

# Active Alliance Finance Corporation

Suite 203, 2nd Floor, CLF 1 Bldg., 1167 Chino Roces Ave., Makati City  
Tel. Nos.: (02) 890-7422 to 23 / Telefax No.: (02) 890-9991

# Loan Application Form

<input type="checkbox"/> <b>Principal</b> Name of Co-Maker: _____	<input type="checkbox"/> <b>Co-maker</b> Name of Principal: _____
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Amount of Loan: \_\_\_\_\_  
 Purpose of Loan: \_\_\_\_\_  
 Desired Term (No. of Months): \_\_\_\_\_  
 Agent's Name: \_\_\_\_\_  
 Date & Time Received from Agent: \_\_\_\_\_

PERSONAL DATA			
(NAME) LAST / FIRST / MIDDLE			
BIRTHDATE mm-dd-yyyy	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED	CITIZENSHIP
ADDRESS			
<input type="checkbox"/> OWNED <input type="checkbox"/> RENTED	<input type="checkbox"/> MORTGAGED <input type="checkbox"/> W/ PARENTS/REL	YRS. OF STAY	TELEPHONE
CAR	<input type="checkbox"/> OWNED <input type="checkbox"/> MORTGAGED	COMPANY	
PROVINCIAL ADDRESS			

SPOUSE		
(NAME) LAST / FIRST / MIDDLE		
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OTHERS <span style="float: right;"><i>PLEASE SPECIFY</i></span>		
NAME OF COMPANY / ADDRESS		
POSITION	ANNUAL INCOME	TELEPHONE

DEPENDENTS		
Name of Children	Age	Name of School/Address
1.		
2.		
3.		
4.		
5.		
6.		
7.		

WORK		
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OTHERS <span style="float: right;"><i>PLEASE SPECIFY</i></span>		
NAME OF COMPANY		
ADDRESS		
YRS. W/ COMPANY OR IN BUSINESS	POSITION	TELEPHONE

FINANCES	
Income from Business	P _____
Spouse Income	_____
Others	_____
<b>Less</b>	
Food	_____
Rent	_____
Utilities	_____
Education	_____
Others	_____
<b>NET INCOME</b>	P _____

LIABILITIES & OTHER CREDIT ACCOMODATIONS	
Existing liabilities (salary adv., education, etc.) of Applicant/Spouse	
1. Creditor _____	Type of Loan _____
Monthly Amortization _____	Remaining Mos. to Pay _____
2. Creditor _____	Type of Loan _____
Monthly Amortization _____	Remaining Mos. to Pay _____
3. Credit Cards _____	Credit Limit _____
Account No. _____	Expiration _____

CONTACT PERSONS (not living with you)	
NAME	TELEPHONE
ADDRESS	
NAME	TELEPHONE
ADDRESS	
Name of Nearest Relative Not Living with Applicant	Telephone
Present Full Address	

BANK REFERENCE
Name of Bank/Branch
Current/Checking Account No.
Savings Account No.

I certify that the foregoing facts are true and correct. I authorize you to verify and investigate them for whatever sources you may deem appropriate, and agree to the sharing and exchange of credit information concerning me/us.

SIGNATURE	DATE
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**REMINDER** For fast processing of your application, please do not forget to attach the following requirements:

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| <b>Borrower's Requirements</b><br>Picture (2x2)<br>Certificate of Employment<br>Payslip (Latest for 1 Month)<br>Residence Certificate No. / TIN No.<br>Picture of Business / Collateral<br>ITR / Financial Statement<br>Bank Statement<br>Company I.D. | <b>Co-maker's Requirements</b><br>(same as principal borrower)<br><br><b>With Collateral</b><br>Xerox Copies of TCT or OR/CR<br>Location Plan<br>Tax Declaration |
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