

SOURCE OF PRODUCT INFORMATION

☐ Newspaper/Magazine

☐ Developer

☐ Mail/Brochure

☐ Bank Personnel

☐ Walk-in

☐ OTHERS:

VEHICLE DETAILS

TYPE OF VEHICLE

☐ AUTO

☐ AUV

☐ SUV

☐ LCV

☐ TRUCK

☐ OTHERS:

USE OF VEHICLE

☐ PERSONAL USE

☐ COMMERCIAL USE

BRAND

MAKE

YEAR/MODEL

LOAN DETAILS

CASH PRICE

PHP

DOWNPAYMENT

PHP

AMOUNT FINANCED

PHP

TERM

☐ 12 MOS.

☐ 18 MOS.

☐ 24 MOS.

☐ 36MOS.

☐ 48 MOS.

☐ OTHERS:

MODE OF PAYMENT

☐ Arrears

☐ One Month Advance

Please check applicable box: ☐PRINCIPAL APPLICANT ☐CO-MAKER

FAMILY NAME

FIRST NAME

MIDDLE NAME

EMAIL ADDRESS

RESIDENCE PHONE NO.

RESIDENCE FAX NO.

MOBILE PHONE NO.

NATIONALITY

☐ Filipino

☐ Foreign National

Nationality:

CIVIL STATUS

☐ Single

☐ Married

☐ Widow(er)

☐ Legally Separated

☐ Separated-in-Fact (w/o papers)

SEX

☐ Male

☐ Female

AGE

T. I. N.

BIRTHDAY

BIRTHPLACE

CURRENT HOME ADDRESS (Philippines)

ZIP CODE

YEARS OF STAY

HOME OWNERSHIP

☐ Owned

☐ Rented

☐ OTHERS:

PREVIOUS HOME ADDRESS (Philippines)

ZIP CODE

OVERSEAS ADDRESS

OVERSEAS RESIDENCE PHONE NO.

OVERSEAS FAX NUMBERS

OVERSEAS HOME OWNERSHIP

☐ Owned

☐ Rented

☐ Others:

YEARS OF STAY

SOURCE OF INCOME

☐ OFW (Sea-based)

☐ OFW (Land-based)

☐ Employed

☐ Self-employed

☐ Professional

NO. OF DEPENDENTS

EMPLOYER/BUSINESS NAME (CURRENT)

BUSINESS TELEPHONE NO.

EMPLOYER/BUSINESS ADDRESS (CURRENT)

NATURE OF BUSINESS

POSITION

YRS IN WORK/BUS.

PREVIOUS EMP./BUS. NAME (IF LESS THAN 2 YEARS WITH CUR. EMPLOYER)

BUSINESS TELEPHONE NO.

PREVIOUS EMPLOYER/BUSINESS ADDRESS (IF LESS THAN 2 YEARS WITH CURRENT EMPLOYER)

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ZIP CODE

YEARS OF STAY

HOME OWNERSHIP

☐ Owned

☐ Rented

☐ OTHERS:

PREVIOUS HOME ADDRESS (Philippines, if different from applicant)

ZIP CODE

OVERSEAS ADDRESS (if different from applicant)

OVERSEAS RESIDENCE PHONE NO.

OVERSEAS FAX NUMBERS

OVERSEAS HOME OWNERSHIP

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☐ Others:

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PREVIOUS EMPLOYER/BUSINESS ADDRESS (IF LESS THAN 2 YEARS WITH CURRENT EMPLOYER)

NATURE OF BUSINESS

POSITION

YRS IN WORK/BUS.

DEPOSIT AND LOAN REFERENCES

	BANK/INSTITUTION/CAR ISSUER (Address/Branch)	ACCOUNT/CARD NUMBER	OUTSTANDING BALANCE
Savings/Current Account (1)			
Savings/Current Account (2)			
Savings/Current Account (3)			
Time Deposits (1)			
Time Deposits (2)			
Trust/Money Market			
Credit Cards (1)			
Credit Cards (3)			
Credit Cards (2)			
Loans (1)			
Loans (2)			
Loans (3)			

TRADE REFERENCES

NAME	ADDRESS	TELEPHONE NUMBER
Customer		
Customer		
Customer		
Supplier		
Supplier		
Supplier		

MONTHLY INCOME PROFILE	
Primary Income (Principal Bor.)	
Primary Income (Spouse)	
Bonuses (Principal Bor.)	
Bonuses (Spouse)	
Other Income	
TOTAL MONTHLY INCOME	

MONTHLY EXPENSE PROFILE	
Living and Utilities	
Education & Medical	
Loan Payments	
Credit Card Payments	
Miscellaneous	
TOTAL MONTHLY EXPENSES	

I/We certify that all information furnished herein are true and correct to the best of my/our knowledge. The above information are given for the purpose of obtaining credit from Metropolitan Bank & Trust Company (Metrobank). I/we authorize Metrobank to obtain information concerning, but not limited to, any statement made herein or those information obtained in the course of credit investigations. The sources from whom these information may be obtained, including those which were reported/produced during the course of credit investigations, are authorized to provide Metrobank with the required information to facilitate the processing and approval of this application. In the event that this loan application is disapproved, I/we also undertake to hold Metrobank free from the responsibility of disclosing to me/us the reason for such disapproval. In case of any misdeclaration made on this application form, Metrobank has the right to request for additional information/document, to deny the application or to cancel the approval.

SIGNATURE OF BORROWER/CO-MAKER

DATE

SIGNATURE OF SPOUSE

DATE

THIS PORTION IS TO BE FILLED UP BY THE BANK ONLY

DATE

☐ Referred
☐ Endorsed

NAME OF ORIGINATING BRANCH/DEPT.

RC OF ORIGINATING BRANCH/DEPT.

OFFICER

Please check applicable box: ☐ PRINCIPAL APPLICANT ☐ CO-MAKER

SPOUSE

RM NUMBER

ILS CUSTOMER NUMBER

RM NUMBER

ILS CUSTOMER NUMBER

