



**Metro South Cooperative Bank**  
 IDC Centre, Kalayaan Ave. cor Zapote St., Sta. Cruz, Makati City  
 www.metroouthcoopbank.com

Member : Philippine Deposit Insurance Corporation

LOAN APPLICATION FOR COOPERATIVE

**CREDIT APPLIED FOR**

Amount : \_\_\_\_\_ Purpose : \_\_\_\_\_  
 Term : \_\_\_\_\_ Manner of Payment : \_\_\_\_\_

**COLLATERAL OFFERED**

TCT/CCT No./s	Registered Owner	Location	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Collaterals (Please specify)

**GENERAL INFORMATION**

Name of Cooperative : \_\_\_\_\_ Date Registered : \_\_\_\_\_ Reg. No. \_\_\_\_\_  
 Office Address : \_\_\_\_\_ Contact No. \_\_\_\_\_  
 Owned  Rented P \_\_\_\_\_ monthly rental Length of Stay \_\_\_\_\_  
 Type of Cooperative : \_\_\_\_\_ Area of Operation \_\_\_\_\_  
 No. of Branch/Outlets : \_\_\_\_\_ Location: 1. \_\_\_\_\_  Owned  Rented P \_\_\_\_\_  
 (use separate sheet if necessary) 2. \_\_\_\_\_  Owned  Rented P \_\_\_\_\_  
 3. \_\_\_\_\_  Owned  Rented P \_\_\_\_\_  
 4. \_\_\_\_\_ Owned Rented P \_\_\_\_\_

MEMBERSHIP			COMMON BOND OF MEMBERSHIP	
Classification	20 _____	20 _____	As of _____	<input type="checkbox"/> Residential <input type="checkbox"/> Associational
Regular				<input type="checkbox"/> Institutional <input type="checkbox"/> Occupational
Associate				

**CAPITALIZATION**

At Inception Authorized Capital \_\_\_\_\_ Subscribed Capital \_\_\_\_\_ Paid-up Capital \_\_\_\_\_  
 At Present Authorized Capital \_\_\_\_\_ Subscribed Capital \_\_\_\_\_ Paid-up Capital \_\_\_\_\_  
 Description of capital build up program/scheme \_\_\_\_\_  
 Description of savings mobilization scheme \_\_\_\_\_  
 Grants Received (Please specify amount, date received and from whom)

**AFFILIATIONS / APEX ORGANIZATION**

Name	Address	Contact No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**OFFICERS AND STAFFS**

		Type of Compensation (Monthly)			
		Salary	Allowance	Per Diem	Honorarium
No. of Directors	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Staff					
Full Time	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part Time	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Type of Compensation (Monthly)			
		Salary	Allowance	Per Diem	Honorarium
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committee Members	No.				
1.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPERATIONS/SERVICES OFFERED**

Type of loan	Interest	Service Charge	Max. Term	Max. Loan	Other Charges
Other Relevant information					

LOAN OPERATION				CONSUMER			
	20 ____	20 ____	As of current		20 ____	20 ____	As of current
Loan Release				Sales			
Interest Income				Cost of Sales			
Other income				Sales Revenue			
Loan Products				Products Sold			

OTHER SERVICES /BUSINESSES (Please provide information)

**BANK REFERENCE**

A. BORROWING ACCOUNTS: (Loans / Lines) use separate sheet if necessary

Banks/Companies/Others	Amount	Term	Security	Maturity	Balance as of _____
_____	_____	_____ yrs.	_____	_____	_____
_____	_____	_____ yrs.	_____	_____	_____
_____	_____	_____ yrs.	_____	_____	_____
_____	_____	_____ yrs.	_____	_____	_____
_____	_____	_____ yrs.	_____	_____	_____

B. NON-BORROWING ACCOUNTS: (Deposits, Money Placement, etc)

Banks/Companies/Others	Address/Branch	Type of Account	Date Opened	Outstanding Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**TRADE REFERENCE**

SUPPLIERS

Name and Address	Tel. No.	Goods Supplied/Services Rendered
_____	_____	_____
_____	_____	_____
_____	_____	_____

CUSTOMERS

Name and Address	Tel. No.	Goods Purchased
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERTIFICATION AND AUTHORIZATION**

1. I/We herby certify that all information herein and herewith furnished is in all respects true and correct.
2. It is also agreed that the bank may inquire into their correctness by the methods it may deem proper to use and that this document shall remain the property of METRO SOUTH COOPERATIVE BANK (MSCB) whether or not the loan is granted.
3. The borrower authorizes MSCB or its accredited appraiser to conduct an appraisal of the collateral and agrees that the appraisal report shall be forwarded directly to MSCB and for the its sole use only.
4. The Company/Borrower does hereby waived in favor of MSCB whatever confidentiality rights it may have over the documents, instruments and information it may have delivered and/or disclosed to MSCB by reason of the loan and does hereby authorize MSCB and its duly authorized agents and representatives to inquire, investigate, and do random verification as regards to the authenticity of documents and instruments submitted and the veracity of data/information furnished/disclosed. The authorization in favor of MSCB includes the authority to inquire from the Bureau of Internal Revenue as regards the authenticity of Income Tax Returns and its accompanying financial statements, request information and conduct inquiries or verification on our real estate properties, deposits, loan dealings and other transactions with any bank, financial institutions, government agency and private companies.
5. That should any of the documents, instruments and/or information submitted and/or disclosed to MSCB prove to be altered, spurious, and/or false in any material aspect, then MSCB may deny the loan application or consider the loan/s as in default and demand for the full payment of the outstanding obligation. This shall be without prejudice to the MSCB's right to seek redress for whatever harm or injury MSCB might have suffered by reason of spurious and/or false document/information. Furthermore, the Company/borrower and its officers, agents and representatives shall render MSCB, its officers and representatives, free and harmless from any suit or claim for damages which may be brought or occasioned by reason of this instrument.
6. In case of disapproval, MSCB is under no obligation to disclose the reason/s for such disapproval.
7. The undersigned represent/s in favor of MSCB that he/she/they is/are authorized to transact with MSCB and execute this document for and in behalf of the Borrower.

Name of Cooperative : \_\_\_\_\_

By:

Authorized signatory (Signature over printed name)	Authorized signatory (Signature over printed name)	Authorized signatory (Signature over printed name)
Date	Date	Date

**DOCUMENTARY REQUIREMENTS**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Completely filled-up and signed application form</li> <li><input type="checkbox"/> Board Resolution on loan (specify the authorized signatories, amount of loan and collateral)</li> <li><input type="checkbox"/> Cooperative Profile/History</li> <li><input type="checkbox"/> List of BOD and Key Officers</li> <li><input type="checkbox"/> Biodata of BOD and Key Officers</li> <li><input type="checkbox"/> Organizational Chart</li> <li><input type="checkbox"/> Credit Policy (for cooperative with lending facilities)</li> <li><input type="checkbox"/> Aging of receivables</li> <li><input type="checkbox"/> 3 years Audited Financial Statements with cash flow statements, notes to FS and ITR</li> <li><input type="checkbox"/> Latest Interim Financial Statements</li> <li><input type="checkbox"/> Bank Statements or Photocopy of passbook for the past three (3) months.</li> <li><input type="checkbox"/> Copy of Contracts, if any</li> <li><input type="checkbox"/> Statement of Account (for refinancing/loan take-out)</li> <li><input type="checkbox"/> Certification from creditors, if any</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Certified True Copy of TCT/CCT</li> <li><input type="checkbox"/> Tax Declaration of Land and Building</li> <li><input type="checkbox"/> Lot or Location Plan</li> <li><input type="checkbox"/> Building Plan, if any</li> <li><input type="checkbox"/> Owner's Collateral Appraisal Authorization</li> </ul> <p><b>FOR CONSTRUCTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Building Plan or Floor Plan</li> <li><input type="checkbox"/> Bill of Materials and Labor Cost</li> <li><input type="checkbox"/> Building Permit</li> </ul> <p><b>PRE-RELEASE REQUIREMENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Original Owner's Copy of TCT/CCT</li> <li><input type="checkbox"/> Photocopy of Real Estate Tax Receipt</li> <li><input type="checkbox"/> Original Copy of Real Estate Tax Clearance</li> <li><input type="checkbox"/> Photocopy of Real Estate Tax Receipt on Land and Improvements (under the name of borrower/mortgagor)</li> </ul> |
|---|---|

**FOR MANPOWER COOPERATIVE**

- Updated List of manpower clients with contact details
- Total service billings and total collection report per client (year to date) with no. of personnel deployed
- Copy of updated contracts for top 10 clients

Received by: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_:

This is to authorize **Metro South Cooperative Bank** to inquire, investigate and do random verification as regards to the authenticity of documents and instruments submitted to them, inquire or verification of our deposits, loan dealings and other transactions with any bank, financial institution, government agency and private companies.

Kindly provide the below required information and fax it at (02)403-3584 loc. 227 or (02)897-1400 loc. 227.

**1. Investments**

Type of Investment : \_\_\_\_\_  
Outstanding Balance : \_\_\_\_\_  
As of : \_\_\_\_\_

**2. Deposits**

Type of Deposit : \_\_\_\_\_  
Outstanding Balance : \_\_\_\_\_  
As of : \_\_\_\_\_

**3. Loans**

Type of loan : \_\_\_\_\_  
Amount Approved : \_\_\_\_\_  
Date Released : \_\_\_\_\_  
Maturity Date : \_\_\_\_\_  
Mode of Payment : \_\_\_\_\_  
Amortization : \_\_\_\_\_  
O/S Balance as of : \_\_\_\_\_  
Security : \_\_\_\_\_  
Status : \_\_\_\_\_  
Remarks : \_\_\_\_\_

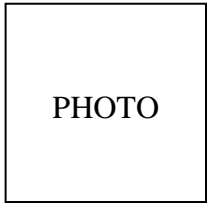
**Informant** : \_\_\_\_\_  
**Position** : \_\_\_\_\_  
**Date Accomplished** : \_\_\_\_\_  
**Signature** : \_\_\_\_\_

Thank you for your favorable action on our request.

Very truly yours

\_\_\_\_\_  
Authorized signatory  
(Signature over printed name)

\_\_\_\_\_  
Authorized signatory  
(Signature over printed name)



Member : *Philippine Deposit Insurance Corporation*

**BIO-DATA FOR DIRECTORS/OFFICERS OF COOPERATIVE**

Name		Sex	Civil Status
Address			Tel. No.
Email Address	Tin No.	Office No.	
Date of Birth	Age	Place of Birth	
Highest Educational Attainment	Course	School	
Number of children, their names and ages			
1.	Age	Occupation	
2.	Age	Occupation	
3.	Age	Occupation	
Highest Educational Attainment	Course	School	
Employer (or name of business if self-employed)			
Office Address		Position	Tel. No.

**BANK REFERENCES**

Please fill in the blank and check the appropriate box	NAME OF BANK	DEPOSIT	BORROWING
	1. _____	<input type="checkbox"/>	<input type="checkbox"/>
	2. _____	<input type="checkbox"/>	<input type="checkbox"/>
	3. _____	<input type="checkbox"/>	<input type="checkbox"/>

Name of Corporation		
Position in the Corporation	Term from	to Since

**EMPLOYMENT RECORD**

From	To	Position	Company

**STATEMENT OF ASSETS AND LIABILITIES**

ASSETS		LIABILITIES	
Cash on Hand/In Bank	P	Clean Loans	P
Stocks and Bonds		Secured Loans	
Motor Vehicles Owned		Other (pls. specify)	
Real Estate			
Others (pls. specify)			
		<b>TOTAL LIABILITIES</b>	P
<b>TOTAL ASSETS</b>	P	<b>NET WORTH</b>	P

I certify that all data and statements written above are true and correct.

\_\_\_\_\_  
 Signature over printed name/Date