

Cooperative Bank of Cagayan
LOAN APPLICATION FORM
 NEW/RE-LOAN
LOANS DEPARTMENT
 Diversion Road, San Gabriel, Tuguegarao City

Account No. _____

Please fill in all blank spaces with proper information, put checkmark (a) on the box provided and indicate "N/A" if information is not applicable. Items with asterisk (*) are required to be filled in. For any inquiries, please approach any of our bank personnel.

BORROWER'S DATA

Borrower's Complete Name*

Last Name	First Name	Middle Name	Suffix

Residential Address*

House/Block No.	Subd./Street Name	Barangay	Town/City	Province	Zip Code

Present Address *

House/Block No.	Subd./Street Name	Barangay	Town/City	Province	Zip Code

Gender*	Date of Birth*	Age*	Civil Status*	Contact Details*
<input type="checkbox"/> Male	___/___/___	No. of yrs. of stay on the address indicated above*	<input type="checkbox"/> Single	Email Address: _____
<input type="checkbox"/> Female	mm dd yyyy	_____	<input type="checkbox"/> Married	Phone No.: _____
			<input type="checkbox"/> Separated	
			<input type="checkbox"/> Live-in	
			<input type="checkbox"/> Widow/er	
			<input type="checkbox"/> Annulled	

Employment Status*	Occupation*	Source/s of Fund/s*
<input type="checkbox"/> Employed	<input type="checkbox"/> Government Employee	<input type="checkbox"/> Salary
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Private Employee	<input type="checkbox"/> Pension
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Professional Practitioner	<input type="checkbox"/> Business
<input type="checkbox"/> Retired	<input type="checkbox"/> Business Owner	<input type="checkbox"/> Farming
<input type="checkbox"/> Others:	<input type="checkbox"/> Farmer/Fisherman	<input type="checkbox"/> Remittance
	<input type="checkbox"/> Politician	<input type="checkbox"/> Others

Spouse Complete Name*

Last Name	First Name	Middle Name	Suffix

Application Date: _____ Loan Purpose: _____

Amount Applied: _____

I/We hereby certify that the foregoing information/statements together with the information stated in the Client Information Form are true, correct and complete to the best of my/our personal knowledge and that misrepresentation of any material fact is a ground for disapproval of my/our loan application and if already approved and released, the same shall be a ground for the outstanding obligation to be due and demandable without further notice. I/We furthermore certify as follows:

- (1) To notify the Cooperative Bank of Cagayan of any material change affecting the information contained herein.
- (2) To maintain a permanent cellphone number within the loan duration which may be changed on valid and pressing grounds provided that the new number shall be communicated within three (3) days from the date of change.
- (3) To agree that all information obtained by the Cooperative Bank of Cagayan shall remain its property whether or not the loan is granted.
- (4) I/We understand that should my application be approved, notarized and all other fees pertaining to the registration of mortgage of property shall be for my/our account.
- (5) I/We further authorize any representative of the Cooperative Bank of Cagayan to conduct appraisal to my/our offered security/collateral in my presence or representative, bank/credit/background checking with other bank/financial institutions/private lenders and government agencies instrumentalities to ascertain the veracity and truthfulness of the foregoing information.
- (6) That pursuant to my application, I hereby waive my right under the DATA PRIVACY ACT (R.A. 10173). In effect the Bank can use this waiver to comply R.A. No. 9510.
- (7) If approved, I/We hereby authorize the bank to credit the proceeds of my/our loan to my/our savings account, after I/we shall sign all the documents pertaining to our loan.

_____ Borrower's Signature Over Printed Name Date

_____ Spouse's Signature Over Printed Name Date

This portion is to be filled-up by Bank personnel only

LOAN DETAILS

SECURITY	OFFERED COLLATERAL/s					
<input type="checkbox"/> Unsecured	Type	Description/Title No.	Area	Fair Market Value	Appraised Value	Loanable Value
<input type="checkbox"/> Secured						
For Secured:						
Type of Collateral/s						
<input type="checkbox"/> REM						
<input type="checkbox"/> CM						
<input type="checkbox"/> Others						
	TOTAL					

DEBT PAYING CAPACITY (must be supported with Cash Flow)

Debt Paying Capacity _____

AMOUNT OF CREDIT LINE

Maximum Credit Line _____

Less: Total Outstanding Loans _____

Total Available Credit Line _____

OUTSTANDING LOANS

PN No.	Date Granted	Maturity Date	Amount Granted	Outstanding Balance
TOTAL (please use another sheet for more than five (5) outstanding loans)				

LOAN CYCLE NO. _____

Loan History (latest four)

Legend: 1-New Loan 2-Re-loan 3-Renewal 4-Restructured

LOAN RECOMMENDATION AND APPROVAL

I hereby recommend Mr/s. _____, borrower-applicant to avail: New Loan Re-loan
 under Agri-agra DIL Microfinance SME-_____ C/PL-_____
 LIOP-_____ type of loan, after careful review and evaluation of the applicant's debt paying capacity, offered collateral and project, the above-named applicant is qualified for loan availment amounting to Php_____ within the borrower's credit line with interest rate of _____% per annum on a _____ basis and service charge of _____% per annum with a term of _____ days.

Remarks/Comments:

Recommended by:

Reviewed & Checked by:

Appraisal & Evaluation Staff

Appraisal & Evaluation Supervisor

LOAN APPROVAL

Approving Authority (Board Resolution No. ____, Series of _____)

Total Outstanding Balance _____
 Add: Recommended Amount _____
Total _____

Assistant Loans Department Head (up to P200,000.00)
 Loans Department Head (above P200,000. - P500,000.00)
 Chief Operating Officer (above P500,000 - P800,000.00)
 President (above P800,000- P1,500,000.00)
 Board Credit Committee(above P1,500,000 - P3,000,000.00)
 Board en Banc (above P3,000,000.00)

Maximum Credit Line : _____

Expiry of Credit Line(1 year from the date of approval-subject to revalidation)

Approved by: _____ *Board Credit Committee*
 Lending Unit Supervisor _____ **Dir.** _____ Date: _____
Name of LUS _____ Date: _____ **Dir.** _____ Date: _____
 _____ **Dir.** _____ Date: _____

Loans Department Head
Name of LDH _____ Date: _____ *Board en Banc*
 Board Resolution No. _____, Series of _____ dated _____.

Chief Operating Officer
Name of COO _____ Date: _____

President
Name of Pres. _____ Date: _____

COMMENTS OF THE APPROVING AUTHORITIES

APPROVED Reason/s for Deferral/Dis-approval (please specify) _____
 DEFERRED _____
 DIS-APPROVED _____

Approved Loan Package

Loan Amount: _____ **Mode of Payment:** Lumpsum
Loan Type: _____ Amortized
Loan Term (in days): _____ Weekly Tri-annually
Interest Rate (p.a): _____ Bi-monthly Semi-annually
Service Charge (p.a): _____ Monthly Annually
Penalty rate (p.a) : _____ Quarterly

Other conditions: That the loan shall be covered with the following:

Mortgage Redemption Insurance
 Comprehensive Insurance(CM)
 Fire Insurance(REM w/ Improv)
 Heirs Bond(REM-Rule 74 Sec. 4 of rules of court)
 CB-Kalinga(optional up to 8 Units)

} deduction on D/S or clients capital equity, mandatory renewal after 1 year and every year thereafter until the loan is fully settled.

I HEREBY CERTIFY THAT THE ABOVE STATED LOAN TERMS AND CONDITIONS HAS BEEN EXPLAINED TO ME BY THE

Conforme: _____, Date _____
 Client Signature Over Printed Name