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•	3		•		

GENDER: \_\_\_\_\_

## ADDRESS: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ **RELIGION:** CONTACT/VIBER/WHAT'S APP/ROAMING NUMBER: FACEBOOK NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ CONTACT NUMBER: FULL NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_ ADDRESS: FACEBOOK NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ IN CASE OF EMERGENCY CONTACT PERSON IN PHILIPPINES FULL NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_ ADDRESS: \_\_\_\_ FACEBOOK NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_ LOCAL AGENCY INFORMATION LOCAL AGENCY NAME: \_\_\_\_\_\_ CONTACT NUMBERS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_ PAYABLES: \_\_\_\_\_\_ FLIGHT SCHEDULE: \_\_\_\_\_ **OVERSEAS INFORMATION DETAILS** PRINCIPAL/EMPLOYER: \_\_\_\_\_COUNTRY DESTINATION: \_\_\_\_\_ VESSEL: BASIC SALARY: \_\_\_\_\_ DEDUCTIONS: \_\_\_\_\_ JOB POSITION/RANK: CONTRACT DURATION: CHARACTER REFERENCES IN PHILIPPINES (IMMEDIATE RELATIVES ONLY) NAME RELATIONSHIP CITY ADDRESS CONTACT NUMBER "I executed this loan request to attest the truth of the above-set facts and for whatever legal purpose this may serve. I have also attached the necessary loan documents and forms as per your company regulations. I understand that this application may be denied for any reason whatsoever. In this regard, I recognize that such reason is proper and the Company has no obligations to disclose the same. I \_\_\_\_\_\_ (Seaman) hereby authorized \_\_\_\_\_ (Allottee)

**SEAMAN'S INFORMATION SHEET** 

FULL NAME: \_\_\_\_\_ PASSPORT NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

SIGNATURE OVER PRINTED NAME
(Allottee)

CIVIL STATUS: \_\_\_\_\_

to apply for an ALLOTTEE LOAN APLICATION."



## РНОТО

# Allottee toan Application

Desired Loan Amount: PHP	Term of Loan:

	PERSONAL INFORMATION				
NAME (LAST NAME)	(FIRST NAME)	( MIDDLE NAME )			
BIRTHDATE (MM/DD/YEAR):	AGE:	CITIZENSHIP:			
PLACE OF BIRTH:	SEX: (M/F)	CIVIL STATUS:			
SSS NO.:	TAX IDENTIFICATION NO.: (TIN)	CONTACT NO(S).:			
Email Address:	facebook Account :	/ Viber/Whats App:			
	Tacebook Account.	γ vibei/whats App.			
PRESENT ADDRESS (1)					
Lot No. Blk. No. Stre		Town/City/Province/Zip Code			
HOME OWNERSHIP: [KINDLY CHECK					
HOME / PERMANENT ADDRESS (2):	MORTGAGE LUVING W/ PARENTS/ REI	LATIVE(S) LENGTH OF STAY: []			
.,		LENGTH OF STAY: []			
PARENTS NAME: [FATHER]:	[MOTHER]:	/CONTACT NO.:			
PARENTS ADDRESS:	) T	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		I			
Lot No. Blk. No. Street	Subd. / Barangay WORK AND FINANCES OF OF	Town/City/Province/Zip Code			
PRESENT / PREVIOUS EMPLOYER:		CONTACT NO.:			
ADRESS:		CONTACT NO			
POSITION:	LENGTH OF SERVICE:	SALARY:			
DEPARTMENT / BRANCH:		OTHER INCOME:			
OTHER MAJOR ASSETS: (PROPERT	Y/CARS/ETC.)				
EXISTING CREDITS / LOANS:					
NAME OF COMPANY	ADDRESS   TELEF	PHONE NO.   OUTSTANDING BALANCE			
1 2					
1 2	ADDRESS   TELEF				
1					
1	POUSE 'S INFORMATION (IF APPLI	CABLE)			
1SI NAME: EMPLOYER/ BUSINESS NAME : WORK ADDRESS:	POUSE 'S INFORMATION (IF APPLI	CABLE			
1SI NAME: EMPLOYER/ BUSINESS NAME : WORK ADDRESS: PARENT'S NAME: [FATHER] :	POUSE 'S INFORMATION (IF APPLI	CABLE   DATE OF BIRTH:  OCCUPATION:   LENGTH OF SERVICE:			
12.  NAME:  EMPLOYER/ BUSINESS NAME :  WORK ADDRESS: PARENT'S NAME: [FATHER] : PARENTS ADDRESS:	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:			
1SI NAME:  EMPLOYER/ BUSINESS NAME :  WORK ADDRESS: PARENT'S NAME: [FATHER]: PARENTS ADDRESS:	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:			
12.  NAME:  EMPLOYER/ BUSINESS NAME :  WORK ADDRESS: PARENT'S NAME: [FATHER] : PARENTS ADDRESS:	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:			
1	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   CONTACT NO.:   CO			
1	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   CONTACT NO.:   CO			
1	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   CONTACT NO.:   CONTACT NO.:			
1	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   CONTACT NO.:   CONTACT NO.:			
1	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   CONTACT NO.:   CONTACT NO.:			
1	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   REN/DEPENDENTS: []   YER   CONTACT NO.:			
1	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   CONTACT NO.:   CONTACT NO.:			
1	POUSE 'S INFORMATION (IF APPLI	CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   REN/DEPENDENTS: []   YER   CONTACT NO.:			
1	POUSE 'S INFORMATION (IF APPLI	CABLE    DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   REN/DEPENDENTS: []   YER   CONTACT NO.:   Applicant's Signature			
1		CABLE    DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   REN/DEPENDENTS: []   YER   CONTACT NO.:   Applicant's Signature			
1		CABLE     DATE OF BIRTH:   OCCUPATION:   LENGTH OF SERVICE:   CONTACT NO.:   Town/City/Province/Zip Code   REN/DEPENDENTS: [ ]   YER   CONTACT NO.:   Applicant's Signature   Tel. No.:			



Desired Loan Amount: PHP\_

### CO-MAKER'S LOAN APPLICATION

РНОТО	

Term of Loan:		<del></del>					
			PERSONAL INFO	ORMATION			
NAME :	(LAST NAME)		(FIRST NAME)		(	MIDDLE NAME)	
BIRTHDATE (MM/DD/YEAR):			AGE:		CITIZENSHIP:		
PLACE OF	BIRTH:		SEX: (M/F)		CIVIL STATUS:		
SSS NO.:			TAX IDENTIFICA	TION NO.: (TIN)	N)		
Email Addres	s:		FB Account:		Viber/Wh	at Apps:	
PRESENT A	ADDRESS (1)		_		I		
	K. NO. Str ERSHIP: (KINDLY CHEC	eet K APPROPRIA	Subd./ Ba	arangay		Town/City/Province	
OWNED LENGTH OF	RENTE	D	MORTGAGE ZIP CODE:			PARENTS/ RELATIVES ACT NO.:	
HOME ADD	RESS (2):					TH OF OTAY:	
PARENTS N	IAME:	1 FM/C	TUEDI.		LENGTH OF STAY: []		
[FATHER]:	ADDRESS:	[IMC	OTHER]:		CONTACT NO.:		
Lot No. BII	k. No. Street		Subd. / Barangay				
PRESENT/PF	REVIOUS EMPLOYER:		WORK AND FIN	IANCES			
ADRESS:					CONT	ACT NO.:	
POSITION:		LEN	IGTH OF SERVICE:		SALA	RY:	
DEPARTMEN	NT / BRANCH:				OTHEI	R INCOME:	
OTHER MAJ	OR ASSETS: (PROPER	TY / CARS / ET	C.)				
	REDITS / LOANS:						
	OMPANY	I A	ADDRESS   TELEPHONE NO.   OUTSTAN		OUTSTANDING BALANCE		
1 2							
		SPOUSE	SINFORMATION	(IF APPLICAB	LE)		
NAME:				AGE:	CONTACT	NO.:	
EMPLOYER/ BUSINESS NAME :				OCCUPATION:		ION:	
CONTACT N	0.:				SALARY:		
WORK ADDRESS:					LENGTH O	F SERVICE:	
PARENT'S NAME: [FATHER] :		וני	[MOTHER]:		CONTACT NO.:		
Lot No. Bli	k. No. Street		Subd. / Baranga			Town/City/Province	
NAME OF CH	HILDREN & OTHER DEF	PENDENTS:	I	NO. OF CHILDRI	EN/DEPENDE	ENTS: []	
	<u>NAME</u>	AGE	<u>SC</u>	CHOOL/EMPLOY	<u>ER</u>	CONTACT NO.:	
1							
2							
3			CHARACTER REF	ERENCES			
	NAME		RELATIONSHIP	ADDR	ESS	CONTACT NUMBER	
1							
2							
_							

"I executed this loan request to attest to the truth of the above-set facts and for whatever legal purpose this may serve. I have also attached the necessary loan documents and forms as per your company regulations. I understand that this application may be denied for any reason whatsoever. In this regard, I recognize that such reason is proper and the Company has no obligation to disclose the same.

Co-Applicant's Signature