**AUTHORIZATION TO INQUIRE ABOUT BANK ACCOUNTS**

**Part I. Borrower Authorization**

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

Name and address of Bank

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gentlemen:

I hereby authorize Maybridge (Asia) Finance and Leasing, Inc. or its credit inquiry partner, Maybank Philippines, Inc., to inquire directly with you regarding the details of my bank accounts, including my handling of said accounts in connection with my Personal Loan Application. I likewise expressly authorize you to release information directly to them by filling out Part II below.

This will not be in violation of **Section 2 Republic Act 1405** **or the Bank Secrecy Law** which states that: “ *All deposits of whatever nature with banks or banking institutions in the Philippines including investment in bonds issued by the Government of the Philippines, its political subdivisions and its instrumentalities, are hereby considered as of an absolutely confidential nature and may not be examined, inquired or looked into by any person, government official, bureau or office,* ***except upon written permission of the depositor,*** *or in cases of impeachment, or upon order of a competent court in cases of bribery or dereliction of duty of public officials, or in cases where the money deposited or invested is the subject matter of the litigation”.*

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of Borrower

Current Account No.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Pls. fax confirmation at fax no. 856-6665

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part II. Disclosure by Depository Bank**

We confirm that M\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ maintains the following bank accounts with us:

Type of Account Account No. Date Opened

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We further confirm that to the best of our knowledge, the handling of the above accounts has been characterized by:

\_\_\_\_\_\_\_No incidence of returned checks and late funding

\_\_\_\_\_\_\_Occasional incidences (twice a year or less) of returned checks and late funding

\_\_\_\_\_\_\_Frequent incidences of returned checks and late funding (more than twice a year)

Name and signature of authorized office

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date