|  | APPLICATION FO               | Application No.      |                     |                 |                                |                  |                      |  |  |  |
|--|------------------------------|----------------------|---------------------|-----------------|--------------------------------|------------------|----------------------|--|--|--|
| For OWDEE Coop Personn   | nel:                         |                      |                     |                 |                                |                  |                      |  |  |  |
| Loan Cycle No:   | OPPORTUNITY LOAN             |                      |                     |                 | DEVELOPMENT LOAN               |                  |                      |  |  |  |
| Date :   |                              |                      |                     |                 |                                | EQUITY LOAN      |                      |  |  |  |
| ☐ NEW LOAN   | TERMS OF LOAN                | MODE OF PAYMENT      |                     |                 | YMENT                          |                  | Amortization         |  |  |  |
| RENEWAL  | Months                       | weekly bi-monthly mo |                     |                 | $\bigcap_{monthly} \square$    | term Ioan        | Php:                 |  |  |  |
| •MEMBER PERSONAL INFORMATION•                                  |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| Note: Fill up Completely. If field not applicable, write "N/A" |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| APPLIED LOAN AMOUNT:   |                              |                      |                     |                 |                                | PURPOSE          | OF LOAN:             |  |  |  |
|  |                              |                      |                     | (Php)           |                                |                  |                      |  |  |  |
| Name of Member: (Last Name, First Name, Middle Name            |                              |                      |                     |                 | <b>→</b>                       |                  | Nickname:            |  |  |  |
|  | ( Last Name, Thist Name,     | 1                    |                     |                 |                                | Michighte.       |                      |  |  |  |
| <b>→</b>   | D                            |                      |                     |                 |                                | (6)              | → CS: 11             |  |  |  |
|  | Permanent Add                | ress:                |                     |                 | Length                         | of Stay:         | Date of Birth:       |  |  |  |
| <b>→</b>   |                              |                      |                     |                 | $\rightarrow$                  |                  | ÷                    |  |  |  |
|  | Present Home Ownership       |                      |                     | Lot:            | 1                              | 7                |                      |  |  |  |
| U Own L  | Renting Free                 | Use                  |                     |                 | Own Renting                    |                  | Free Use             |  |  |  |
| →  | / To:                        | 1                    |                     | <b>→</b>        | Mortgage/ To                   |                  |                      |  |  |  |
| SSS / C  |                              | T. I. N.             |                     |                 | Cellphone No. →                |                  |                      |  |  |  |
| $\rightarrow$  |                              | $\rightarrow$        |                     |                 | E-Mail :                       | : <mark>→</mark> |                      |  |  |  |
| SEX:   | Age:                         | Relig                | ion:                | Marital Sta     | tus:                           |                  | Legally Separated    |  |  |  |
| Male   |                              |                      |                     |                 | ] Single                       |                  | Widower              |  |  |  |
| → Female   | $\rightarrow$                | $\rightarrow$        |                     | $\rightarrow$   | Married                        |                  | Annulled             |  |  |  |
|  |                              |                      | Previous A          | ddress:         |                                |                  |                      |  |  |  |
| $\rightarrow$  |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| Employ   | yer / Company Name:          |                      | Date of Em          | nployment       | Pos                            | ition:           | Salary:              |  |  |  |
| $\rightarrow$  |                              |                      | $\rightarrow$       |                 | $\rightarrow$                  |                  | → Php.               |  |  |  |
| Company Address: →   |                              |                      |                     | Company Contact |                                | anv Contact #    | : →                  |  |  |  |
| , ,  | PERSONAL BUSINE              |                      |                     |                 | Income / Month                 |                  |                      |  |  |  |
| <i>→</i>   |                              |                      |                     | <i>→</i>        |                                |                  | → Php.               |  |  |  |
|  | Othe                         | ncome:               |                     | Monthly Income: |                                |                  |                      |  |  |  |
| →  |                              |                      |                     |                 |                                |                  | → Php.               |  |  |  |
| Name of Spouse:  | ( Last Name, First Name,     |                      |                     | Nickname:       |                                |                  |                      |  |  |  |
| ·  | (                            | - 1                  |                     | →               |                                |                  |                      |  |  |  |
| → OCCUPATION of Spouse:  |                              |                      | Position:           |                 | Length Of Service:             |                  | Income / Month:      |  |  |  |
|  | of Arton of Spouse.          |                      | FOSILIOII.          |                 | Length of Service.             |                  |                      |  |  |  |
| →  |                              | Numbar               | of Comily N         | 1 amb arc       | →                              | hildran          | → Php.  Total Member |  |  |  |
| → Child / Children :   |                              |                      | r of Family Members |                 | Number of Children<br>Studying |                  |                      |  |  |  |
|  |                              |                      | Working:            |                 |                                |                  | of the Family        |  |  |  |
| Others:  |                              | →                    |                     |                 | →                              |                  | →                    |  |  |  |
| PROPERTIES : ( For Hous  | se and Lot PLS. Indicate the | location )           |                     |                 |                                |                  |                      |  |  |  |
| DECORUDE   | .N.                          |                      | 1                   | LOCATION        | / A 4 O D E 1 / D 1 A          | TEU/CEDIAL A     |                      |  |  |  |
| DESCRIPTION LOCATION/ MODEL/ PLATE#/ SERIAL Number             |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| →  |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| →  |                              |                      |                     |                 |                                |                  | <del></del>          |  |  |  |
| →  |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| →  |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| OTHER LOAN:  |                              |                      |                     |                 |                                |                  |                      |  |  |  |
|  |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| Company: / Address   |                              |                      |                     | mount/Amor      | Collateral                     |                  |                      |  |  |  |
| →  |                              |                      |                     |                 |                                |                  |                      |  |  |  |
| <b>→</b>   |                              |                      |                     |                 |                                |                  |                      |  |  |  |

S.01-11-2021

|  | MIFINIBE       | ER S IVION I HLY INCOIVIE AI                            | ND EXPENSES •                                 |  |
|--|----------------|---|---|--|
|  |                |   |   |  |
| MONTHLY INCOME:  |                |   |   |  |
| Salary / Income: (Maker)   | Php.           |   |   |  |
| Salary / Income: (Spouse)  | Php            |   |   |  |
| Other Source of Income:  | Php.           |   |   |  |
| Total Income:  | Php.           |   |   |  |
| MONTHLY EXPENSES:  |                |   |   |  |
| Foods:   | Php.           |   |   |  |
| Electric:  |                |   |   |  |
| Water:   |                |   |   |  |
| Education:   |                |   |   |  |
| Cellphone load:  |                |   |   |  |
| Cooking Gas:   |                |   |   |  |
| Rental:  | Php.           |   |   |  |
| Medicine :   | Php.           |   |   |  |
| Others: ( Please Specify )   |                |   |   |  |
| $\rightarrow$  | Php            |   |   |  |
| Total Expenses :   | Php.           |   |   |  |
| •  | · -            |   |   |  |
| Net Income:  | Php.           |   |   |  |
| We fully authorize OWDEE Coop person or entity that it may deem necessary.  Name / Signature of Member | orms part of a | this application.  designated representative(s) to con- | duct any Background / Credit Investigation or |  |
| FOR OWDEE Coop PERSONNEL   |                |   |   |  |
| Verified & Endorsed fo   | or Approv      | Posted and Processed By:                                |   |  |
| ROGELIO C. FE  | LICIANO        | <u> </u>  | IMELDA B. CASENAS                             |  |
|  |                |   |   |  |
| Assistant Ma   | nager          |   | Bookkeeper                                    |  |
|  |                | Approved By:  |   |  |
|  |                | DENICNO D. ANDREC                                       | _   |  |
|  |                | BENIGNO P. ANDRES                                       |   |  |
|  |                | General Manager / C.E.O                                 |   |  |