



FIRST CEBU FUND VENTURES, INC.
APPLICATION FORM
LOAN APPLICATION

Type of Loan :		Amount Requested:	Purpose of Loan			
Collateral Offered :		Declared Value :	App. No :			
			Date Filed:			
			Term:			
FOR INDIVIDUAL APPLICANTS						
LAST NAME		FIRST NAME		MIDDLE NAME		
BIRTHDATE (mm/dd/yy)	CITIZENSHIP	ACR NO. (if foreigner)	MARITAL STATUS			
HOME ADDRESS			Tel. No.			
			Email			
BUSINESS/OFFICE ADDRESS			Tel. No.			
PROVINCIAL ADDRESS						
			Email			
EMPLOYMENT STATUS (Pls. check)		EMPLOYER/BUSINESS NAME		POSITION/BUSINESS		
<input type="checkbox"/> Self-employed <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Retired						
MONTHLY INCOME		LANDLINE NO.		MOBILE NO.		
SPOUSE INFORMATION						
Name		Employer/Address		Position		
				Length of Service		
Mobile No.	Fax No.	Tel. No.		Monthly Income		
NO. OF DEPENDENTS		AGE RANGE				
RESIDENTIAL TENURE STATUS (Pls. check)						
<input type="checkbox"/> Owner <input type="checkbox"/> Rent-Free Occupant <input type="checkbox"/> Lessee <input type="checkbox"/> Others, specify		If Lessee : Length of Stay		Lessor :		
		Monthly Rental		Contact No.:		
FOR CORPORATE/PARTNERSHIP BORROWERS						
COMPANY NAME			SEC REGISTRATION/DTI NUMBER			
ADDRESS			TEL. NO.			
			FAX NO.			
TYPE OF BUSINESS		NO. OF YRS. EXISTING				
		CAPITALIZATION				
AUTHORIZED REPRESENTATIVE			POSITION/DESIGNATION			
BANK ACCOUNTS (Pls. use back page if more space is needed)						
Name of Bank/Financing Inst.	Branch/Address		Type of Account	Date Open	Account Number	
CREDIT DEALINGS & TRADE ACCOUNTS (Pls. use back page if more space is needed)						
Name of Creditor/Supplier	Account	Date Open	Branch/Address		Tel. No.	Outstanding Balance
CREDIT CARDS (if any)						
Bank Card	Card Number	Date Issued	Credit Limit			

APPLICANT'S DECLARATION					
<p>I hereby confirm that the above information is true and correct to the best of my knowledge and that the information disclosed herein shall be retained by First Cebu Fund Ventures, Inc. whether the loan applied for is approved or not. I, further, authorize First Cebu Fund Ventures, Inc. to verify each and every item of information I have provided by way of this Application for Loan/Financing. I declare that I fully understand the terms and conditions attendant to this application.</p>					
_____ Applicant's Signature over Printed Name				_____ Date	
ADDITIONAL INSTRUCTIONS : Pls. draw a sketch of your residential address at the back.					
FOR FCFVI USE ONLY					
Applicant Code		Action Taken	Date	Signature of Staff	
<input type="checkbox"/> ALC	_____	CI/Appraisal	_____	_____	
<input type="checkbox"/> DLR	_____	Approval/Disapproval	_____	_____	
<input type="checkbox"/> WIC	_____	Processing	_____	_____	
<input type="checkbox"/> BOD	_____	Release	_____	_____	
		Remarks	_____		