

CUSTOMER INFORMATION FORM

Date of Application:	Amount Applied:	Term of Loan (No. of Months to Pay the Loan; 6-12 Months)	Purpose of Loan:	Source of Application:
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TYPE OF INSTITUTION Sole Prop Partnership Corporation Others Please specify _____

Name of Company: _____ **Nature of Business:** _____

Trade Name: _____ **SEC/DTI Date Registration:** _____

Business Address: _____ **Years of Operation:** _____

Business Ownership Owned Rented Php _____ /Month Mortgaged Owned by Relatives **Capitalization:** _____

Website: _____ **FB Page:** _____ **Gross Monthly Income:** _____

No. of Branch (if any): _____ **No. of Employee:** _____ **Company TIN:** _____

Asset Size: Micro (<=3M) Small (>3M up to <=15M) **Company SSS:** _____

Medium (>15M up to <=100M) Large (>100M) **Contact Number:** _____

CUSTOMER INFORMATION (attach sheet if necessary)

Name of Customer	Years Dealing	Contact Person	Contact No.	Email Address

SUPPLIER INFORMATION (attach sheet if necessary)

Name of Supplier	Years Dealing	Contact Person	Contact No.	Email Address

BANK ACCOUNTS

Name of Bank/Branch	Date Opened	Saving/Checking/Currency	Contact Person	Email Address	Contact No.

CREDITORS (All forms of existing loan accounts)

Name of Creditor	Credit Facility	Loan Balance	Contact Person	Email Address	Contact No.

PROPERTY / ASSETS OWNED (attach sheets if necessary)

Type	Location	Fair Market Value	Clean/Encumbered

Ultimate Beneficial Owner Information (For Corporation/Partnership) (attach sheet if necessary)

Last Name	First Name	Middle Name	TIN No.	Birth day:
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Current Address:

Last Name	First Name	Middle Name	TIN No.	Birth day:
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Current Address:

Partners and Officers Details (attach sheet if necessary)

Last Name	First Name	Middle Name	Suffix	Date of Birth	Signatory (Y/N)
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CONTACT INFORMATION OF THE COMPANY REPRESENTATIVE

Last Name	First Name	Middle Name	Date of Birth:	Birthplace:	
			Civil Status:	Gender:	
Current Address (Including ZIP code):			Mother's Maiden Name:		
			Nationality:		
Home Ownership	Owned <input type="checkbox"/>	Rented Php_____/Month <input type="checkbox"/>	Mortgaged <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>	Length of Stay:
Permanent/Provincial Address (Including ZIP code):					
Home Ownership					
Owned <input type="checkbox"/> Rented Php_____/Month <input type="checkbox"/> Mortgaged <input type="checkbox"/> Living with Relatives <input type="checkbox"/> Length of Stay:					
Landline:	Mobile Number:		SSS No.		
			TIN No.		
Name of Spouse:			Date of Birth:		
Address:			Email Address:		
Employer/Business:			Contact No.		
Address:			Office Email:		

FAMILY INFORMATION (attach sheet if necessary)

Name	Contact Number	Birthdate	School/Employer & Address

Personal References (not related to applicant) For Sole Proprietor Only

Name	Relations	Years Known	Contact No.	Email Address

CONSENT TO VERIFY, PROCESS AND SHARE INFORMATION

I authorize and instruct Unicapital, Inc. (UI) and/or Unicapital Finance & Investments, Inc. (UFII) or their representative to verify and investigate all information given on this form and/or secure additional information as may be required by UI/UFII. I warrant that all such information and all supporting documents submitted are true and correct and that the signatures indicated herein are genuine. I further warrant that, prior to submitting to UI/UFII any information (including personal information) of an individual, I have obtained all necessary authorizations and consents as may be required by applicable confidentiality and data privacy laws or agreement to enable UI/UFII to process such information. The foregoing constitutes my express consent under the applicable bank secrecy, confidentiality and data privacy laws of the Philippines and I agree to hold UI/UFII, its affiliates, officers, directors, employees, agents, and representatives free and harmless from any and all third-party claims, losses, liability, damages, and costs arising or resulting from or in connection with the implementation of the purposes and authorities conferred by me hereunder.

Signature Over Printed Name of Authorized Signatory/Applicant

Signature Over Printed Name of Authorized Signatory/Applicant

Authority to Verify Premises

Signature Above Printed Name of Authorized Signatory/Applicant

FOR UNICAPITAL GROUP'S USE ONLY

Credit Facility STBL RPNL CD STL MC FLEET

Salesman/Marketing Officer's Attestation

I hereby certify that I have conducted face to face interview with the client/registrant in accordance with the relevant rules and I have verified the information in the CIF as true and correct to the best of my knowledge and belief. I have sighted all the originals of the documents submitted and undertake full responsibility thereat.

Signature Above Printed Name of Salesman/Marketing Officer

Date

Verified by: _____

Date: _____

Encoded by: _____

Date: _____

Approved by: _____

Date: _____

Application No. (ZOHO): _____

CIF Number: _____