

РНОТО	

Loan Application No	
Promissory Note No.	

Desired Loan	Amount: P	HP

* *	
Promissory Note No.	
,	

Term of Loan: \_

		PERSONAL INFOR	RMATION	
NAME (LAST NAME)		(FIRST NAME)		( MIDDLE NAME )
BIRTHDATE (MM/DD/YEAR):	AGE:	CITIZENSHIP:	PLACE OF BIRTH:	
SEX: (M/F) CIVIL STA	TUS:	ACTIVE LANDLINE NO	D. ACTIVE MOB	ILE NO.:
SSS / GSIS NO.:	Т	IN No.:	NATIONALITY	
PRIMARY EMAIL ADDRESS:		FB'ACCOUNT:	EDUCATIONAL ATTAIN	MENT
PRESENT RESIDENTIAL ADDRESS (BLDG, LOT #	, BLOCK #, STREET	SUBDIVISION, BRGY., CITY/TOWN,	PROVINCE, ZIP CODE)	
RESIDENTIAL ADD)		GAGE WITH RELATIVES		ANDLINE NO:
PERMANENT RESIDENTIAL ADDRESS (BLDG, LOT	#, BLOCK #, STREE	T, SUBDIVISION, BRGY., CITY/TOWN	N, PROVINCE, ZIP CODE)	
PARENTS NAME: FATHER:		MOTHER:	ACTIVE LA	NDLINE NO.:
PARENTS RESIDENTIAL ADDRESS: (BLDG., LOT #	, BLOCK #, STREET,	SUBDIVISION, BRGY., CITY/TOWN,	PROVINCE, ZIP CODE)	
		BUSINESS & BANK IN	FORMATION	
REGISTERED BUSINESS NAME:			ACTIVE LANDLINE NO.:	
PRINCIPAL BUSINESS ADRESS: (BLDG., LOT #, B	LOCK #, STREET, S	JBDIVISION, BRGY., CITY/TOWN, PR	ROVINCE, ZIP CODE)	
AVERAGE MONTHLY INCOME:		BUSINESS REGI	STRATION DATE:	
OTHER SOURCE OF FUNDS:		INCOME FROM C	OTHER BUSINESS:	
OTHER MAJOR ASSETS: (PROPERTY / CARS / ETC	:.)			
YOUR BANK INFOMATION: PRIMARY BANK	NAME	ACCOUNT NO	ACCOUNT NAME   BANK BRANCH	YEAR OPENED
1.				
2				
EXISTING LOANS: BANKS/FINANCIAL INSTITUT  1.	ION TYPE O	F LOAN LOAN AMOUNT	T OUTSTANDING BALANCE	MONTHLY AMORTIZATION
2.				
	SPC	DUSE 'S INFORMATION (	(IF APPLICABLE)	
SPOUSE'S LAST NAME		FIRST NAME MI	IDDLE NAME DATI	OF BIRHT:
EMPLOYED DUONESS NAME				
EMPLOYER/ BUSINESS NAME :		OCCUPATION	N: ACTIVE M	OBILE NO.:
WORK / BUSINESS ADDRESS:			LENGTH OF SERVICE:	
PARENT'S NAME FATHER:		MOTHER:	ACTVIE LANDLINE/MOBIL	E NO.:
PARENTS RESIDENTIAL ADDRESS: (BLDG, LOT #,	, BLOCK #, STREET,	SUBDIVISION, BRGY., CITY/ TOWN	PROVINCE, ZIP CODE	
NAME OF CHILDREN & OTHER DEPENDENTS:		NO. OF CHILDREN/DEPE	ENDENT:	
NAME	AGE	SCHOOL /	EMPLOYER (IF WORKING)	CONTACT NO.
1				
2.				
3				
			Applicant's Si	gnature
Certified Correct by Co-Applicant				
1.	<u> </u>	Address:		Геl. No.:
(Signature over printed name	·			

REGISTERED BUSINESS NAME:		NO. OF EMPLO	YEES:
BUSINESS TYPE: Sole Prop, Partnership, Corporation		NO. OF BRANC	HES:
PRINCIPAL BUSINESS ADDRESS: Building no. Block & Lot no. Street no.		TELEPHONE N	0.:
Building/Subdivision/Village, Barangay, City, Municipality, Province		MOBILE PHON	E NO.:
AVERAGE MONTHLY GROSS INCOME:		INCOME FROM	OTHER BUSINESS:
	REFERENCES MAJOR SUPPLIE	RS	
NAME	ADDRESS / CONTACT I		CONTACT PERSON
1.			
2			
NAME	REFERENCES MAJOR CLIENTS	5	
NAME	ADDRESS / CONTACT I	NUMBER	CONTACT PERSON
1.			<del></del>
2			
3			
	REFERENCES IMMEDIATE RELAT	IVES	
NAME	ADDRESS / CONTACT N	NUMBER	CONTACT PERSON
1	<del></del>		
2			
3			

As the loan applicant, you assert that all details given in this application form are true and correct, and all sustaining documents presented direct to Metro Quicash Lending Corp. (cited to as "MQLC") or its official sales conduits are lawful, correct and legitimately obtained from the issuing government agencies/private entities. Any inaccurate or false or deceptive information and misrepresentation will result to disapproval of the application. In case of disapproval, MQLC is under no liability to disclose the reason/s for such disapproval. In advancement of your application, you hereby give permission to the following circumstances: (1) Access and survey of your residence, main/principal place of business and operations facility/ies by duly authorized representatives of MQLC as part of its credit valuation and in order to confirm all the information disclosed by you in this Application Form and in any supporting documents submitted by you to MQLC; (2) Authentication of any information provided herein and in any supporting documents hereby with any applicable banks, credit bureaus, private or government agencies and other institutions, as may be indicated in this application form, or with any entities/individuals you have additionally indicated in this application form; (3) Release or disclosure of any relevant information by such holder, controller, and processor of the information to confirm, release and verify the existence, truthfulness, and/or accuracy of any information provided to MQLC; (4) Process of your information under the Data Privacy Act of 2012 (R.A. No. 10173) for legal and legit purposes, and disclose any and all information as required by appropriate authorities; and (5) Receipt by you from MQLC, its affiliates, and third-party vendors or partners of Short Messaging Services (SMS), mobile and/or email alerts/messages for the purpose of proving your application and its status. You hereby clearly waive any and all statutory and regulatory provisions governing privacy of client information with respect to any information you entered in this Application Form and in any supporting documents hereto insofar as it is necessary to disclose appropriate information to verify such other information provided in this Application Form and in any supporting documents hereto. You hereby agree to indemnify and hold MQLC, its affiliates, officers, directors, employees, consultants, contractors, agents and representatives free and harmless from any and all third party claims, losses, liability, damages and costs arising from any liabilities that may arise due to inaccurate representation of any information indicated herein.

Applicant's Signature	



Desired Loan Amount: PHP\_

## CO-MAKER'S LOAN APPLICATION

РНОТО

Term of Loan: _				
		PERSONAL INFORMATI	ON	
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)		
Email Address:		FB Account:	Viber/What Apps:	
PRESENT AD	DDRESS (1)			
Lot No. Blk.	No. Street	 Subd./ Barangay	Town/City/Province	
HOME OWNER	RSHIP: (KINDLY CHECK AF	PPROPRIATE BOX)		
OWNED	RENTED	MORTGAGE	LIVING W/ PARENTS/ RELATIVES	
LENGTH OF		ZIP CODE:	CONTACT NO.:	
HOME ADDR			LENGTH OF STAY: []	
PARENTS NA [FATHER]:		[MOTHER]:	CONTACT NO.:	
PARENTS AI			I	
Lot No. Blk.	No. Street	Subd. / Barangay WORK AND FINANCES	Town/City/Province	
PRESENT/PRE	EVIOUS EMPLOYER:	WORK AND FINANCES	CONTACT NO.:	
ADRESS:			GONTAGT NO	
POSITION:		LENGTH OF SERVICE:	SALARY:	
DEPARTMENT	「/BRANCH:		OTHER INCOME:	
OTHER MAJO	R ASSETS: (PROPERTY / 0	CARS / ETC.)		
EXISTING CRE NAME/CO	EDITS / LOANS: MPANY	ADDRESS   TI	ELEPHONE NO.   OUTSTANDING BALANCE	
1				
2				
		SPOUSE S INFORMATION (IF APP	PLICABLE)	
NAME:		AGE:	CONTACT NO.:	
EMPLOYER/ E	BUSINESS NAME :		OCCUPATION:	
CONTACT NO	.:		SALARY:	
WORK ADDRE			LENGTH OF SERVICE:	
PARENT'S NA [FATHER] :		[[MOTHER]:	CONTACT NO.:	
PARENTS AI			I	
Lot No. Blk.	No. Street	Subd. / Barangay	Town/City/Province	
NAME OF CHI	LDREN & OTHER DEPEND	ENTS:   NO. OF 0	CHILDREN/DEPENDENTS: []	
	<u>NAME</u>	AGE   SCHOOL/E	EMPLOYER   CONTACT NO.:	
1				
2				
3		CHARACTER REFERENC		
N	AME	CHARACTER REFERENC RELATIONSHIP	ADDRESS CONTACT NUMBER	
1				
2.				
3				

"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.



## METRO QUICASH LENDING CORP.

5th Flr J. Bocobo St. cor Padre Faura, Ermita Manila mquicashlendingcorp@gmail.com www.metroquicashlending.com Tel No.: (02) 8243-2047/ (02) 5310-2254

## AUTHORIZATION LETTER - METROQUICASH LENDING CORPORATION CREDIT INVESTIGATOR BANK VERIFICATION

Date:
TO WHOM IT MAY CONCERN,
This is to authorize Metro Quicash Lending Corp. Credit Investigator/Loan Officer to conduct bank verification of my Savings and Current Account, Bank Statements and Bank Certificate associated and issued to me.
Thank You.
Name of Bank and Branch:
Account Name:
Account Number/s:
Bank Contact Person:
Bank Contact Numbers:
Signature over Printed Name
Tel. No./Contact No.:
Address: