



SIMBAYANAN

NI MARIA MULTI-PURPOSE COOPERATIVE

APP. NO.
DATE:
DEALER:
MARKETING PROF:

MOTOR VEHICLE LOAN APPLICATION FORM

APPLICATION FOR MOTOR VEHICLE FINANCING ☐Employee ☐Own Business/Professional

PLEASE FILL OUT COMPLETELY TO FACILITATE APPROVAL. PLEASE SKETCH ROUTE TO RESIDENCE AT BACK OF THIS APPLICATION

I/We certify that all the informations entered into this loan application are true, correct and complete. I/We authorize you to verify and investigate said information from whatever sources you may consider appropriate. I/We authorize the sources that you approach to provide information relative to this application. I agree that this application and the information derived will remain your property whether the loan is granted or not. I/We understand that any misrepresentation may adversely affect approval of this application and status of my loan if already granted.

APPLICATION DETAILS AND PREFERRED TERMS OF LOAN APPLICATION			
<input type="checkbox"/> PRINCIPAL APPLICANT <input type="checkbox"/> CO-MAKER	CASH PRICE	DOWNPAYMENT	AMOUNT FINANCED
<input type="checkbox"/> INDIVIDUAL	BRAND	MAKE/UNIT	YEAR/MODEL
<input type="checkbox"/> FIRST APPLICATION <input type="checkbox"/> REPEAT APPLICATION NUMBER OF REPEATS <input type="text"/>	DEALER	VEHICLE CLASSIFICATION <input type="checkbox"/> BRAND NEW <input type="checkbox"/> RECONDITIONED <input type="checkbox"/> USED	VEHICLE USE <input type="checkbox"/> PERSONAL USE <input type="checkbox"/> COMMERCIAL USE
TYPE OF VEHICLE <input type="checkbox"/> PASSENGER CAR (AUTO) <input type="checkbox"/> ASIAN UTILITY VEHICLE (AUV) <input type="checkbox"/> SPORTS UTILITY (SUV) <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> LIGHT COMMERCIAL VEHICLE <input type="checkbox"/> OTHERS (PLS. SPECIFY)		PREFERRED TERM <input type="checkbox"/> 12 MOS. <input type="checkbox"/> 36 MOS. <input type="checkbox"/> 18 MOS. <input type="checkbox"/> 48 MOS. <input type="checkbox"/> 24 MOS. <input type="checkbox"/> 60 MOS.	PREFERRED MODE OF PAYMENT <input type="checkbox"/> IN ARREARS (ONE MONTH AFTER) <input type="checkbox"/> ONE MONTH ADVANCE (OMA)

APPLICANT	APPLICANT'S LAST NAME		FIRST	MIDDLE NAME	<input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED	SPOUSE'S LAST NAME		FIRST	MI
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		(MAIDEN NAME IF WIFE)		<input type="checkbox"/> MARRIED <input type="checkbox"/> LIVING APART	(MAIDEN NAME IF WIFE)			
	DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP	ACR NO.	<input type="checkbox"/> ABROAD <input type="checkbox"/> SEPARATED				
					NO. OF YEARS	<input type="text"/>			
	COMPLETE HOME ADDRESS				<input type="checkbox"/> OWNED <input type="checkbox"/> MORTGAGE TO	<input type="checkbox"/> USED FREE <input type="checkbox"/> RENTED	HOME TEL. NO/S.		
EDUCATIONAL ATTAINMENT: <input type="checkbox"/> HIGHSCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> GRADUATE/PG									
COMPLETE PROVINCIAL ADDRESS									
PROVINCIAL TEL. NOS									

INCOME	APPLICANT'S EMPLOYER / BUSINESS NAME / SOURCE OF INCOME:		SPOUSE'S EMPLOYER / BUSINESS NAME / SOURCE OF INCOME:				
	<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> SELF-EMPLOYED		<input type="checkbox"/> GOVERNMENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> SELF-EMPLOYED				
	NATURE OF BUSINESS / PROFESSION:		NATURE OF BUSINESS / PROFESSION:				
	BUSINESS ADDRESS:		BUSINESS ADDRESS:				
	FAX NO.: TEL. NO.:		FAX NO.: TEL. NO.:				
POSITION / TITLE:		LENGTH OF STAY:		POSITION / TITLE:		LENGTH OF STAY:	

FINANCES	APPLICANT'S MONTHLY TAKE HOME PAY: _____		LESS: _____	AMORTIZATIONS: _____	
	SPOUSE'S MONTHLY TAKE HOME PAY: _____			RENTALS: _____	
	ADD: OTHER SOURCE OF INCOME: _____			HOUSEHOLD EXP: _____	
	_____			OTHER EXPENSES: _____	
	_____			TOTAL EXPENSES: _____	
TOTAL MONTHLY INCOME: <input type="text"/>		NET MONTHLY INCOME: <input type="text"/>			

BANK / COOP DEPOSITS					
BACK /COOP /BRANCH NAME	TYPE OF DEPOSIT	ACCOUNT NUMBER	DEPOSIT BALANCE	CONTACT PERSON	CONTACT NUMBER

VEHICLES OWNED				
VEHICLE BRAND	MAKE	YEAR MODEL	TYPE	IF MORTGAGED, STATE BANK AND BRANCH

REAL ESTATE PROPERTIES OWNED				
TCT/ CCT NUMBER	AREA (sq.m.)	ADDRESS OF PROPERTY	TYPE OF PROPERTY	IF MORTGAGED, STATE BANK AND BRANCH

LOANS						
BACK /COOP /BRANCH NAME	TYPE OF LOAN	ORIGINAL LOAN AMOUNT	OUTSTANDING BALANCE	MONTHLY AMORTIZATION	CONTACT PERSON	CONTACT NUMBER

CREDIT CARDS				

TRADE REFERENCES					
					AVE. MONTHLY VOLUME

CO-MAKER'S LAST NAME		FIRST	MIDDLE NAME	<input type="checkbox"/> SINGLE	<input type="checkbox"/> WIDOWED	SPOUSE'S LAST NAME		FIRST	MI
<input type="checkbox"/> MALE		<input type="checkbox"/> FEMALE	(MAIDEN NAME IF WIFE)	<input type="checkbox"/> MARRIED	<input type="checkbox"/> LIVING APART	(MAIDEN NAME IF WIFE)			
DATE OF BIRTH	PLACE OF BIRTH	CITIZENSHIP	ACR NO.	<input type="checkbox"/> ABROAD	<input type="checkbox"/> SEPARATED				
				NO. OF YEARS					
COMPLETE HOME ADDRESS				<input type="checkbox"/> OWNED <input type="checkbox"/> MORTGAGE TO _____		<input type="checkbox"/> USED FREE <input type="checkbox"/> RENTED		HOME TEL. NO/S. _____	
EDUCATIONAL ATTAINMENT: <input type="checkbox"/> HIGHSCHOOL <input type="checkbox"/> COLLEGE <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> GRADUATE/PG									
COMPLETE PROVINCIAL ADDRESS						PROVINCIAL TEL. NOS			

NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP	TEL. NO.	ADDRESS
PERSONAL REFERENCES			TEL. NO.	ADDRESS
NAME OF CHILDREN / DEPENDENTS		AGE	SCHOOL	GRADE / YEAR
PERSONAL REFERENCES			TEL. NO.	ADDRESS

Signature of Applicant

SSS /GSIS _____

TIN _____

CTC NO _____

ISSUED AT _____

DATE _____

Signature of Spouse

☐ APPROVED ☐ DECLINED ☐

☐ SPOUSE AS CO-MAKER

☐ PDC's

RECOMMENDED BY

CODE

DATE

APPROVING OFFICER

OFF. CODE

DATE

SKETCH ROUTE TO RESIDENCE HERE: