SEAM LOA		This space to be filled up	Date Filed w/agent Primary Wo agent Secondary Loan Officer Recommending Approval Disapproved						To facilitate processing of application, kindly fill up application form, writing N/A in areas not applicable. Thank you!					
Type ofNewDesired Loan AmountApplicationReloan								Preferr	Preferred Due Date				lease attach here hoto of applicant	
Purpose of Loar	n 🗌 Temporar	-			r Medical Exp r Home Impro		Business Others: _							
		Firef		SONAL IN	FORMATIC	N, EMPLOYN		ND FINA						
Last Name First Name				Middle Name										
Height Weight Date of Birth					Marital Single Widowed Status Married Divorced					Living TogetherSeparated				
Current Home A	Address							Ler	ngth of	Stay			lease attach here hoto of allotee/co- borrower	
Home Phone No. Mobile Phone No.				No.	Type of Rented Mortgaged Property Mo. Residence Owned Living w/ Relatives					Mo. Ren	nt/Amort			
E-mail Address SSS			S No. TIN No.			Driver's Lic. No./Va			o./Valid			ake, Model, Plate No.s of ehicles Owned		
Provincial Address (if any)					Leng				ngth of	h of Stay				
Previous Address (last prior address before current)								Ler	Length of Stay			Vehicle Financed By		
Name of Dependent Age Sc				School/E	chool/Employer			Level			М	Mo. Amort		
											B	Beginning Date of Amort		
									Fin			inal Date	al Date of Amort	
Manning/Recruitment Agency						Tel. No/s. Positio				Mo. Salary		Le	ength of Contract	
Business Address						No. of Trip			ps Mad	lade Departure Date		Date Jo	ining Port	
Applicant's Spouse Last Name First Name						Middle Name			Date of Birth		Birth	·	Age	
Applicant's Employer/Own Business						Tel. No/s.		Position		Мо	Mo. Salary		ears w/ Co.	
Business Address						1	Nature of Busi			ess	Type of Employment		Employed Own Business	
				A	ALLOTEE/C	O-BORROWE)						
Allotee's Last Name First Name				Middle Nam					Sex	Civil S	tatus	Date of Birth		
Allotee's Current Home Address						Hom	Home Tel. No.		Mobile	e Phone No. F		ation to Applicant		
SSS No. TIN No.).		Spouse	Spouse's Full Name					lo. of Dependents			
Applicant's Employer/Own Business						Tel. No/s. Pos			tion Mo. S		. Salary	ary Years w/ Co.		
Business Addre	SS				00141-00			lature of	f Busine	ess	Type o Emplo	of [oyment [Employed Own Business	
PERSONAL Name EFERENCES elatives and				ERSONAL AND CREDIT REFERENCE			CES			Relation	nship	Contact No/s.		
iends not living ith you) - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8				Ассон	unt Officer	an	n Mo. Amortiza		on Ma	aturity Dat	e Cre	edit Experience		
Bank/Finan Bank/Finan See Bank/Credit	t Card Issuer, Bra	Issuer, Branch Ac			unt/Card No.	Date Opened/I		Issued		Tvne		/pe of Acc	e of Account	
9 Bank/Credit Card Issuer, Branch Au 1 1 1 1 1 1										O Current O Savings O Payroll O Credit Card O Current O Savings O Payroll O Credit Card				

I hereby certify that the information presented above for the purpose of acquiring a loan from CENTRAL VISAYAS FINANCE CORPORATION are true and correct to the best of my knowledge. I authorize CENTRAL VISAYAS FINANCE CORPORATION admits authorized representative to conduct the corresponding credit verification. I agree that this application form and the documents submitted in connection herewith become properties of CENTRAL VISAYAS FINANCE CORPORATION and will not be returned for whatever reason. I am aware that the statements/information gathered about me will be used to determine my eligibility for this Ioan. I also understand that should my application be denied, CENTRAL VISAYAS FINANCE CORPORATION is not obliged to disclose the reason for such rejection. I agree to provide CENTRAL VISAYAS FINANCE CORPORATION with additional information that may be required for the proper evaluation of my application. I hereby warrant that should I change my current home address, I am under obligation to inform CENTRAL VISAYAS FINANCE CORPORATION of the new address, otherwise, I agree and understand that CENTRAL VISAYAS FINANCE CORPORATION shall consider stated address in this application form as my permanent address and any demand letter or notices sent via registered mail shall be deemed received. received.

PRINTED NAME AND SIGNATURE OF PRINCIPAL BORROWER/DATE SIGNED

PRINTED NAME AND SIGNATURE OF CO-MAKER/DATE SIGNED

Please attach sketch of residence (borrower and co-maker). If possible, please use MAPS.GOOGLE.COM for easier reference. Thank you!