

# FIRST CONSOLIDATED BANK

\_\_\_\_\_ Branch

## APPLICATION FOR CREDIT ACCOMMODATION

Loan Application No. \_\_\_\_\_

Amount Applied:				Date:	
Loan Purpose:				Term of Loan (Months):	
<b>Name of Applicant (Last, First, Middle) &amp; Age</b>				Date of Birth:	
Residence:				Tel or Cell No.	
Name of Employer/School:			DepEd Email Address:		
Address of Employer/School:			Office Tel. No.		
Employment Status:	Position:	Division No.	Station No.	Employee No.	
No. Of Dependents:	Elementary:	High School:	College:	Others:	
Name & Age of Spouse:			Mo. Income of Employed/Self-Employed:		
Spouse Employer's Name & Address:					

I hereby certify that the foregoing information are true and correct and any false information or representation given/made herein shall be considered an act of fraud and/or deceit which shall be a ground for filing the appropriate CRIMINAL action.

\_\_\_\_\_  
**Signature of Applicant**

# FIRST CONSOLIDATED BANK

A Private Development Bank

## CUSTOMER INFORMATION FILE

Please fill up all the required information. Mark "NONE" for the information not available. "NA" if not applicable.

### PERSONAL INFORMATION

Last Name:		First Name:		Middle Name:	
Date of Birth:	Place of Birth:		Gender:	Civil Status:	
Complete Present Address:			ZIP Code	Tel / Cell No.	
Complete Permanent Address:			ZIP Code	Tel / Cell No.	
Mobile Number:	DepEd Email Address:	Taxpayers Identification No. (TIN)		Educational Attainment	
SSS / GSIS No.:		Nationality	Citizenship		
Occupation/Source of Income:	Relationship with FCB:		<input type="checkbox"/> Depositor	<input type="checkbox"/> Borrower	<input type="checkbox"/> Others

### MOTHER'S COMPLETE MAIDEN NAME :

Last Name:	First Name:	Middle Name:
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### EMPLOYMENT INFORMATION

Employer's Name	Business Address	Telephone Number
Position	Monthly Income	Date Employed

### SPOUSE INFORMATION

Last Name:	First Name:	Middle Name:	Nationality
Date of Birth:	Place of Birth:	Occupation/Source of Income:	

### ADDITIONAL SPOUSE INFORMATION NEEDED IF THE PRINCIPAL CUSTOMER IS A BORROWER

#### EMPLOYMENT INFORMATION :

Employer's Name	Business Address	Telephone Number	
Position	Monthly Income	Email Address:	Date Employed

#### SELF-EMPLOYED INFORMATION :

Type of Business:	Legal Forms		Telephone Number
Business Address		Taxpayers Identification No. (TIN)	
Capital Investment	Total Assets	Asset Size	Net Monthly Income

### CERTIFICATION AND AUTHORIZATION

I attest that the above information are true, correct and voluntarily given. I agree to notify/update the Bank of any changes in any information supplied in this form. I hereby authorized FCB to conduct an independent verification of all the information provided therein. I hereby also authorized the bank to give the information to appropriate agencies in case of questionable transactions in relation to AMLA.	Signature of the Client
	Date: _____