BOF-LDD Form No. 2 (White)
(Revised 06/2015-Printed 10/2015)

BANK OF FLORIDA
A Rural Bank

_____Office

(1"x 1")
Client Photo

CLIENT NUMBER _____

LOAN APPLICATION (LA)

Note: To Borrower: To ensure fast and efficient processing of your application, be sure that all blanks in this application form are filled up properly.

LOAN REQUESTED		ECONOMIC ACTIVITY OF LOAN	DATE
Amount	No. of Yrs. _____		

COLLATERAL/S Offered (if space is not enough, write at the back)
Property Address _____
_____

TCT No. _____ Lot No. _____ Block No. _____
TCT Presently in the name of:
_____

BORROWER:

*Name _____ *Date of Birth _____ Place of Birth _____ Age_____
(Last) (First) (Middle)
Civil Status [ ] Single [ ] Married _____ years [ ] Widowed _____years [ ] Separated _____years
No. of Dependents of Borrower and Spouse [ ] Dependent's Age [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
ID No. 1 _____ Description _____ ID No. 2 _____ Description _____
Name of Father:_____ Name of Mother:_____ Number in the Family:_____
*Home Address:_____
Tel No._____ Fax No. _____ *Mobile No. _____
Years in above address: _____ [ ] Own [ ] Rent [ ] Living with parents/relatives
Provincial Address: _____
Tel No._____ Fax No. _____ Mobile No. _____
E-mail Address _____ TIN _____ SSS/GSIS No. _____
Educational Attainment: School:_____ Year Graduated: _____ Degree/Title: _____
Life Insurance: Company:_____ Amount Insured: ₱_____ Maturity:_____ Beneficiary:_____
Health Condition: _____ Successor: _____

BORROWER'S EMPLOYMENT STATUS

☐ Employed
☐ Formally Employed ☐ Informally Employed
Name of Employer/Business Name: _____
Employer's Business Address: _____ Zip Code _____
Tel No._____ Fax No. _____ Mobile No. _____
Nature of Work/Business: _____ Position _____
Form of Employer's Business Organization: ☐ Partnership ☐ Cooperative ☐ Corporation: % of shares (if applicable) _____
☐ Others (please specify) _____
Are you an Officer, Director or Stockholder of a Company? ☐ Yes ☐ No

☐ Self-employed (Sole Proprietorship)
Business Name:_____
Business Address: _____ Zip Code _____
Tel No._____ Fax No. _____ Mobile No. _____
Nature of Work/Business: _____ Position _____
*DTI/S.E.C. Reg. No._____ *Reg. Date_____ *Reg. Expiry_____ Place of Registration _____

☐ Unemployed
Source of Funds_____ Source of Income _____
Previous Employment: Employer: _____ Address: _____ Inclusive Date:_____ Position:_____

SPOUSE:

Name _____ Date of Birth _____ Place of Birth _____ Age_____
Name of Father:_____ Name of Mother:_____ Number in the Family: _____
Educational Attainment: School:_____ Year Graduated:_____ Degree/Title : _____
Employer (or Name of Business, if self employed)_____
Office Address_____ Tel No._____
Nature of Business _____ Position _____ Length of Service _____ yrs._____
Previous Employment: Employer: _____ Address: _____ Inclusive Date:_____ Position:_____

FOR JURIDICAL ENTITIES:

*Business Name: _____
Type: Sole Proprietorship_____ Partnership_____ Cooperative_____ Corporation: _____ % of shares _____ Others (please specify) _____
*DTI/S.E.C. Reg. No._____ *Reg. Date_____ *Reg. Expiry_____*Place of Reg. _____
Address: *Head Office _____ Tel No._____ Fax No. _____ *Mobile No. _____
Branch _____ Tel No._____ Fax No. _____ Mobile No. _____
*Nature of Business _____ E-mail Address _____ *Business TIN _____ Business SSS/GSIS No. _____
Authorized Representative/s (1) _____ Position: _____
(2) _____ Position: _____
Home Address (1) _____ Tel No. : _____
Home Address (2) _____ Tel No. : _____

CO-MAKER/GUARANTOR:

Name _____ Date of Birth _____ Place of Birth _____ Age_____
Name of Father:_____ Name of Mother:_____ Number in the Family:_____
Home Address: _____ Tel No._____
Educational Attainment: School:_____ Year Graduated: _____ Degree/Title : _____
Employer (or Name of Business, if self employed)_____
Office Address _____ Tel No. _____
Nature of Work/Business:_____ Position_____ Length of Service _____ yrs.
If self-employed: *DTI/S.E.C. Reg. No._____ *Reg. Date_____ *Reg. Expiry_____ Place of Registration _____
Source of Funds _____ Source of Income _____
If Married: Name of Spouse:_____ Date of Birth _____ Place of Birth_____ Age_____
No. of Dependents of Co-maker/Guarantor and Spouse [ ] Dependant's Age [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Name of Father:_____ Name of Mother:_____ Number in the Family:_____
Relationship of Co-maker to Borrower: _____
Previous Employment: Employer: _____ Address: _____ Inclusive Date:_____ Position:_____

* Mandatory Fields

MONTHLY INCOME	Borrower	Spouse	Total
Salaries/Bus. Income	₱	₱	₱
Allowances			
Commissions			
Rental Income			
Others (specify)			
Total	₱	₱	₱

MONTHLY EXPENSES	
Living and Utilities	₱
Education	
Transportation	
Loan Amortization	
Others (specify)	
Total	₱

SOURCE/S OF FUNDS/REPAYMENT

PRIMARY SOURCE	SECONDARY SOURCE

DEPOSIT INFORMATION

Bank:				
Branch:				
Type of Account:				
Account Name:				
Account Number:				
Balance:	₱			
Date: (As of ___)				

LOAN INFORMATION

Bank:				
Branch:				
Type of Loan:				
Collateral:				
Approved Amount:				
Outstanding Balance:				
Amortization:				
Date Granted:				
Maturity Date:				
Interest Rate:				

TRADE REFERENCES

Name of Supplier	Address	Contact Person	Tel. No.	Volume Per Month

Name of Client	Address	Contact Person	Tel. No.	Volume Per Month

	TCT NO/S	Classification	Location of Property	Area	Description of Improvements
Collateral					

OTHER PROPERTIES OWNED OTHER THAN OFFERED COLLATERAL/S

	TCT NO/S	Classification	Location of Property	Area	Description of Improvements
Real Estate					

MOTOR VEHICLES: Unit: _____ Type: _____

OTHERS (Please specify) : _____

This portion is to be filled up by officer of BOF

Risk Type of Customer: ☐ Low ☐ Normal ☐ High

Standard of Diligence: ☐ Reduced ☐ Average ☐ Enhanced

☐ NFIS ☐ OFAC

GENERAL COMMENTS AND ENDORSEMENT

_____

_____

_____

_____

Rating: Excellent ...5 Very Satisfactory...4 Satisfactory...3 Below Satisfactory...2 Needs Improvement...1

CHARACTER _____ CAPACITY _____ COLLATERAL _____ Signature of BOO/BOS/BOIC: _____

AUTHORIZATION

I/We confirm that the above information is true and correct to the best of my/our knowledge. I/We am/are aware that any false statement may be an immediate cause for denial of this loan. In connection with this application, I/we authorized BOF, INC. (A Rural Bank) to obtain such other information as may be required. This authorization includes obtaining information from suppliers, commercial banks, rural banks and all other creditors while releasing these institutions from liability under any and all bank secrecy laws. In addition, I/we waive confidentiality of information and I hereby authorize BOF to conduct random verification with the Bureau of Internal Revenue (BIR) to establish authenticity of the Income Tax Return (ITR) and accompanying financial statements.

I/We hereby waive my/our rights under existing laws relating to the confidentiality of bank deposits and further unconditionally and irrevocably hold free and harmless as well as indemnify BOF, its directors, officers, employees and representatives (collectively, the "Bank") from any and all liabilities, claims, suits, charges or expenses of whatever nature arising out of or in connection with its issuance and/or use of the certification.

Further, I/we authorize the Bank to disclose any/all information regarding the aforesaid bank deposit placement/ loan dealings in the event said institution to whom the certification is submitted seeks confirmation of its contents.

Signature (Borrower) _____ Signature (Borrower) _____
Date _____ Date_____

Distribution: 1- BOF/BCF