



Documentary Requirements
 Loan Application Form
 One (1) 2x2 Picture
 Authority To Deduct; Promissory Note and Disclosure Statement of Loan
 One (1) month latest payslip certified by the authorized officer of the client company
 Photocopy of company ID and any one from the following: SSS, TIN or Driver's License
 Photocopy of Latest Community Tax Certificate
 Processing fee of Php 300.00 (automatically deducted from the proceeds of the loan, non-refundable)

Please fill-up all information required in the application form and submit all the documentary requirements at AGF Office, Unit 2205 A East Tower, PSE Centre, Exchange Road, Ortigas Center, Pasig City, Tel. no. 635-28-38, Fax no. 687-23-19. AG Finance will not process incomplete applications.

2x2 picture

LOAN APPLICATION FORM

| BORROWER'S INFORMATION | | | |
|--|--|---|----------------------------------|
| SSS Number: | | TIN: | |
| First Name: | | Middle Name: | |
| Last Name: | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Birthday (mm/dd/yyyy): | | Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er | |
| Present Address: | | | |
| Provincial Address: | | | |
| Home Phone Number: | | Mobile Number: | |
| Citizenship: | | Employee Number: | |
| Present Employer: | | Department/Detachment/Branch: | |
| Date Hired (mm/dd/yyyy): | Position: | Employment Status: <input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual | |
| REFERENCES | | | |
| Name of Spouse (if married)/Parents: | | Relationship: | |
| Address: | | Contact Number: | |
| LOAN INFORMATION: Purpose of Loan: | | | |
| Loan Amount Requested*: <small>(*Subject for Approval)</small> | Terms: <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 12 months | <input type="checkbox"/> New Loan | <input type="checkbox"/> Renewal |
| <small>To be filled-up by AG FINANCE, INC. -Loans and Processing Division</small> | | | |
| Net Take Home Pay: | | Basic Salary: | Outstanding Loans, if any: |
| Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Reasons: _____ | <input type="checkbox"/> For Credit Committee Approval <small>(if loan amount is above Php 75,000.00)</small> | Mode of Payment: <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly | |
| CO-MAKER'S INFORMATION | | | |
| SSS Number: | | TIN: | |
| First Name: | | Middle Name: | |
| Last Name: | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Birthday (mm/dd/yyyy): | | Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er | |
| Present Address: | | | |
| Home Phone Number: | | Mobile Number: | |
| Citizenship: | | Employee Number: | |
| Present Employer: | | Department/Detachment/Branch: | |
| Date Hired (mm/dd/yyyy): | Position: | Employment Status: <input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual | |
| <small>To be filled-up by AG FINANCE, INC. -Loans and Processing Division</small> | | | |
| Net Take Home Pay: | | Basic Salary: | Outstanding Loans, if any: |
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| First Name: | | Middle Name: | |
| Last Name: | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Birthday (mm/dd/yyyy): | | Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er | |
| Present Address: | | | |
| Home Phone Number: | | Mobile Number: | |
| Citizenship: | | Employee Number: | |
| Present Employer: | | Department/Detachment/Branch: | |
| Date Hired (mm/dd/yyyy): | Position: | Employment Status: <input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual | |
| <small>To be filled-up by AG FINANCE, INC. -Loans and Processing Division</small> | | | |
| Net Take Home Pay: | | Basic Salary: | Outstanding Loans, if any: |

AUTHORITY TO DEDUCT

_____, 20 _____

TO: **THE TREASURER / CASHIER / DISBURSING OFFICER**

For and in consideration of the sum of _____
(Php _____), I hereby acknowledge my obligation as borrower, and in the
event of failure to pay any installment due from me, I hereby authorize my employer,
_____, to deduct from my salaries, retirement/
(name of company)

separation pay, pension, gratuities, accumulated leave benefits whatever is due to **AG
FINANCE INC.** and no amount of funds accruing to me shall be delivered/remitted to me
without fully extinguishing the aforesaid obligations plus accrued interests, penalties, and
other charges.

BORROWER
(Signature Over Printed Name)

We hereby acknowledge our obligation as co-makers, and in the event of failure
to collect any installment from the borrower, we hereby assume responsibility for the
outstanding balance of the loan granted by **AG FINANCE INC.** to
_____ and we hereby authorize our employer
(name of borrower)

_____ to deduct from our salaries, retirement/
(name of company)

separation pay, pension, gratuities, accumulated leave benefits whatever is due to **AG
FINANCE INC.** and no amount of funds accruing to us shall be delivered/remitted to us
without fully extinguishing the aforesaid obligations plus accrued interests, penalties and
other charges.

CO-MAKER 1
(Signature Over Printed Name)

CO-MAKER 2
(Signature Over Printed Name)