

APPLICATION FORM / BORROWER

Amount Applied:	Terms of Loan:	Purpose of Loan:	Agent's Code & Name:	Date of Application:
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PERSONAL INFORMATION

Last Name	First Name	Middle Name	Gender:
Mother's Maiden Name:			Civil Status:
Current Address (Including ZIP code):			Birthdate:
Permanent/Provincial Address (Including ZIP code):			Email Address:
Landline:			Nationality:
Mobile Number:		SSS Number:	Length of Stay:
Home Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Rented: Php. _____/Month <input type="checkbox"/> Mortgaged: Php. _____/Month <input type="checkbox"/> Living with Relatives			
Name of Spouse:			Nationality:
Address:			Office Email Address:
Name of Employer/Business:			Contact Number:
Address:			

BUSINESS INFORMATION

Business Name:	Nature of Business:
Business Address:	Date Registered:
Business Email Address:	Capitalization:
Branches (if any):	Monthly Income:
Company SSS/TIN:	Number of employees:
Other source/s of income:	Contact Number:

HIGHEST EDUCATIONAL ATTAINMENT

School	Degree and Major	Year

FAMILY INFORMATION

Name	School/Employer & Address	Birthdate	Contact Number

BANK INFORMATION

Bank Name and Branch	Account Type	Account Number	Date Opened	Contact Person	Contact Number

CLIENT INFORMATION

Name/Business Name	Address	Contact Number

SUPPLIER INFORMATION

Name/Business Name	Address	Contact Number

CHARACTER REFERENCE

Name	Relationship to Borrower	Contact Number

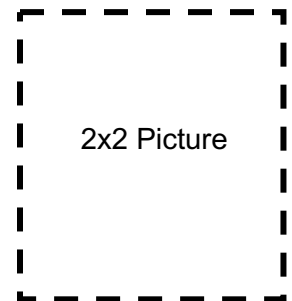
LOANS WITH OTHER FINANCING INSTITUTION

Name and Branch	Type of Loan	Date Availed	Original Amount	Outstanding Balance

MISCELLANEOUS	
Are there past or pending cases against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the nature, plaintiff, amount involved and the status.	
Do you have past due obligations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the creditor's name, nature, amount involved and due date.	
Was your bank account ever closed because of mishandling or issuance of bouncing checks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the bank's name, nature amount and date.	
Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the condition / diagnosis.	
DECLARATION AND SIGNATURE I/We hereby certify that all information furnished in this form are true and correct, and the signature/s appearing herein are genuine. Should any information furnished herein be found to be false, JK Capital Finance Inc. may disapprove this application and/or declare the loan due and demandable (in case the loan proceeds have already been released). JK Capital Finance Inc. and its authorized representative are hereby authorized to validate the information provided in this form, make disclosure/s or share information contained herein or in any documents / papers submitted in connection herewith to any credit rating investigation company or regulatory body or such other persons it may deem necessary to confirm the veracity of the information contained therein. I/We agree that this application form and documents (excluding original bank statements and used checks) submitted in connection herewith become properties of JK Capital Finance Inc. and will not be returned for whatever reason. I am aware that the statements / information gathered about me will be used to determine my eligibility for this loan. I/We also understand that should my application be denied, JK Capital Finance Inc. is not obliged to disclose the reason for the disapproval.	
ADDITIONAL TERMS AND CONDITIONS For this purpose, the Borrower waives his/her rights under the provisions of Republic Act No. 1405, otherwise known as the Law on Secrecy of Bank Deposits, and authorizes JK Capital Finance Inc. to conduct business/trade checking, secure necessary information from any person / entity the Borrower indicated to have had any transaction and/or business dealings with, and conduct inquiries on the status and details of the Borrower's loan / borrowing accounts with creditor banks, if applicable. The Borrower further authorizes JK Capital Finance Inc. to conduct an appraisal of the property that the Borrower is offering as collateral for the loan, if any.	
DATA PRIVACY CONSENT In compliance with the requirements of the Data Privacy Act ("DPA") RA 10173, I/We acknowledge and agree that, in the course of my loan application with JK Capital Finance Inc. and throughout the term of my loan, if such loan application is accepted for processing, JK Capital Finance Inc. may receive or have access to my personal information which may consider as relevant in evaluating the loan application; hereinafter collectively referred to as "Private Information." I/we expressly consent the processing, collection, transmission, storage, disposal use and disclosure of Private Information by JK Capital Finance Inc. I/we will allow members of JK Capital Finance Inc. to process, collect, use, store, or disclose my information to other members, to governmental authorities, and to third parties, as may be necessary.	
✓ _____ BORROWER'S SIGNATURE	
<p style="text-align: center;">Authority to Verify Premises</p> <p>I hereby authorize JK Capital Finance Inc. or any of its representatives to enter and inspect our premises which are part of their credit investigation. (See attached Authority to Verify Premises)</p> <p style="text-align: center;">✓ _____</p> <p style="text-align: center;">Full Name & Signature of Borrower</p>	<p style="text-align: center;">Authority to Verify with Bank</p> <p>I hereby authorize JK Capital Finance Inc. or any of its representatives to verify our account with Bank: (See attached Authority to Verify with Bank)</p> <p style="text-align: center;">✓ _____</p> <p style="text-align: center;">Full Name & Signature of Borrower</p>

Mandatory Documentation:

1. Please attach **2 different Government ID** photocopies:
(each with 3 specimen signatures)
2. Please attach proof of residence:
 - latest billing statement
 - screenshot of residence Google Maps
3. Please attach proof of business:
 - latest billing statement
 - screenshot of business location Google Maps
4. Please attach copy of **DTI/SEC**
5. Please attach **Mayors Permit**
6. Please attach 3 months Bank statements



APPLICATION FORM / CO-BORROWER

Amount Applied:	Terms of Loan:	Purpose of Loan:	Agent's Code & Name:	Date of Application:
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PERSONAL INFORMATION

Last Name	First Name	Middle Name	Gender:
			Civil Status:
Mother's Maiden Name:			Birthdate:
			Email Address:
Current Address (Including ZIP code):			Nationality:
			Length of Stay:
Permanent/Provincial Address (Including ZIP code):			
Landline:	Mobile Number:	SSS Number:	TIN:
Home Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Rented: Php. _____/Month <input type="checkbox"/> Mortgaged: Php. _____/Month <input type="checkbox"/> Living with Relatives			
Name of Spouse:			Nationality:
Address:			Office Email Address:
Name of Employer/Business:			Contact Number:
Address:			

BUSINESS INFORMATION

Business Name:	Nature of Business:
Business Address:	Date Registered:
	Capitalization:
Business Email Address:	Monthly Income:
Branches (if any):	Number of employees:
Company SSS/TIN:	Contact Number:
Other source/s of income:	

HIGHEST EDUCATIONAL ATTAINMENT

School	Degree and Major	Year

FAMILY INFORMATION

Name	School/Employer & Address	Birthdate	Contact Number

BANK INFORMATION

Bank Name and Branch	Account Type	Account Number	Date Opened	Contact Person	Contact Number

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Name/Business Name	Address	Contact Number

SUPPLIER INFORMATION

Name/Business Name	Address	Contact Number

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Name	Relationship to Borrower	Contact Number

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MISCELLANEOUS

Are there past or pending cases against you? Yes No
If yes, please indicate the nature, plaintiff, amount involved and the status.

Do you have past due obligations? Yes No
If yes, please indicate the creditor's name, nature, amount involved and due date.

Was your bank account ever closed because of mishandling or issuance of bouncing checks? Yes No
If yes, please indicate the bank's name, nature amount and date.

Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider? Yes No
If yes, please indicate the condition / diagnosis.

DECLARATION AND SIGNATURE

I/We hereby certify that all information furnished in this form are true and correct, and the signature/s appearing herein are genuine. Should any information furnished herein be found to be false, JK Capital Finance Inc. may disapprove this application and/or declare the loan due and demandable (in case the loan proceeds have already been released).

JK Capital Finance Inc. and its authorized representative are hereby authorized to validate the information provided in this form, make disclosure/s or share information contained herein or in any documents / papers submitted in connection herewith to any credit rating investigation company or regulatory body or such other persons it may deem necessary to confirm the veracity of the information contained therein.

I/We agree that this application form and documents (excluding original bank statements and used checks) submitted in connection herewith become properties of JK Capital Finance Inc. and will not be returned for whatever reason. I am aware that the statements / information gathered about me will be used to determine my eligibility for this loan. I/We also understand that should my application be denied, JK Capital Finance Inc. is not obliged to disclose the reason for the disapproval.

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In compliance with the requirements of the Data Privacy Act ("DPA") RA 10173, I/We acknowledge and agree that, in the course of my loan application with JK Capital Finance Inc. and throughout the term of my loan, if such loan application is accepted for processing, JK Capital Finance Inc. may receive or have access to my personal information which may consider as relevant in evaluating the loan application; hereinafter collectively referred to as "Private Information." I/we expressly consent the processing, collection, transmission, storage, disposal use and disclosure of Private Information by JK Capital Finance Inc. I/we will allow members of JK Capital Finance Inc. to process, collect, use, store, or disclose my information to other members, to governmental authorities, and to third parties, as may be necessary.

✓

CO-BORROWER'S SIGNATURE

Authority to Verify Premises

I hereby authorize **JK Capital Finance Inc.** or any of its representatives to enter and inspect our premises which are part of their credit investigation.
(See attached Authority to Verify Premises)

✓

Full Name & Signature of Co-Borrower

Authority to Verify with Bank

I hereby authorize **JK Capital Finance Inc.** or any of its representatives to verify our account with Bank: **(See attached Authority to Verify with Bank)**

✓

Full Name & Signature of Co-Borrower

Mandatory Documentation:

1. Please attach **2 different Government ID** photocopies:
(each with 3 specimen signatures)

