



OWNERSHIP/MANAGEMENT INFORMATION

BUSINESS LOAN APPLICATION SUPPLEMENTARY FORM

OWNERSHIP / MANAGEMENT INFORMATION				
1. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated
Nationality (ACR No., Date / Place of issue if Foreigner)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth	Date of Birth (mm-dd-yyyy)	Contact No.
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)	Contact No. of Spouse
Present Home Address			Length of Stay _____ yrs _____ mos.	
Home Ownership <input type="checkbox"/> Owned (not mortgaged) <input type="checkbox"/> Owned (mortgaged) P _____/month <input type="checkbox"/> Living with relatives <input type="checkbox"/> Rented P _____/month		Name of Lessor		Contact No. of Lessor
Permanent Address (If different from present home address)		Length of Stay _____ yrs _____ mos.	TIN	Email Address
Source of Funds <input type="checkbox"/> Income from Business <input type="checkbox"/> Commissions/ Incentives/ Consultancy Fees <input type="checkbox"/> Investment <input type="checkbox"/> Pension / Retirement <input type="checkbox"/> Salary <input type="checkbox"/> Support from Relatives/ Spouse <input type="checkbox"/> Remittances <input type="checkbox"/> Seafarer Allotment <input type="checkbox"/> Others (specify): _____				
2. Name of Stockholder / Director / Officer (Last Name, First Name, Middle Name)			Position / Title	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated
Nationality (ACR No., Date / Place of issue if Foreigner)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth	Date of Birth (mm-dd-yyyy)	Contact No.
Name of Spouse (Last Name, First Name, Middle Name)			Spouse Date of Birth (mm-dd-yyyy)	Contact No. of Spouse
Present Home Address			Length of Stay _____ yrs _____ mos.	
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