

Branch: _____

GENTLEMEN:

In the amount of Pesos: _____ (Php _____)

Payable in _____ days / months to be used for: _____

Purpose _____

1.		Php
2.		Php
3.		Php
	Total	Php

Name of Spouse: _____ Age: _____ SSS/GSIS: _____
Community Tax Certificate _____ TIN: _____ Philhealth: _____

Employer	_____	Firm / Trade Name:	_____
Address	_____	Nature of Business:	_____
Annual Salary	_____	Address:	_____
Position	_____		_____
Length of Service	_____		

Length of Stay at Present Residence: _____ Years: _____ Months: _____

Name of Bank	Description of Properties	Accommodation / Date Aailed	Amount

Name of Bank	Type of Deposit	Accommodation

I/ We hereby certify that the information furnished on this application is correct. It is agreed that RDCC may inquire into the correctness of the information submitted herein by method as it may seem proper to use and that these documents shall remain the property of the RDCC whether or not the loan is granted.

Signature of Spouse

RD CREDIT CORPORATION

Branch: _____

CO-MAKER STATEMENT

_____ 20 ____

I agree to be the co-maker of the applicant _____ in signing the note which will evidence the loan he/she is applying. If granted, I am aware that in signing the note as co-maker, I become jointly and solidarily liable with the applicant. I am also aware that you will rely on the truth of the following statements in considering the credit risk to the requested loan of Php _____.

(Kindly answer full all questions bellow – if none, State “NONE”)

Name of Applicant _____

Business Address _____

Residence Address _____

Community Tax Certificate/Date/Place _____

Age: _____

Tel. No. _____

Tel. No. _____

Status: _____

SSS/GSIS: _____

Philhealth: _____

TIN: _____

Name of Spouse: _____

Community Tax Certificate _____

Age: _____

TIN: _____

SSS/GSIS: _____

Philhealth: _____

No. Dependents: _____

Do you own your residence? { } Yes { } No.

Length of Stay at Present Residence: _____

Years: _____

Months: _____

EMPLOYED

Employer _____

Address _____

Annual Salary _____

Position _____

Length of Service _____

IF SELF - EMPLOYED

Firm / Trade Name: _____

Nature of Business: _____

Address: _____

Credit Information / Bank Account / Bank Reference

Name of Bank	Type of Deposit	Accommodation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Outstanding Obligation, if any	{ }	As Principal	{ }	as Guarantor	
Creditors: _____		Original Amount		Present Balance	Maturity
_____		_____		_____	_____
_____		_____		_____	_____
_____		_____		_____	_____

MISCELLANEOUS:

How long have you known the applicant? _____

Are you related? How? _____

Have you ever been a borrower? _____

Name of Lender _____

Have you been a co-maker? _____

Name of Borrower _____

The undersigned authorizes the RD CREDIT CORPORATION to obtain such information as it may request concerning this application and agree that these documents shall remain the property of RDCC whether or not the loan is granted. The undersigned hereby certifies that the information stated above is true and correct agrees to notify RDCC of any material change affecting any loan based on information contained herein.

Signature of Co-maker