

	nce Corporatio	OFF				PHOTO		
Branch / Marketing	g Office:							
_	about AFC: FLYERS	WALK-IN TO BRANC		· · · · · · · · · · · · · · · · · · ·				
	☐ WEBSIT	TE REFERRAL FRO DOK/INSTAGRAM/TWITTER						
	lled-out and signed applicati				uired. Processing of app	plication will start only upon submission of		
all complete docum	ents.		LOAN INFO	RMATION				
DESIDED I OAN AN	MOUNT Pho			D TERM (MONTHS)	□6 □12 □	□ 18 □ 24 □ others		
LOAN TYPE: CAR REFINANCING				DESIRED TERM (MONTHS) 6 12 18 24 others  PUJ LOAN				
LOAN TIPL.	TRUCK REFINANCING	NG		TAXI / PUV				
	2ND HAND CAR / T	RUCK / MULTICAB PURCHA .CYCLE LOAN		. ESTATE MORTGAGE (RE W/ REM	M)			
				•				
LOAN PURPOSE:	WORKING CAPITAL  PURCHASE OF EQU		Y PURCHASE ON	MEDICATION OTHERS: (Pls. Speci	fv)			
				NAL INFORMATION				
FIRST NAME		MIDDLE NAME		LAST NAME		BIRTHDATE (mm/dd/yyyy)		
SEX		BIRTH PLACE	NATIONAL	ITV	MOTHER'S FULL MA	AIDEN NAME		
MALE MALE	FEMALE	BIRTITIEACE	NATIONAL	-1111	WOTHER STOLE WIP	AIDEN NAINE		
MARITAL STATUS:	SINGLE	MARRIED	SEPARATED	WIDOWED				
	NAME OF DEPENDEN	NTS	AGE		SCHO	OL		
PRESENT ADDRESS						LENGTH OF STAY		
PERMANENT ADD						LENGTH OF STAY		
PROVINCIAL ADDE	RESS: MOBILE N	IO	EMAIL ADD.		TIN/GISS/SSS/PR	LENGTH OF STAY		
					, 5.55, 555, 55			
RESIDENCE OWNE	:RSHIP OWNED MORTO	GAGE F	RENTING (MONTH	LY RENT)	USED FREE WI	TH PARENTS OTHERS:		
EDUCATIONALATI	=	_	POST GRA	ADUATE	DEGREE/COURSE			
	VOCAT	IONAL	OWNED	VEHICLES :				
SCHOOL LAST ATT	ENDED:		MAKE/S		YEAR MODEL	AMORTIZATION:		
	_		SOURCE OF	INCOME				
BUSINESS:	SOLE PROPRIETOR _	PARTNERSHIP CO	ORPORATION					
BUSINESS NAME : NATURE OF BUSINESS:								
DATE ESTABLISHED: PRODUCTS:								
DATE ESTABLISHE				PRODUCT	S:			
DATE ESTABLISHED TITLE/POSITION :				PRODUCT	'S:			
TITLE/POSITION :	D:			PRODUCT	S:			
TITLE/POSITION : BUSINESS ADDRES	D:			PRODUCT	S:			
TITLE/POSITION: BUSINESS ADDRES LENGTH OF STAY:	D:			PRODUCT	S:			
TITLE/POSITION : BUSINESS ADDRES	D:			PRODUCT	S:			
TITLE/POSITION: BUSINESS ADDRES LENGTH OF STAY:	D:			PRODUCT	S:			
TITLE/POSITION: BUSINESS ADDRES LENGTH OF STAY: TEL. NO.:	D:SS:			OPERATING EXPENSE				
TITLE/POSITION: BUSINESS ADDRES LENGTH OF STAY: TEL. NO.: MONTHLY SALES /	D:							
TITLE/POSITION: BUSINESS ADDRES LENGTH OF STAY: TEL. NO.: MONTHLY SALES / TOTAL MANPOWE	D:			OPERATING EXPENSE	:			
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O	D:	ess Others (speci, SPOUSE/CO-BORROV MIDDLE NAME	WER'S PERSON	OPERATING EXPENSE	:	BIRTHDATE (mm/dd/yyyy)		
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen	D:	SPOUSE/CO-BORROV MIDDLE NAME	WER'S PERSON	OPERATING EXPENSE  AL INFORMATION ( AST NAME	: if applicable)			
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen	D:	SPOUSE/CO-BORROV	WER'S PERSON	OPERATING EXPENSE	: if applicable)	BIRTHDATE (mm/dd/yyyy) MOTHER'S FULL MAIDEN NAME		
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX	D:	SPOUSE/CO-BORROV MIDDLE NAME BIRTH PLACE	VER'S PERSON	OPERATING EXPENSE  AL INFORMATION ( AST NAME  NATIONALITY	if applicable)			
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX  MALE	D:	SPOUSE/CO-BORROV MIDDLE NAME  BIRTH PLACE  SPOUSE/CO-BO	VER'S PERSON	OPERATING EXPENSE  OPERATING EXPENSE  OPERATION ( OPER	if applicable)	MOTHER'S FULL MAIDEN NAME		
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX  MALE  EMPLOYED:	D:	SPOUSE/CO-BORROV MIDDLE NAME  BIRTH PLACE  SPOUSE/CO-BO	VER'S PERSON	OPERATING EXPENSE  AL INFORMATION ( AST NAME  NATIONALITY	if applicable)  MATION  OPRIETOR PA			
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX  MALE  EMPLOYED:  EMPLOYER/BUSIN	D:	SPOUSE/CO-BORROV MIDDLE NAME  BIRTH PLACE  SPOUSE/CO-BO	VER'S PERSON	OPERATING EXPENSE  OPERATING EXPENSE  OPERATION ( OPER	if applicable)  MATION  OPRIETOR PA	MOTHER'S FULL MAIDEN NAME		
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX  MALE  EMPLOYED:	D:	SPOUSE/CO-BORROV MIDDLE NAME  BIRTH PLACE  SPOUSE/CO-BO	VER'S PERSON	OPERATING EXPENSE  OPERATING EXPENSE  OPERATION ( OPER	if applicable)  MATION  OPRIETOR PA	MOTHER'S FULL MAIDEN NAME		
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX  MALE  EMPLOYED:  EMPLOYER/BUSIN	D:	SPOUSE/CO-BORROV MIDDLE NAME  BIRTH PLACE  SPOUSE/CO-BO	RROWER'S EM	OPERATING EXPENSE  OPERATING EXPENSE  OPERATION ( OPER	if applicable)  VIATION  OPRIETOR PA  Type of Industry  TEL. NO.	MOTHER'S FULL MAIDEN NAME		
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX  MALE  EMPLOYED:  EMPLOYER/BUSIN  OFFICE ADDRESS  TITLE/POSITION:  OTHER SOURCE O	D:	SPOUSE/CO-BORROV MIDDLE NAME  BIRTH PLACE  SPOUSE/CO-BO MENT OTHERS:  MPLOYED/IN OPERATION	RROWER'S EM	OPERATING EXPENSE  OPERATING EXPENSE  OPERATING EXPENSE  OPERATION (  AST NAME  NATIONALITY  OPERATION (  AST NAME  NATIONALITY  OPERATION (  OPERAT	if applicable)  MATION OPRIETOR PA Type of Industry TEL. NO.	MOTHER'S FULL MAIDEN NAME  ARTNERSHIP CORPORATION		
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX  MALE  EMPLOYED:  EMPLOYER/BUSIN  OFFICE ADDRESS  TITLE/POSITION:  OTHER SOURCE OF Remittance	D:	SPOUSE/CO-BORROV MIDDLE NAME  BIRTH PLACE  SPOUSE/CO-BO MENT OTHERS:  MPLOYED/IN OPERATION	RROWER'S EM	OPERATING EXPENSE  OPERATING EXPENSE  OPERATING EXPENSE  OPERATION (  OPERATING EXPENSE  OPERATION (  OPERATING EXPENSE  OPERATION (	if applicable)  MATION OPRIETOR PA Type of Industry TEL. NO.	MOTHER'S FULL MAIDEN NAME  ARTNERSHIP CORPORATION  HONTHLY EXPENSE  THLY INCOME		
TITLE/POSITION:  BUSINESS ADDRES  LENGTH OF STAY:  TEL. NO.:  MONTHLY SALES /  TOTAL MANPOWE  OTHER SOURCE O  Investmen  FIRST NAME  SEX  MALE  EMPLOYED:  EMPLOYER/BUSIN  OFFICE ADDRESS  TITLE/POSITION:  OTHER SOURCE OI	D:	SPOUSE/CO-BORROV MIDDLE NAME  BIRTH PLACE  SPOUSE/CO-BO MENT OTHERS:  MPLOYED/IN OPERATION	RROWER'S EM	OPERATING EXPENSE  OPERATING EXPENSE  OPERATING EXPENSE  OPERATION (  AST NAME  NATIONALITY  OPERATION (  AST NAME  NATIONALITY  OPERATION (  OPERAT	if applicable)  MATION OPRIETOR PA Type of Industry TEL. NO.	MOTHER'S FULL MAIDEN NAME  ARTNERSHIP CORPORATION  HONTHLY EXPENSE		

BORROWER'S PERSONAL REFERENCE									
NAME	RELATION	ADDRESS		CONTACT NO.					
		OTHER INFORMATION							
A. BANK REFERENCES									
BANK	(	FACILITY	1A	MORTIZATION					
DEPOSIT									
LOANS									
B. TRADE REFERENCES									
SUPPLIERS	TEL. NO.	CUSTOMERS		TEL. NO.					
Signature over printed nan									
Date: (mm/dd/yyyy)									
		BANK AUTHORIZATION							
This is to authorize ASIALINK FINA	ANCE CORP., or its authorized	representative to verify my/our Savings/Checking	g Account with yo	ur bank.					
Bank Account No.		Bank/Branch		Account Type					
bank/leedane No.		Barny Branch		71-					
			-						
	<del></del>								
	<del></del>								
Thank you very much for your kir	ad assistance								
mank you very much for your kil	iu assistance.								
Signature over printed na	me								
	UNDE	RTAKING AND AUTHORIZATION							
I hereby CONSENT to and allow ASIALII	NK FINANCE CORPORATION (	or any of its Subsidiaries, Affiliates, Partners and	accredited Third	Party Service Providers to collect					
		age, photographs, fingerprints, other biometric							
		come, financial data, financial profile, credit star and and agree that my personal data will be pro							
		ling, direct marketing of products and services		=					
Subsidiaries, Affiliates, and Partners.									
Signature of Borrower over Printe	_	· · · · · · · · · · · · · · · · · · ·	_	orrower over Printed Name					
Date: (mm/dd/yyyy)	Date	<u> </u>	Date: (mm/dd/yyyy) _						
		PRIVACY POLICY							
Fach Client is deemed to have accept	and the provisions of the Dri	year, Delian including the Collection Process LL	a. Distribution o	nd Dolivon, and Starogo of data					
		vacy Policy including the Collection, Process, Use CORPORATION, we are committed to protect		·					
		either through private or commercial transactions	s, unless required	to do so by competent authority					
pursuant to Philippine law, rule, and reg	gulation.								
Collection of Information and Data									
All Information and data we obtain du submitted only to the assigned departm		cess will be used solely in the credit process. In	ntormation and da	ata provided are kept secure and					
		process of the loan application for verification,		onfirmation of data. We apply this					
	· ·	s, and the authorities regulated by Philippine Law advance through means including but not limited		call. and text. and the Client may					
respond or object to the said notice. If	we do not receive a respons	se from the Client within three (3) days from the	•	· · · · · · · · · · · · · · · · · · ·					
Client has no objection and thereby con	sents to the request for infor	mation.							
Client's information and data is store	d securely in the system, an	d we constantly perform maintenance in our s	ystems to ensure	e that it exceeds current security					
standard. I have read, understood, and	agree with the privacy policy	of ASIALINK FINANCE CORPORATION.		,					
	<u> </u>								
PRINCIPAL BORROWE		SPOUSE		CO-MAKER					
(Printed Name and Signat	ture)	(Printed Name and Signature)	(Printed I	Name and Signature)					