Educational & Medical	_____	_____
	Amortizations	_____	_____
	Others (Please Specify)	_____	_____
	<b>Total Expenses</b>	_____	_____
	<b>Net Disposable Income</b>	_____	_____

### PERSONAL PREFERENCES

Name	
Complete Address	
Tel. No.	Relationship

I/WE HEREBY CERTIFY that all information provided on the application form is correct and verifiable. I/WE also authorize PNB to obtain information from my/our banks, employers and other references listed herein to support this application.

Signature of Applicant

Date

Signature of Spouse

Date

**PNB****LOAN SIGNATURE CARD**Singapore  
Office/ BranchType of Loan Housing Loan  
Own a Philippine Home Loan (OPHL)

Amount of Loan ₱ \_\_\_\_\_

_____ Account Name		_____ Mobile No.
_____ Home Address		_____ Telephone No/s.
_____ Business Address		_____ Telephone No/s.
<b>Mailing Address</b>		
<input type="checkbox"/> Home Address	<input type="checkbox"/> Business Address	_____ Fax No.
		_____ E-mail

Please recognize the following signature/s in the operation of the loan account covered by this application:

PRINTED NAME/S	SIGNATURE/S
Signature/s taken by: Name and Designation	Authenticated by: _____ Date Name and Designation

**PNB****LOAN SIGNATURE CARD**Singapore  
Office/ BranchType of Loan Housing Loan  
Own a Philippine Home Loan (OPHL)

Amount of Loan ₱ \_\_\_\_\_

_____ Account Name		_____ Mobile No.
_____ Home Address		_____ Telephone No/s.
_____ Business Address		_____ Telephone No/s.
<b>Mailing Address</b>		
<input type="checkbox"/> Home Address	<input type="checkbox"/> Business Address	_____ Fax No.
		_____ E-mail

Please recognize the following signature/s in the operation of the loan account covered by this application:

PRINTED NAME/S	SIGNATURE/S
Signature/s taken by: Name and Designation	Authenticated by: _____ Date Name and Designation

## CREDIT AND FINANCIAL INFORMATION AUTHORIZATION

Date: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I/WE hereby authorize you to release to Philippine National Bank or any approved credit card reporting agency, for verification purposes, information concerning:

- a. Employment history, dates, title, income, hours worked, etc.
- b. Banking and deposit accounts of record.
- c. Loan/ credit accommodations rating (opening date, high credit, payment amount, loan balance, and payment record).
- d. Any other information deemed necessary in connection with a credit report.

A photocopy or carbon copy of this authorization (being a photocopy or carbon copy of the signature(s) of the undersigned) may be deemed to be the equivalent of the original and may be used as a duplicate original.

This information is for confidential use in compiling a loan credit report for PHILIPPINE NATIONAL BANK. Please respond as soon as possible to facilitate the processing of my loan application.

Thank you.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Signature

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Witnessed by:

\_\_\_\_\_

### COLLATERAL APPRAISAL/ RE-APPRAISAL AUTHORIZATION

(Note: One authorization form per property to be inspected/ appraised)

Date: \_\_\_\_\_

“In relation to my/our loan application(s) and/or existing credit facility(ies) and the property described below, the UNDERSIGNED hereby authorize(s) the PHILIPPINE NATIONAL BANK and its designated representative(s) to conduct the following:

1. verify/ validate/ obtain documents/ data from various government offices/ agencies,
2. conduct inspection/ re-inspection and appraisal/ re-appraisal; and,
3. take photographs of the real estate property(ies), the exterior and interior views/ portions of the improvement(s) thereon subject of Real Estate Mortgages (REMs) and other properties subject of Chattel Mortgages (CMs).”

#### DESCRIPTION OF PROPERTY

- |  |  |
|--|--|
| <input type="checkbox"/> Vacant lot    | <input type="checkbox"/> Lot with proposed/ ongoing construction |
| <input type="checkbox"/> House and lot | <input type="checkbox"/> Condominium/ Townhouse unit             |

Others: \_\_\_\_\_

Location of Property: \_\_\_\_\_

OCT/TCT/CCT No.: \_\_\_\_\_ in the name/s of \_\_\_\_\_

Lot No.: \_\_\_\_\_ Block No.: \_\_\_\_\_ Unit No.: \_\_\_\_\_ Area (in sq.m): \_\_\_\_\_

BUILDING/ IMPROVEMENTS: Year Constructed - \_\_\_\_\_

Name of tenant(s)/ occupant(s) if any: \_\_\_\_\_

Contact person in the Philippines - who will guide the bank appraiser and permit access to subject property

Name: \_\_\_\_\_ Relation to Borrower: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

\_\_\_\_\_  
Property Owner's Signature over Printed Name

\_\_\_\_\_  
Borrower' Signature over Printed Name

Witnessed by:

\_\_\_\_\_

**ENROLLMENT FORM FOR MEMBERSHIP IN THE GROUP MORTGAGE REDEMPTION  
INSURANCE PLAN (PART1)**

Name <i>(Surname, First name, Middle name)</i>		Date of Birth		Gender	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Place of Birth	Height	Weight	Tel. No.
Resident Address		E-mail Address			
Business Address		Company Name			
Occupation/ Position <i>(Please give details)</i>		Fax No.			
Nature of Loan		Amount of Loan		Term of Loan	

Beneficiary/ies: The amount of insurance in force at the time of death and not exceeding the maximum amount specified therein shall be made payable to my Creditor (the Primary Beneficiary) \_\_\_\_\_ and applied accordingly to reduce or extinguish my obligation. Any excess amount of insurance shall be granted to my secondary beneficiary/ies, which will share equally and are revocable unless indicated otherwise in the "REMARKS" column.

Name of Secondary Beneficiary/ies			Date of Birth			Relationship	Remarks
(First Name)	(M.I.)	(Last Name)	MM	DD	YY		

Designation of Trustee (We suggest that you designate a trustee for minor beneficiaries to facilitate claim settlement).

I hereby designate:

Name of Trustee	Relationship to Applicant
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as a trustee of minor beneficiary/ies named above. He is authorized to receive for and behalf of said beneficiary/ies any insurance proceeds due during the minority of the said beneficiary/ies.

The receipt of said trustee of the insurance proceeds due to the minor beneficiary/ies shall discharge the liability of the Company with respect to the amount so paid.

**Additional Information:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have you ever had or been treated to any of the following:   | YES                      | NO                       |
| Heart attack, angina pectoris or arteriosclerosis? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| Cancer, tumor, diabetes, high blood pressure, paralysis or ulcer? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| Any disease of the heart, lungs, brain, liver, stomach or kidneys? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever:   |                          |                          |
| Been declined, postponed or modified in plan or rate for any Life or Disability Insurance? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| In the past two (2) years lost more than fifteen (15) consecutive days from work due to illness, injury, hospital or sanatorium care? .....       | <input type="checkbox"/> | <input type="checkbox"/> |
| Had any other illness, surgery or hospital care in the past five (5) years? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been consulted or medically advised or treated in connection with HIV infection, AIDS or any Sexually Transmitted Disease? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "yes" to any of the above questions, please give complete details (including dates, duration and treatment, names, addresses of the physician) on the back of this form.

I hereby declare that to the best of my knowledge and belief the statements that I have made herein are true and complete and that I am currently well and in sound health. I consent to Allianz PNB Life Insurance, seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health or seeking information from any insurance company to which a proposal has been made for insurance on my life and authorize the giving of such information.

I further agree that if within one (1) year from the date of this declaration, any of the foregoing statements are found to be untrue in any respect, Allianz PNB Life Insurance shall have the right to declare null and void and to revoke the above-mentioned policy.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of Applicant