

ASIALINK FINANCE CORPORATION DOWNLOADABLE APPLICATION FORM		2x2 Picture	
<input type="checkbox"/> New Accounts <input type="checkbox"/> Renewal: ___ 2nd ___ 3rd ___ 4th Availment TYPE OF LOAN <input type="checkbox"/> Doctor <input type="checkbox"/> Business <input type="checkbox"/> Salary <input type="checkbox"/> Car Loan <input type="checkbox"/> PUV/TAXI Loan <input type="checkbox"/> Real Estate Loan <input type="checkbox"/> Migrant Loan <input type="checkbox"/> OFW Loan <input type="checkbox"/> Seaman Loan <input type="checkbox"/> Beneficiar/Allotee Loan <input type="checkbox"/> Appliance Amount Applied P _____ Agent: <u>Janet M. Lim</u> TERMS: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months			
NO FEES OR PAYMENTS TO BE COLLECTED BY AGENTS			
PERSONAL INFORMATION			

Last Name	First Name	Middle Name	Birthday	Age	Sex
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Mother's Maiden Name		No. of dependents
Name		Age	School		
Present Address (Unit no, Street, Village/Subdivision/Barangay, Municipality, Province)		Length of Stay			
Home Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Owned (but mortgaged) <input type="checkbox"/> Rented, Mo. P _____ <input type="checkbox"/> Used Free			Home Phone Number		
Previous Address			Cellphone Number		
Provincial Address			E-mail Address		

WORK INFORMATION						
Employment Type <input type="checkbox"/> Self-Employed <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Professional: _____				Employer/Business Name		DTI / SEC Reg No.
Employer/ Business Adress (Fir., Building, No., Street, Village/Barangay/Municipality, Province)						
Years in business						
Phone Number	Position	Monthly Income	Professional License No.	SSS No.	TIN	Employment Status <input type="checkbox"/> Contractual <input type="checkbox"/> Permanent/ Regular

SPOUSE PERSONAL INFORMATION / BENEFICIARY INFORMATION						
Last Name	First Name	Middle Name	Birthday	Age	Sex	
Education <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> High School Undergrad <input type="checkbox"/> College Undergrad		Course	School Last Attended	Year Graduated		
Employment <input type="checkbox"/> Self-Employed <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Professional: _____				Employer/Business Name		DTI / SEC Reg No.
Phone Number	Position	Monthly Income	Professional License No.	SSS No.	TIN	Employment Status <input type="checkbox"/> Contractual <input type="checkbox"/> Permanent/ Regular
Length of Stay/ Years in Business		Number of Children		Years Married		

PERSONAL / CHARACTER REFERENCES				OTHER SOURCES OF INCOME																					
Relative References (Parents, Brothers, Sisters, etc.) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Name</th> <th style="width:30%;">Address</th> <th style="width:20%;">Telephone</th> <th style="width:20%;"></th> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				Name	Address	Telephone														Name Employer/Business		Nature of Business		Address	
Name	Address	Telephone																							
				Telephone Number		Monthly Income																			
				BANK ACCOUNT INFORMATION																					
				Bank	Account Type	Account No.	Date Opened																		

BANK AUTHORIZATION			
Date: _____ Dear: _____			
This is to authorize ASIALINK FINANCE CORPORATION or its authorized representatives to verify my/our savings/checking account with your bank. You are allowed to disclose the date of opening of my/our savings/checking account, the handling and the Average Daily Balance (ADB) for the last six (6) months.			
Bank	Branch / Address	Account Type	Account No.
Thank you very much for your kind assistance.			
Very truly yours,			
_____ Signature over printed name			

UNDERTAKING			
I/We hereby certify that all the information furnished in this Application Form are true, correct and complete, and that the signatures appearing herein are true and genuine. I/We hereby authorize ASIALINK FINANCE CORPORATION to obtain such information as maybe required concerning the validity and veracity of the information provided in this application using any applicable methods of processes, including my/our loan and deposit account, and waive my four rights under R.A. 1405. I/We further agree that this application and all supporting documents and any other information obtained by ASIALINK relative to this application shall remain as ASIALINK'S property whether or not the loan is granted. I/We agree that ASIALINK has no obligation to furnish me/us the reason for such rejection. I/We also understand that any false statement or concealment of information which maybe discovered after the loan has been granted shall be sufficient basis for ASIALINK to consider the loan due and demandable immediately.			
_____ PRINCIPAL BORROWER		_____ SPOUSE/BENEFICIARY	
_____ CO-BORROWER / CO-MAKER		_____ DATE	
(Please place signature over the printed name)			

PN #