



ID PICTURE OF BORROWER

AFP MUTUAL BENEFIT ASSOCIATION, INC.
REAL ESTATE HOUSING LOAN APPLICATION FORM
Col. Bonny Serrano cor. E. Delos Santos Ave., Quezon City

Telephone No. 911-89-10 Loc 278



ID PICTURE OF BORROWER

APPLICANT:

Serial No.: RANK LAST NAME GIVEN NAME MIDDLE NAME
TIN:
Branch of Service:
Status: Regular Reserved CAD Others
Date of Birth: Age: Place of Birth:
Civil Status: Single Married Widowed Separated
Home Address:
Home Tel. No.:
Mobile No.:
Email Address:
Unit Assignment/ Office Address:
Office Phone No.:

SPOUSE:

LAST NAME GIVEN NAME MIDDLE NAME
Date of Birth: Age: TIN:
Occupation:
Name of Employer:
Office Address:
Office Phone No.:
Mobile No.:
Community Tax Certificate No.:
Place Issued: Date Issued:

NATURE OF WORK (Kindly Check): NAME OF EMPLOYER/BUSINESS:
EMPLOYED
PROFESSIONAL
BUSINESS
OTHERS (Indicate)

(Kindly present the original)
OR ANY OF THE FOLLOWING: (Kindly Check)
Passport:
Driver's License:
Professional RegulationS Commission (PRC):
PhilHealth Card:
Senior Citizen's Card:
City/Municipal Permits:
Others (indicate):

SOURCE OF FUNDS: (Kindly check)
SALARY: INHERITANCE:
DONATIONS: OTHERS, (Pls. Specify):
BUSINESS PROFIT:

NTHP (to be filled up by BCU)

DEPENDENTS:

Table with columns: Name, Relationship, Date of Birth, Age

Location of Housing Project: Blk: Lot: Lot Area: House & Lot: Lot only: AFPMBAI Processing Fee:
TERM OF PAYMENT: 5 years 15 years 10 years 20 years
CASH BANK FINANCING

Estimated of Total Monthly Amortization:
Basic Amortization
Est. Sales Redemption Insurance Premium
Est. Fire Insurance Premium
Total Monthly Amortization

The computed Sales Redemption Insurance Premium shall be included in the total monthly amortization to be paid by the applicant.
Payment for the Sales Redemption Insurance Premium shall only be credited upon approval of the coverage. Pending approval, the payment for the Sales Redemption Insurance Premium shall be applied/ credited to the principal portion of the loan.

I HEREBY CERTIFY UNDER OATH THAT ALL THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM FURNISHING THESE INFORMATION IN CONNECTION WITH MY APPLICATION FOR REAL ESTATE LOAN WITH THE AFP MUTUAL BENEFIT ASSOCIATION, INC. I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTOOD THE ESTIMATED TOTAL MONTHLY AMORTIZATION AND THE APPLICATION OF THE SALES REDEMPTION INSURANCE PREMIUM BEFORE AND AFTER THE APPROVAL OF THE SALES REDEMPTION INSURANCE COVERAGE.

Signature of APPLICANT

Signature of SPOUSE

SUBSCRIBED AND SWORN TO before me this ___ day of ___ 20___ at ___ the applicant exhibiting his/ her residence certificate no. ___ issued at ___ on ___.

I hereby certify that I have seen the original of (Identification Document/s) ___, Bearing No. ___, issued on ___, expiring on ___. I further certify that the same belongs to the above-named applicant.
Signature over printed name