

BDO Asenso Kabayan Personal Loan Application Form

RC:	_____
SC:	_____
Country:	Company:
Name of Referrer:	

BASIC APPLICATION REQUIREMENTS

1. Must be 25 years old upon loan application to 65 years old upon loan maturity.
2. Gross Monthly Income of P20,000 or its US Dollar equivalent.
3. Filipinos; OR Former Filipinos with or without dual citizenship; OR Filipinos married to foreigners; OR Foreign Based Filipinos/OFW and their Beneficiaries. (For Secured Personal Loan)
4. At least 2 years continuous employment contract; 3 years for other employment.
5. Must have at least one (1) landline phone at either local or foreign residence or employment location.
6. Beneficiary must be living or working within BDO serviceable areas & must have landline.
7. Should have a Banco De Oro Current Account, Savings Account or Time Deposit with a minimum placement of P15,000 or its US Dollar equivalent. (For Secured Personal Loan)
8. With good credit history.

DOCUMENT REQUIREMENTS

SECURED Personal Loan - Applicant shall be the OFW only. However, if the deposit collateral is a joint account, Beneficiary may apply as principal borrower of the loan.

1. Completely filled up and signed Application Form.
2. Signed Promissory Note and Disclosure Statement.
3. Signed Automatic Debit Arrangement Form (ADA)
4. Notarized and Signed Special Power of Attorney (if applicable).
5. Valid ID of Beneficiary and Authorization Letter.
6. Beneficiary Information Form*

UNSECURED Personal Loan - Applicant shall be the OFW only.

1. Completely filled up and signed Application Form.
2. Any valid ID but not limited to: Company ID; Passports; Driver's License; PRC/Voter's/Postal ID; SSS/GSIS/TIN ID
3. Proof of Income, any of the following: Last 6 months Certificate of Employment; Current employment contract; Payslips; For immigrants, latest individual Tax Return or its equivalents; Earning Statements (one full month); Latest W2 copy;
4. Proof of Remittance for the last six (6) months or any qualified equivalents (if applicable): Remittance receipts/slips; Bank Passbook; Bank Statements; Latest 2 months Credit Card Statements
5. Seaman's book (mandatory requirement for seafarers).
6. Signed Employment/Commitment to deduct and remit (for seafarers, if applicable).
7. Allotment slip/certificate showing BDO as one of the allotment accounts signed by the Crew Manager (for seafarers, if applicable).
8. Signed Automatic Debit Arrangement Form (ADA)
9. Signed Authorization Letter for Beneficiary by OFW.
10. Valid ID of Beneficiary.
11. Beneficiary Information Form*

LOAN APPLICATION INSTRUCTIONS

- Completely fill out and sign on the Banco de Oro Asenso Kabayan Personal Loan application form. Items with * are mandatory. Please ensure that mandatory items are completely filled out. Incomplete applications will not be processed. Write N/A for not applicable.
- Submit completely filled-out and signed application form to any Banco de Oro branch nearest you. Ensure that the Promissory Note and Disclosure Statement on Loan/Credit Transaction is signed and completed.
- Payment of the loan's monthly amortization will be through an auto-debit arrangement (ADA) of your BDO current or savings account. Completely fill out and sign on the ADA form and submit to Banco de Oro branch.

FEES (to be deducted from loan proceeds)

- Processing Fee: P 1,200
- Documentary Stamp Fee: P1 for every P200 approved loan amount or fraction thereof, whichever is higher (Applicable for approved loan amounts equal to or greater than P250,000); or for business purpose (regardless of loan amount)
- Late Penalty Fee: 3% of monthly amortization per month

PERSONAL LOAN DETAILS

BDO Client? Yes No

If Yes Existing Previous
 Credit Card Deposits Auto Loan Housing Loan
 Personal Loan Others _____

*Desired Loan Amount:

*Term of Payment (Months): 6 12 18 24 36

*Loan Purpose:

<input type="checkbox"/> Appliance/ Furniture/ Electronics	<input type="checkbox"/> Car Repair/ Purchase
<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Education
<input type="checkbox"/> Vacation/ Travel Expenses	<input type="checkbox"/> Home Improvement/ Lot Downpayment
<input type="checkbox"/> Business	<input type="checkbox"/> Others (pls. specify) _____

Please send all correspondences to: Residence Office

*Required only if Beneficiary receives proceeds in behalf of the OFW.

BORROWER'S PERSONAL INFORMATION

*Name:			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
First Name		Middle Name	Last Name
TIN:	SSS No.:	GSIS No.:	
*Citizenship:		Number of Cars Owned:	
*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		*Date of Birth: M M D D Y Y Y Y	
Home Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Rented (Monthly Rent) _____ <input type="checkbox"/> Mortgaged <input type="checkbox"/> Co. Quarters <input type="checkbox"/> With Relatives			
*Philippine Residence Address occupied by: <input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relatives			
House No. & Street: District:			
City/Province:		Zip Code:	*Years of Stay:
*Phone No.:		Mobile Phone No.:	
*Residence Address Abroad: House/Apartment/Bldg No. & Street: City:			
State:		Zip Code:	*Years of Stay:
*Phone No.:		Mobile Phone No.:	
School Last Attended:			
Educational Attainment: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others _____			
*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated Number of Dependents: _____			
Mother's Maiden Name:			
First Name	Middle Name	Last Name	

SPOUSE'S EMPLOYMENT INFORMATION:

*Name:			<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
First Name		Middle Name	Last Name
*Citizenship:		*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth: M M D D Y Y Y Y
Employment Type: <input type="checkbox"/> Private Sector <input type="checkbox"/> Government <input type="checkbox"/> Self-employed <input type="checkbox"/> Professional <input type="checkbox"/> Others, (pls specify) _____			
If self-employed, indicate type of business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other, (pls specify) _____			
*Rank: <input type="checkbox"/> Senior Officer (AVP up) <input type="checkbox"/> Junior Officer (Supervisor to Manager) <input type="checkbox"/> Non-Officer		*Title/Position:	
*Name of Present Employer/Business:			
Nature of Business:			
*Address: Zip Code: *Yrs. w/ Company:			
*Phone No.:		Mobile Phone No.:	
Fax No.:		Email Address:	
If Self-employed: Years in Operation: No. of Employees:			
*Gross Annual Income: Other Sources of Income:			
Previous Employer:			
Address: Yrs. w/ Company Zip Code:			

BORROWER'S EMPLOYMENT INFORMATION

Employment Type: <input type="checkbox"/> Private Sector <input type="checkbox"/> Government <input type="checkbox"/> Self-employed <input type="checkbox"/> Professional <input type="checkbox"/> Others, (pls specify) _____			
If self-employed, indicate type of business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other, (pls specify) _____			
*Rank: <input type="checkbox"/> Senior Officer (AVP up) <input type="checkbox"/> Junior Officer (Supervisor to Manager) <input type="checkbox"/> Non-Officer		*Title/Position:	
*Name of Present Employer/Business:			
Nature of Business:			
*Address: Zip Code: *Yrs. w/ Company:			
*Phone No.:		Mobile Phone No.:	
Fax No.:		Email Address:	
If Self-employed: Years in Operation: No. of Employees: *Gross Annual Income: Other Sources of Income: Previous Employer: Address: Yrs. w/ Company Zip Code:			

BORROWER'S BANK RELATIONSHIP/FINANCES

OTHER LOANS		
Type		
Bank-Branch / Institution		
Date Granted		
Maturity Date		
Monthly Amortization		
Outstanding Balance		
OTHER BANK ACCOUNTS		
Bank Name / Branch	Account Number	
Type of Account: <input type="checkbox"/> Remittance <input type="checkbox"/> Checking Acct/Savings Acct. <input type="checkbox"/> Others		

BORROWER'S BANK RELATIONSHIP/FINANCES

CREDIT CARDS

Card Issuer	
Card Number	
Member Since (MM/YY)	
Credit Limit	
Outstanding Bal.	

PERSONAL REFERENCES

*Name:	Relationship:
*Address (PO. Box Address not acceptable):	
*Contact No. (include local no. if any):	*Mobile No.:
*Name:	
*Address (PO. Box Address not acceptable):	
*Contact No. (include local no. if any):	*Mobile No.:

LOAN ADMINISTRATOR/BENEFICIARY (other than spouse)

*Name:	Relationship:
*Address:	
*Tel. No.:	*Mobile No.:

UNDERTAKING

I hereby certify that all data and statements in this application are true, correct and complete, and are made for the purpose of obtaining credit, and the signatures appearing thereon are genuine.

I authorize you to obtain or verify any information as you may require concerning the statements made in this application and that the sources to which you may apply are authorized to provide any information relative to this application. I understand that any falsification of information in this application form is sufficient ground for rejection. I also understand that BDO has the right to assign a lower loan amount than what I applied for and that in case my application is denied, BDO has no obligation to provide any explanation on such rejection. On the other hand, if my application is approved, I undertake that the proceeds of the loan will not be used in any endeavor which is against the Philippine laws.

I agree that this application and the documents I provided for may remain in your property whether the credit is granted or not.

I understand that processing fees, documentary stamps tax, notarial fees, and other fees pertaining to my loan shall not be collected from me upfront but shall be deducted from my loan proceeds.

All the foregoing shall supplement the terms and conditions of the loan documents and other instruments and writings that I shall execute in favor of the Bank.

Signature of Borrower over Printed Name

Date

Signature of Co-Borrower over Printed Name

Date

PROMISSORY NOTE

VALUE DATE: _____ PN No.: _____

MATURITY DATE: _____ Purpose: _____

FOR VALUE RECEIVED, I promise to pay BANCO DE ORO UNIVERSAL BANK (the "Bank"), or order, the sum of PESOS: _____

(P _____), Philippine Currency, together with interest thereon at the rate of _____ percent (_____) per annum and the financing charges authorized by law as follows:

Monthly installment of P _____, inclusive of interest

No. of installments _____

with the first installment due on _____ and the succeeding monthly installments on the _____ day of every month thereafter until the account if fully paid, without need of any further notice, demand, act or deed on the part of the Bank.

Payments shall be made at the offices of the Bank at No. 12 ADB Ave., Ortigas Center, Mandaluyong City. Whenever permitted by law, in the event that I should prepay the loan, or any portion thereof, I shall pay all the accrued interest thereon as well as surcharges, taxes and other costs and expenses incurred by the Bank in connection therewith.

Should I fail to pay any amount due hereon or I should be declared insolvent or institute or agree to the institution of any insolvency or bankruptcy proceeding; or I should be in default in any other obligation now or in the future with the Bank or any of its subsidiaries (including but not limited to BDO Card corporation; BDO Insurance Brokers, Inc.; BDO Realty corporation, etc.), then the entire principal of this note shall immediately become due and payable together with all interest accruing thereon as well as all penalties and charges, if any, without need of any further notice, demand, act or deed on the part of the Bank; and I further agree to pay a penalty charge at the rate of three percent (3%) per month or any fraction thereof (before as well as after judgment) beginning from the due date until fully paid.

If the bank is compelled to refer this note to counsel for enforcement, then I agree to reimburse and compensate the Bank for any and all losses, liabilities, costs and expenses that the Bank may suffer or incur by reason thereof, and attorney's fee equal to twenty-five percent (25%) of the entire claim, but in no case less than PESOS: FIVE THOUSAND (P5,000), and costs of suit. In case of judicial enforcement, I hereby knowingly and voluntarily waive the benefits of Rule 39, Section [12] of the Revised Rules of Court.

Any extension or renewal of this note, or any delay or partial exercise of any right, privilege or remedy available to the Bank under law, contract or equity shall not be deemed to be a novation hereof or a waiver by the Bank of the full exercise of such, or any other right, privilege or remedy.

Should I be in default hereunder, then the Bank is hereby authorized to offset any and all of my obligations from any and all of my funds, moneys and proceeds that are now or in the future may be in the possession and control of the Bank, hereby ratifying and confirming all that the Bank may do or cause to be done in accordance with the authority granted herein.

All taxes, fees, costs and expenses for the execution, delivery and enforcement hereof shall be for my sole account.

This note shall be governed by the Philippine laws. If any provision hereof is declared null and void or unenforceable for any reason by a court of competent jurisdiction, then the validity, legality and enforceability of the other provisions shall not be affected nor impaired. Any controversy arising from or in connection herewith shall be heard before the proper courts of the place where this note is executed or Mandaluyong City at the option of the Bank.

I HEREBY AFFIRM AND CONFIRM THAT PRIOR TO EXECUTING THIS NOTE, I HAVE READ AND UNDERSTOOD THE CONTENTS HEREOF, AND AGREE TO BE BOUND FULLY AND UNCONDITIONALLY TO THE TERMS AND CONDITIONS HEREOF AND THE SAME IS BINDING AND ENFORCEABLE AGAINST ME IN ACCORDANCE HEREWITHE.

(Borrower/s)

By:

Signature of Borrower over Printed Name Signature of Co-Borrower over Printed Name
Signed in the Presence of:

DISCLOSURE STATEMENT ON LOAN/CREDIT TRANSACTION

(As required under R.A. 3765, Truth in Lending Act)

NAME OF BORROWER/MAKER: _____

ADDRESS: _____

1. LOAN GRANTED (Amount Financed) _____ NOT DEDUCTED FROM LOAN PROCEEDS _____ DEDUCTED FROM LOAN PROCEEDS _____ (A)

2. FINANCE CHARGES _____

a. Interest _____ %p.a.

from _____ to _____ PHP _____ PHP _____

b. Non-Interest Charges _____

c. Other Charges incidental to the extension of credit (specify) _____

TOTAL FINANCE CHARGES _____ (B)

3. NON-FINANCE CHARGES

a. Documentary Stamp Tax _____

b. Notarial Fees _____

c. Processing Fee _____

TOTAL NON-FINANCE CHARGES _____ (C)

4. TOTAL DEDUCTIONS FROM PROCEEDS OF LOAN (B plus C) _____

(D)

5. NET PROCEEDS OF LOAN (A less D) _____

6. PERCENTAGE OF FINANCE CHARGES TO

TOTAL AMOUNT FINANCED (computed in accordance with Sec. 2(j) of CB Circular 158) _____ %p.a. fixed for _____ days/months

7. EFFECTIVE INTEREST RATE (Method of Computation attached) _____ %p.a.

8. SCHEDULE OF PAYMENT

(1) Principal and interest shall be payable in equal _____ semi-monthly/monthly/quarterly amortization at Php. which shall be revised to conform to the adjusted interest rate. Full payment of the remaining principal balance at maturity.

(2) Interest shall be payable on the last day of the current interest period or the 90th day of said period, whichever occurs earlier and full payment of Principal at maturity.

Remaining principal balance at maturity.

(3) _____

9. COLLATERAL SECURED

This is wholly/partly secured by: _____
 Unsecured

10. ADDITIONAL CHARGES IN CASE CERTAIN STIPULATION ARE NOT MET BY THE BORROWER

Nature	Amount	Nature	Amount
Attorney's Fee	25% of the entire claim	Late Payment Penalty	3% per month
Liquidated Damages	2% of the entire claim	Prepayment Penalty	not applicable

CERTIFIED CORRECT:

(Signature of Creditor/Authorized Representative over Printed Name)

Position

I ACKNOWLEDGE RECEIPT OF A COPY OF THIS STATEMENT PRIOR TO THE CONSUMMATION OF THE CREDIT TRANSACTION AND THAT I UNDERSTAND AND FULLY AGREE TO THE TERMS AND CONDITIONS HEREOF:

By:

Date _____

Signature of Borrower over Printed Name

Date _____

Signature of Co-Borrower over Printed Name

For Bank's Use Only

Referred by:

(Last Name) (First Name) (Middle Name)

Branch/Department: Branch Code:

Title/Rank: Employee No.:

Date Referred: Signature of Endorser:

Remarks:

To be filled out by Endorser (for endorsed account only)

Endorsed by:

(Last Name) (First Name) (Middle Name)

Branch/Department: Branch Code:

Title/Rank: Employee No.:

Date Referred: Signature of Endorser:

Remarks:

To be filled out by Consumer Lending Group:

CIF No. (if bank client only)

Received by: Date:

Controlled by: Date:

Encoded by: Date: