

## LOAN APPLICATION FORM (SELF-EMPLOYED)

Amount Applied For:	Purpose of Loan:	Term of Loan: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months	Requirements: <ul style="list-style-type: none"> <li>1 Gov't issued id w/ 3 Specimen Signature</li> <li>DTI Certificate/ SEC Certificate/ Certificate of Registration</li> <li>Mayor's Permit</li> <li>Latest 2 months credit card billing &amp; front face of credit card</li> <li>Latest 6 months Bank Statement/ ADB Certificate with Authorization Letter to Verify</li> <li>Latest Utility Bills (Residence)</li> <li>Sketch of Residence and Business address</li> </ul>
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### BORROWERS DATA

First Name	Middle Name	Last Name	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
TIN:		SSS /GSIS No:		
Residence Address (House No, Street, Subdivision, Bldg.Name, City/Municipality)			Years of Stay:	<input type="checkbox"/> Owned <input type="checkbox"/> Owned-Mortgaged <input type="checkbox"/> Living w/ Relatives <input type="checkbox"/> Rented
			Home Telephone No/s:	
Citizenship	Birthday (mm-dd-yyyy)	Age	Mobile No:	Dependents:
Highest Educational Attainment: <input type="checkbox"/> High School Graduate <input type="checkbox"/> College Undergraduate <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate			Email Address:	Mother's Full Maiden Name
			Facebook Account:	
Name of Business			Nature of business:	Years of business:
Office/Business Address: (Floor, Bldg. Name, Street, City)			Office Telephone Nos:	Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Company
			Fax No:	Email Address:
Name of Spouse/Co-Borrower (First Name, Middle Name, Last Name)			Citizenship	Birthday (mm-dd-yyyy)
			Age	
Spouse's Employer / Business			<input type="checkbox"/> Private <input type="checkbox"/> Government	Position
			Length of Stay	
Spouse's Employer Business Address			Office Telephone Nos.:	Mobile No:

### CREDIT CARDS

Bank	Credit Card No.	Credit Limit	Expiry Date

### BANK ACCOUNTS

Bank-Branch	Type of Account	Account No.	Year Opened

### LOANS WITH OTHER BANKS/INSTITUTIONS

Bank/Company	Outstanding Balance	Monthly Amortization	Loan Type

### PERSONAL REFERENCES

Name	Address	Relationship	Telephone / Cellphone No/s

### TRADE REFERENCES (3 Major Suppliers & Customers)

Company Name	Contact Person	Address	Telephone / Cellphone No/s

### AUTHORIZATION

I hereby certify that all information I furnished in this form are true and correct. Should said information furnished herein be found to be false, the Creditor may disapprove this application and/or declare the loan to be due and demandable (in case the loan proceeds have already been released).

**MCC MONEYSHOPS FINANCE COMPANY INC.** and its authorized representative/s are hereby authorized to validate the information provided in this form from our employer, personal references, banks and other such sources. Person/s identified in this form are hereby authorized to provide information/documents required in connection with this application. I fully understand that loan release shall only be allowed once all requirements of **MCC MONEYSHOPS FINANCE COMPANY INC.** are complied with.

**MCC MONEYSHOPS FINANCE COMPANY INC.** is also hereby authorized to fill-up the necessary information required in the Promissory Note and the Disclosure Statement, both of which I have signed herein, including the date, amount of the loan granted to me, and the interest rate in accordance with the creditor's applicable policies and the approved terms and conditions of the loan.

In case of disapproval of this application, I understand that the company is not obliged to disclose the reason/s for such disapproval. In the event of future delinquency, I hereby authorize **MCC MONEYSHOPS FINANCE COMPANY INC.** to report and/or include my name in the negative listing of any credit bureau or institution.

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Borrower

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Co-borrower

### TO BE FILLED OUT BY REFERROR / AGENT

Date		Code	"PLEASE MAKE PAYMENTS ONLY TO AUTHORIZED MCC MONEYSHOPS FINANCE COMPANY INC. EMPLOYEES. SALES AGENTS AND/OR REFERRORS ARE NOT ALLOWED TO COLLECT ANY FEES OF WHATEVER NATURE ON BEHALF OF MCC MONEYSHOPS FINANCE COMPANY INC. "
Branch/Agency Name			
Referror/Agent Name			