



Type of Loan

☐

Personal Loan

☐

Auto Loan

☐

Home Loan

Amount Requested

Loan Tenor

Date

PERSONAL LOAN

AUTO LOAN

HOME LOAN

Loan Purpose

- ☐ Home Improvement
☐ Education
☐ Debt Consolidation
☐ Travel
☐ Medical
☐ Purchase of Other Assets
☐ Purchase of Vehicle/Auto Repair
☐ Personal Consumption

Unit Applied For

- ☐ New ☐ Used
Yr. Model _____
Cash / Selling Price _____
Down Payment _____
Brand _____
Type _____
Model _____

Loan Purpose

- ☐ Acquisition of Residential Property
☐ Construction/Renovation/Expansion
☐ Reimbursement
☐ Loan Take-out
☐ Refinancing
☐ Multi-Purpose Financing

Property Type

- ☐ Detached / Townhouse
☐ Condominium
☐ Shop / Commercial Property
☐ Lot Only

TCP / Appraised Value _____

BORROWER'S DATA

Borrower Name

Birth Date

Co-Borrower

Birth Date

Relation to Borrower _____

Residence Address

Residence Address

- ☐ Owned (Mortgaged) ☐ Company Provided
☐ Owned (Not Mortgaged) ☐ Rented
☐ Living w/ Family

Length of Stay _____

- ☐ Owned (Mortgaged) ☐ Company Provided
☐ Owned (Not Mortgaged) ☐ Rented
☐ Living w/ Family

Length of Stay _____

Residence Number

Mobile Number

Residence Number

Mobile Number

Email Address

Facebook Account

Email Address

Facebook Account

Civil Status

- ☐ Single ☐ Widowed
☐ Married ☐ Separated

Gender

- ☐ Male
☐ Female

Civil Status

- ☐ Single ☐ Widowed
☐ Married ☐ Separated

Gender

- ☐ Male
☐ Female

Citizenship

No. of Dependents

Citizenship

No. of Dependents

Employer / Business Name

Tenure

Employer / Business Name

Tenure

Office Address

Office Address

Nature of Business

Office Tel. No.

Nature of Business

Office Tel. No.

Previous Employment

Tenure

Previous Employment

Tenure

Employment Type

- ☐ Salaried
☐ Self-employed
☐ OFW
☐ Retired / Pensioner
☐ Commission Based

Designation

- ☐ Senior Mgr / Executive
☐ Middle Manager
☐ Staff
☐ Professional
Pls. Specify _____

Employment Type

- ☐ Salaried
☐ Self-employed
☐ OFW
☐ Retired / Pensioner
☐ Commission Based

Designation

- ☐ Senior Mgr / Executive
☐ Middle Manager
☐ Staff
☐ Professional
Pls. Specify _____

Educational Attainment

- ☐ Doctorate/Professional ☐ Bachelors / Diploma
☐ Masters / MBA ☐ Primary / Secondary

Educational Attainment

- ☐ Doctorate / Professional ☐ Bachelors / Diploma
☐ Masters / MBA ☐ Primary / Secondary

Monthly Income

Monthly Income

No. of Cars Owned

Mortgaged? ☐ Yes
☐ No

No. of Cars Owned

Mortgaged? ☐ Yes
☐ No

ADDITIONAL INFORMATION FOR SELF-EMPLOYED

Type of Business

- ☐ Corporation
☐ Partnership
☐ Single Proprietorship

Major Customers / Tel. No.

Major Suppliers / Tel. No.

☐ MICO ☐ BAC ☐ FNAC

NAME OF APPLICANT

SURNAME

GIVEN NAME

MIDDLE NAME

MAILING ADDRESS

NO.

STREET

SUBDIVISION / VILLAGE

BARANGAY

MUNICIPALITY / CITY

PROVINCE

ZIP CODE

CONTACT NUMBERS

HOME:

OFFICE:

MOBILE:

E-MAIL ADDRESS

Would you like to receive Company notifications via e-mail?

☐ YES ☐ NO

GENDER

☐ MALE ☐ FEMALE

CIVIL STATUS

☐ SINGLE ☐ MARRIED☐ SEPARATED ☐ WIDOWED

CITIZENSHIP

SOURCE OF FUND(S)

☐ SALARY☐ BUSINESS☐ DONATION☐ INHERITANCE☐ OTHERS

DATE OF BIRTH

MM / DD / YYYY

TYPE OF

EMPLOYMENT

☐ EMPLOYED☐ PROFESSIONAL☐ BUSINESS (SELF-EMPLOYED)☐ OTHERS

(If employed,

☐ PRIVATE☐ GOVERNMENT☐ OFW

NAME OF EMPLOYER

GROUP AFFILIATION OF EMPLOYER

Would you like to receive your policy and notifications in e-format thru email? ☐ Y ☐ N

(e-mail address)

INDUSTRY

☐ Agriculture, Forestry & Fishing☐ Construction☐ Real Estate Activities☐ Information & Communication☐ Transportation & Storage☐ Arts, Entertainment & Recreation☐ Accommodation & Food Services☐ Electricity, Gas, Steam & Air Conditioning Supply☐ Administrative & Support Service Activities☐ Wholesale & Retail Trade, Repair of Motor Vehicles & Motorcycles☐ Activities of Households as employers; undifferentiated goods-and-services producing activities of households for owns use☐ Education☐ Manufacturing☐ Financial & Insurance Activities☐ Mining & Quarrying☐ Human Health & Social Work Activities☐ Professional, Scientific & Technical Activities☐ Public Administration & Defense, Compulsory Social Security☐ Water Supply; Sewerage, Waste Management & Remediation Activities☐ Activities of Extraterritorial Organizations & Bodies☐ Other Service Activities

PARTICULARS OF PROPERTY TO BE INSURED

LOCATION OF PROPERTY

NO.

STREET

SUBDIVISION / VILLAGE

BARANGAY

MUNICIPALITY / CITY

PROVINCE

ZIP CODE

I AM:

☐ OWNER ☐ LESSEE

MORTGAGEE IF ANY:

IS PROPERTY SOLELY OCCUPIED AS RESIDENCE?

☐ YES ☐ NO

NUMBER OF FAMILIES OCCUPYING THE PROPERTY

☐ 4 OR LESS ☐ 5 OR MORE

EXTERIOR WALLS

FRONT SIDE

☐ CONCRETE ☐ TIMBER☐ PART CONCRETE/TIMBER☐ OTHERS

RIGHT SIDE

☐ CONCRETE ☐ TIMBER☐ PART CONCRETE/TIMBER☐ OTHERS

LEFT SIDE

☐ CONCRETE ☐ TIMBER☐ PART CONCRETE/TIMBER☐ OTHERS

REAR SIDE

☐ CONCRETE ☐ TIMBER☐ PART CONCRETE/TIMBER☐ OTHERS

NO. OF STOREYS

ROOF

☐ CONCRETE☐ GI SHEETS☐ TILES☐ TIMBER☐ OTHERS (specify)

DESCRIPTION OF BOUNDARIES AND SURROUNDING PROPERTIES

SKETCH

STREET

FRONT

PROPERTY TO BE INSURED

REAR

STREET

Use the sketch as your guide.

PROPERTY / STREET
whichever is applicableNO. OF
STOREYSDISTANCE
(Meters)

EXTERIOR WALLS

☐ CONCRETE☐ TIMBER☐ CONCRETE/TIMBER☐ OTHERSOCCUPIED SOLELY
AS RESIDENCE?

FRONT:

RIGHT:

LEFT:

REAR:

NOTE:

- Boundaries/directions are based on the position where a person is standing at the main door/entrance facing outwards. For location identification, please indicate immediate surrounding streets as projected above.

*Distance from property to be insured should be measured from eaves to eaves.



PARTICULARS OF INSURANCE REQUESTED

PROPOSED PROPERTIES TO BE INSURED:

☐ BUILDING (excluding foundation)☐ HOUSEHOLD CONTENTS

Including PERSONAL EFFECTS (excluding Cash & Jewelry)

☐ SWIMMING POOL (for Earthquake Shock only)

INSURED VALUES

P

P

P

TOTAL SUM INSURED P

COVERS REQUIRED:

☐ FIRE/LIGHTNING☐ EARTHQUAKE FIRE/SHOCK☐ EXTENDED COVER☐ TYPHOON☐ FLOOD☐ OTHERS

DO YOU HAVE ANY OF THE FOLLOWING FIRE EQUIPMENT? Check if applicable.

☐ SECURITY SERVICES /

WATCHMAN'S CLOCK

☐ PORTABLE FIRE EXTINGUISHERS☐ AUTOMATIC ALARM SYSTEM☐ OTHERS

PROPOSED EFFECTIVITY:

AGENT:

I hereby warrant that all information given by me are true and correct to the best of my knowledge, freely and voluntarily given to Malayan Insurance, Co., Inc ("MICO"). I hereby authorize MICO to keep, record, use, and process the information given to it, to share the same to third parties, and otherwise dispose of the said information as it may deem fit. If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I am duly authorized to perform such acts and that I am duly allowed to give their information to MICO. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product from MICO of all the terms and conditions herein.

It is hereby declared and agreed that the above statements are warranties which shall form part of the insurance contract. Any material misdescription, misrepresentation or concealment can be the basis for denial of cover or the denial of any claim. It is understood that the property described above is not covered until this application is approved and the corresponding policy is issued by or on behalf of the Insurer.

SIGNATURE OF APPLICANT:

DATE APPLIED:

*TO BE FILLED OUT BY COMPANY REPRESENTATIVE:

(FOR COMPANY USE ONLY)

ISIC CODE:

RECEIVED BY:

DATE:

MANAGEMENT REFERRED?

☐ YES ☐ NO

REFERRER'S NAME

PROPOSED RATE:

APPROVED BY:

DATE:

VERIFIED BY:

ACCEPTANCE NUMBER:

Name & Signature of Company Frontliner / Date Received

Note: Please submit accomplished Form together with a copy of any government-issued ID (Ex.: SSS/GSIS/Philhealth, Driver's License, Passport, etc.).

Debtor's Application for Creditor Group Life Insurance

In the Philippines, this group insurance product is provided by Sun Life Grepa Financial, Inc., a joint venture of Sun Life Financial and the Yuchengco Group of Companies.

In this application, *you* and *your* refer to the person being insured while *we*, *us*, *our* and *the Company* refer to Sun Life Grepa Financial, Inc. Sun Life Grepa Financial, Inc. is a Covered Institution under Republic Act No. 9160, as amended, otherwise known as the Anti-Money Laundering Act of 2001.

1 General Information

Relating to Debtor		For: <input type="checkbox"/> New Application <input type="checkbox"/> Reinstatement		[Serial No. 000000]
Last Name		<input type="checkbox"/> Male <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Female <input type="checkbox"/> Mrs. <input type="checkbox"/> Others, specify		
First Name		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
Middle Name		Date of Birth (Month/Day/Year)		Age (last birthday)
Other Legal Names (a.k.a.)		Birthplace		Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others, specify
Residence Address (no., street, municipality/city, province, country, zip code) P.O. Box is not acceptable				
Occupation		Name of Employer		Group Policy No.
Business Address (building, no., street, municipality/city, province, country, zip code) P.O. Box is not acceptable				
Amount of indebtedness (to be completed by the Debtor)		Term of Contract of Indebtedness		

Designated Beneficiary (in excess, if any, of the debtor's amount of insurance over his outstanding indebtedness)

Primary Beneficiary/ies

Name (First Name, MI, Last Name)	Date of Birth (Month/Day/Year)	Relationship to Insured

Contingent Beneficiary in the event of death of all primary beneficiary/ies

Name (First Name, MI, Last Name)	Date of Birth (Month/Day/Year)	Relationship to Insured

Note: All nominations of beneficiaries are revocable unless otherwise specified.

2 Declarations and Representations

- Within the last two (2) years, have any of your applications for insurance been declined, postponed, withdrawn or accepted on a basis other than that applied for? Yes ☐ No ☐
- Have you had any symptoms of, sought advice for, or been treated for high blood pressure, stroke, heart trouble, diabetes, cancer or tumour, chest pain, bleeding from the bowel, or blood in your sputum, or has treatment for any of these been recommended by a physician or other practitioner? Yes ☐ No ☐
- Within the last five (5) years, have you been admitted or been advised to be admitted as an in-patient to a hospital or clinic EXCEPT for pregnancy, birth, routine health check-up, gall bladder/kidney stones, colds, flu/influenza, gastroenteritis, upper and lower respiratory tract infections, hepatitis A, appendectomy, tonsillectomy, haemorrhoidectomy, cholecystectomy, and herniotomy? Yes ☐ No ☐
- Do you have any health symptoms or complaints for which a physician has not been consulted or treatment has not been received? For example: persistent fever, unexplained weight loss, loss of appetite, pain or swelling, etc.? Yes ☐ No ☐

3 Signature

By signing below, you declare that to the best of your knowledge and belief, the above answers and those on any attached sheet are complete and true.

You understand and agree that your insurance shall become effective in accordance with the terms and conditions of the Creditor Group Life Policy for which this application is made provided that you are Actively-At-Work on such date.

You also understand and agree that while insured under the Creditor Group Life Policy, the Amount of Insurance in force at the time of your death shall be used to discharge you of your Outstanding Indebtedness to the Creditor.

The excess, if any, of the Amount of Insurance over your Outstanding Indebtedness shall be made payable to your beneficiaries.

You expressly authorize the collection, processing, use, storage and destruction of your personal and sensitive personal information and any information related to your application and/or insurance policy as well as its sharing, transfer and or disclosure to any of the Company's branches, subsidiaries, affiliates, agents and representatives, industry associations and third parties such as but not limited to outsourced service providers, external auditors, and local and foreign regulatory authorities in relation to any matter including but not limited to those involving anti-money laundering and tax monitoring, review and reporting, statistical analysis, provision of any products, service, or offers made through mail/email/fax/SMS/telephone, customer satisfaction surveys; compliance with court and other lawful orders and requirements.

You hold the Company free and harmless from any liability that may arise from any transfer, disclosure, processing, collection, use, storage or destruction of said information.

Place of Signing	Date (Month/Day/Year)
Your Signature X	Printed Name
Witness X	Name of Witness



DATE

CREDIT INFORMATION AUTHORIZATION

I hereby authorize RCBC Savings Bank to obtain any information regarding my Bank Accounts and Loan and Credit Obligation.

This authorization applies only for data verification regarding our loan application with the above-mentioned bank.

Borrower's Signature over
Printed Name

Borrower's Signature over
Printed Name

DATE

CREDIT INFORMATION AUTHORIZATION

I hereby authorize RCBC Savings Bank to obtain any information regarding my Bank Accounts and Loan and Credit Obligation.

This authorization applies only for data verification regarding our loan application with the above-mentioned bank.

Borrower's Signature over
Printed Name

Borrower's Signature over
Printed Name