

Personal Loan Application Form

Bank Information		
Are you currently a Security Bank Depositor?		Is your payroll with Security Bank?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Account no.		Account no.
<div></div>		<div></div>
Branch		Branch
<div></div>		<div></div>
Personal Loan Details		
Existing loan customer		Desired loan amount Php
<input type="checkbox"/> Yes <input type="checkbox"/> No		<div></div>
Payment term (months)		
<input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 36		
Loan purpose		
<input type="checkbox"/> Home improvement <input type="checkbox"/> Business capital/expansion		
<input type="checkbox"/> Tuition fees <input type="checkbox"/> Others <div></div>		
Mode of loan release		
<input type="checkbox"/> Credit to other bank <input type="checkbox"/> Credit to my Security Bank account		
Account number		
<div></div>		
Personal Information		
Complete name (First, Middle, Last, Suffix (if any))		
<div></div>		
Mother's maiden name (First, Middle, Last, Suffix (if any))		
<div></div>		
Citizenship	Sex	
<div></div>	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of birth (mm/dd/yyyy)	Place of birth	
<div></div>	<div></div>	
Civil status		
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally separated		
<input type="checkbox"/> Annulled <input type="checkbox"/> Widowed		
Educational attainment		
<input type="checkbox"/> High school <input type="checkbox"/> Vocational <input type="checkbox"/> College		
<input type="checkbox"/> Post graduate <input type="checkbox"/> Others		
Car ownership		
<input type="checkbox"/> Personal <input type="checkbox"/> Company provided Monthly amortization (Php)		
<input type="checkbox"/> Both <input type="checkbox"/> None <div></div>		
Home ownership		
<input type="checkbox"/> Owned <input type="checkbox"/> Company provided <input type="checkbox"/> Mortgaged		
<input type="checkbox"/> Rented <div></div> /mo Length of stay <div></div> years		
Permanent home address (House No., Street, Brgy./Village, Subdivision, City/Municipality, Province, Country, Zip code)		
<div></div>		
Home phone no.	Mobile no.	Email address
<div></div>	<div></div>	<div></div>
Present home address (House no., Street, Brgy./Village, Subdivision, City/Municipality, Province, Country, Zip code)		
<div></div>		
Previous home address (House no., Street, Brgy./Village, Subdivision, City/Municipality, Province, Country, Zip code)		
<div></div>		
Spouse Information		
Complete name (First, Middle, Last, Suffix (if any))		
<div></div>		
Date of birth (mm/dd/yyyy)	Contact no.	
<div></div>	<div></div>	
Business/Employer name	Position	
<div></div>	<div></div>	

Business/Employer address (No., Street, Brgy./Village, Subdivision, City/Municipality, Province, Country, Zip code)			
<div></div>			
My Work and Finances			
Employment type		Permanent	
<input type="checkbox"/> Government <input type="checkbox"/> Private		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Self-employed			
Rank			
<input type="checkbox"/> Rank and File		<input type="checkbox"/> Assistant Vice President/Senior Assistant VP	
<input type="checkbox"/> Junior Officer		<input type="checkbox"/> Vice President/First Vice President/ Senior Vice President/Executive VP	
<input type="checkbox"/> Assistant Manager/ Senior Assistant Manager		<input type="checkbox"/> President/Chief Executive Officer/ Director/Chairman	
<input type="checkbox"/> Manager/Senior Manager		<input type="checkbox"/> Business Owner	
Date hired (if employed)	Nature of business	Position	
<div></div>	<div></div>	<div></div>	
TIN	Gross annual income	Length of service (if employed)	
<div></div>	<div></div>	<div></div>	
Business/Employer name			
<div></div>			
Business/Employer address (No., Street, Brgy./Village, Subdivision, City/Municipality, Province, Country, Zip code)			
<div></div>			
Contact no. & email address		Date business established (if self-employed)	
<div></div>		<div></div>	
Credit Card Details			
Credit card provider	Expiry date	Card no.	Credit limit
1. <div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>
Other Loan Accounts			
Bank/company	Type of loan	Outstanding balance	Monthly payment
1. <div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>
Trade References (If self-employed)			
Business name	Relationship	Address	Contact no.
1. <div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>
Personal References			
Name		Address	
<div></div>		<div></div>	
Relationship		Contact no.	
<div></div>		<div></div>	
Name		Address	
<div></div>		<div></div>	
Relationship		Contact no.	
<div></div>		<div></div>	

For SB Finance's use only		
Channel source	Source code	Referror/Account officer/DSA
<div></div>	<div></div>	<div></div>

LOAN TERMS & CONDITIONS WITH UNDERTAKING

1. I hereby certify that all information herein are true and correct based on my own knowledge, and further authorize SB Finance (“SBF”) to obtain information as it may require concerning my application to subscribe to this program, and agree that it shall be retained by SBF, subject to SBF’s data retention policy, whether my application is approved or not. Any information given by me or other persons I authorized, which is not true or accurate, will automatically cause SBF to reject my loan or cancel its approval.

2. I hereby willingly, voluntarily, and with full knowledge of my right under the law, waive the right to confidentiality of information, and authorize SBF to obtain and/or disclose, divulge, and reveal any kind of information relating to my account/s and/or transactions with Security Bank Corporation, its subsidiaries, and affiliates, including agents or service providers in events of default, for the purpose of, among others, client evaluation and profiling, credit reporting or verification, collection, and recovery of the obligation due and payable to SBF under the terms and conditions of this agreement.

3. I guarantee that I have obtained the consent of any or all persons named herein as co-maker, guarantor, surety, past employer, supplier, seller of the property, or personal reference, for all purposes necessary to this loan agreement. Any information given by me or other persons I authorize, which is not true or accurate, will automatically cause SBF to reject my loan or cancel its approval.

4. In view of the foregoing, SBF may disclose, divulge, and reveal the aforementioned information to third parties, including but not limited to my employer, or to Security Bank Corporation and/or its affiliates, subsidiaries, agents or service providers, the Bankers’ Association of the Philippines – Credit Bureau (BAP – CB), or to any similar central monitoring entity or recipients as provided for by law and required by competent authority.

5. I further authorize SBF to process, transfer, share, and disclose any information relating to my credit data, telecom or mobile usage data or “telco score” to credit info data providers or credit scoring service providers (i.e. Globe Telecom, Inc., Smart Communications, Inc., and other telecommunications service provider), for the purpose of credit verification, collection, credit review, and credit scoring/ analytics, and statistical and risk analysis.

6. I further authorize SBF, as my Attorney-in-Fact, to conduct random verification with the Bureau of Internal Revenue (the “BIR”) in order to establish the authenticity of my Tax Statements (the “ITR”), and the accompanying financial statements/ documents submitted to SBF in accordance with banking regulatory requirements.

7. I hold SBF free and harmless from any and all liabilities, claims, and demands of whatever kind or nature in connection with or arising from the aforementioned disclosure or reporting.

8. I hereby acknowledge that the Personal Loan or any part(s) thereof shall be deemed to have been availed of on the date when the funds are transferred to my deposit account maintained with Security Bank Corporation, or upon my receipt of the Manager’s Check reflecting the amount of the loan less the applicable fees, charges, and taxes.

9. I further authorize SBF to deduct from my loan proceeds all fees, including, but not limited to, processing fees, documentary stamp tax, notarial fees, and interest accruals should the first due date be over 30 days from the release of my loan, and other related charges.

10. I hereby agree that SBF has the right to approve a lower amount than my desired loan amount as indicated in this application, and shall render SBF free and harmless from any liability arising thereof.

11. I am fully aware that the approval of my loan application is effective within 45 days starting the date of approval. If I fail to avail of the loan within the said period, the approval of my loan will expire. After expiration, and I decided to continue the loan, I understand that I need to apply again.

12. I hereby agree that should my application be denied, SBF has no obligation to furnish the reason for such rejection or to return my application and other submitted documents.

13. Insurance. I agree, as a borrower, that throughout the entire term of the loan, SBF shall keep me insured with its Partner Insurance Company. I understand that in lieu of the insurance product provided by SBF’s Partner Insurance Company, I have the option to choose another provider of said product that shall carry all necessary and applicable risk covers and clauses subject to reasonable standards that may be set by SBF, in which case I shall reach out to SBF through its official contact number. Further, I understand that if I choose the insurance offered by SBF, the premium shall be due and demandable, and payment thereof shall be amortized in accordance with SBF’s policy. In the event that my insurance coverage is terminated in accordance with the Termination of Debtor’s Insurance provision of the policy contract, I understand and agree that I shall not be entitled to any premium refund, however, in case of deficiency, I am liable and obligated to pay the amount. I agree to endorse the policy to SBF and assign or appoint SBF to be my attorney-in-fact to immediately file the proper loss/accident/incident or equivalent report and for purposes of claiming the benefits or proceeds of the said insurance. Further, I authorize SBF as my attorney-in-fact to file and claim documents with any government agencies, institution, bureau or offices necessary for the claim of proceeds or benefits and should there be a need to name a beneficiary, I hereby agree to name SBF as the assured or loss payee. Furthermore, I authorize SBF to apply the benefits or proceeds of the insurance to the outstanding balance of my loan. I commit that in any instance that an original copy of the insurance policy shall be in my possession I shall forward the same to SBF for its records and for purposes as it may deem fit. Lastly, should there be an instance where I or my heir or estate receive any amount paid under the insurance directly from the insurer, I authorize SBF to collect the proceeds from my heir or estate without the need of settlement of estate. For more details about GCLI, please visit our website at <https://www.sbfinance.com.ph/sunlife-insurance-faq-personal-loan/>

CREDIT GROUP LIFE INSURANCE (CGLI)

These provisions shall initially apply to SB Finance, Personal Loan, Payroll and Non-Payroll Variants but may later be applied to the other loan products of SB Finance upon notice.

INTERPRETATION AND DEFINITIONS

- a. “Actively-At-Work” shall mean the Borrower is not prevented from performing all his normal activities because of injury or illness or is not hospital confined.
- b. “Evidence of Insurability” shall mean a written statement or proof of a Borrower’s insurability upon which acceptance for insurance shall be determined by the PARTNER INSURANCE COMPANY-partner.
- c. “Outstanding Indebtedness” shall mean the total amount of unpaid indebtedness under a contract of indebtedness with respect to which a Borrower is insured herein.
- d. “Partner Insurance Company” means the insurance provider duly registered and regulated by the Insurance Commission of the Philippines Partner, to which SB Finance established a partnership with for issuance of coverage for its Borrowers. SB Finance shall have the sole discretion and prerogative as to which Partner Insurance Company it will engage as a partner for purposes of the PARTNER INSURANCE COMPANY bundle.

ELIGIBILITY, APPLICATION AND LIMITATIONS

The Credit Group Life insurance is available to eligible SB Finance Borrowers who are in good health and provided they are at least 18 years old but not more than 65 years old who met the minimum loan amount and have complied with the requirements in the succeeding provisions. However, members who are in military naval or air service or those who are engaged in hazardous activities like deep-sea diving, mountain climbing, and underground mining are not eligible to participate.

INSURABILITY

- a. The Borrower, in order to be covered by the Credit Group Life insurance, hereby attests that, prior to loan onboarding, he/she is:
- The borrower is between eighteen (18) to sixty five (65) years old;
 - is physically and mentally healthy;
 - has never had any congenital birth disease, heart disease, high blood pressure, lung or kidney ailment, tumor, mass or cancer or any other physical impairment; has not undergone operations or hospitalized, nor been treated for any illness in the past twelve (12) months.
- b. “Evidence of Insurability” shall mean a written statement or proof of a Borrower’s insurability upon which acceptance for insurance shall be determined by the PARTNER INSURANCE COMPANY-partner.
- c. “Outstanding Indebtedness” shall mean the total amount of unpaid indebtedness under a contract of indebtedness with respect to which a Borrower is insured herein.
- d. “Partner Insurance Company” means the insurance provider duly registered and regulated by the Insurance Commission of the Philippines Partner, to which SB Finance established a partnership with for issuance of coverage for its Borrowers. SB Finance shall have the sole discretion and prerogative as to which Partner Insurance Company it will engage as a partner for purposes of the PARTNER INSURANCE COMPANY bundle.

EFFECTIVE DATE OF BORROWER’S INSURANCE

- a. Subject to the provisions of Evidence of Insurability, the effective date of a debtor’s insurance with respect to any indebtedness shall be the latest of:
- the Effective Date of the group master policy contract;
 - the date of issue of the contract of indebtedness between the debtor and the creditor;
 - the date he meets the eligibility requirements.

provided he is Actively-At-Work on such effective date;., otherwise, his insurance shall take effect on the day he returns to Actively-At-Work status.

HEALTH QUESTIONNAIRE

The following questions must be answered by the person being insured.

- a. Within the last two (2) years, have any of your applications for insurance been declined, postponed, withdrawn or accepted on a basis other than that applied for? Yes, or No?
- b. Have you had any symptoms of, sought advice for, or been treated for high blood pressure, stroke, heart trouble, diabetes, cancer or tumor, chest pain, viral immunodeficiency illness, bleeding from the bowel, or blood in your sputum, or has treatment for any of these been recommended by a physician or other practitioner? Yes, or No?
- c. Within the last five (5) years, have you been admitted or been advised to be admitted as an in-patient to a hospital or clinic EXCEPT for pregnancy, birth, routine health check-up, gallbladder/kidney stones, colds, flu/influenza, gastroenteritis, upper and lower respiratory tract infections, hepatitis A, appendectomy, tonsillectomy, haemorrhoidectomy, cholecystectomy, and herniotomy? Yes, or No?
- d. Do you have any health symptoms or complaints for which a physician has not been consulted or treatment has not been received? For example: persistent fever, unexplained weight loss, loss of appetite, pain or swelling, etc.? Yes, or No?

DEATH BENEFIT

- Upon receipt and approval of the Partner Insurance Company of the due proof/s that a Debtor died while covered under this Policy, Partner Insurance Company shall pay:
- To the Policyholder - the Debtor’s Outstanding Indebtedness at time of death
- To the beneficiary/ies - the excess, if any, of the Debtor’s Amount of Insurance over his Outstanding Indebtedness
- The Outstanding Indebtedness in any contract of indebtedness shall also include any accrued interest charges and other finance charges to the Debtor due to default in payment of the installments on any such indebtedness.
- If no beneficiary is alive on the date of the Debtor’s death, or if the Debtor fails to designate a beneficiary, or if the designated beneficiary is disqualified by law, the excess of the amount of insurance over the outstanding balance in any contract of indebtedness, as stated above, shall be payable to the first surviving class of the following order of classes of beneficiaries deemed named by the Debtor.

The deceased Debtor’s
 1. widow or widower;
 2. surviving legitimate and illegitimate children;
 3. surviving parents;
 4. surviving brothers and sisters of the full blood;
 5. surviving brother and sister of the half blood; or
 6. executors, administrators or assigns.

If two or more beneficiaries belong to the same class entitled to the excess of the Debtor’s Amount of Insurance over the outstanding balance in any contract of indebtedness, such beneficiaries shall share equally.

Any minor’s share shall be paid in the manner prescribed by law.

Any such payment shall discharge Sun Life Crepa Financial to the extent of the amount paid.

SUICIDE

Partner Insurance Company will not be liable if the Debtor dies by suicide within one (1) year from the effective date of his insurance or increase in amount of insurance (if any) or last reinstatement, whichever is later; provided, however, that suicide committed in the state of insanity will be compensable regardless of the date of commission. Where death benefit is not payable, Partner Insurance Company shall refund the premiums paid from the later of effective date or date of reinstatement of his insurance to date of death, to the estate of the Debtor.

BENEFICIARIES

All designations of beneficiaries are revocable unless otherwise stated by the Borrower on the form provided by Partner Insurance Company. The Borrower may change a beneficiary by filing a written notice with Partner Insurance Company on a form provided by Partner Insurance Company. The change shall then be effective as of the date it was signed, but it shall be subject to any action taken before it was received by Partner Insurance Company at its Office. If Partner Insurance Company has taken any action or made payment prior to receiving notice of that change, the change of beneficiary will not have an effect on any action or payment made by Partner Insurance Company to the beneficiary on record.

In the designation of an irrevocable beneficiary, the exercise by the Borrower of his privilege to revoke or change a beneficiary shall be subject to the consent of any beneficiaries designated as irrevocable beneficiaries while they exist. The Borrower may appoint a minor or an incompetent as an irrevocable beneficiary, provided, that the rights of such minor or incompetent with respect to the insurance policy shall be exercised by a judicial guardian (unless otherwise allowed by law).

INCONTESTABILITY

- In terms of the Death Benefit, no statement relating to the insurability of the borrower may be used in contesting the validity of the Borrower’s insurance initially included hereunder after it has been in force for a period of one (1) whole year from the later of the effective date or from date of last reinstatement during the borrower’s lifetime nor unless contained in a written instrument signed by him/her. Similarly, any increase hereof shall be incontestable, except for nonpayment of premiums, after being in force for a period of one (1) whole year from the effective date of the increase.
- Borrower has a continuing obligation to promptly disclose to SB Finance and its Partner Insurance Company any incorrect declaration, whether intentional or unintentional, within one (1) year from the effective date of Borrower’s insurance coverage or from last reinstatement. Failure to do so shall give the Partner Insurance Company the unequivocal right to contest claims, adjust or rescind the coverage in accordance with the policy contract even if the insured’s death occurs within one (1) year from the effective date of the insurance coverage or from last reinstatement.

CLAIM PROCESS AND PROCEDURES

In case of death of the Borrower, a written notice of claim must be submitted to the Partner Insurance Company office within 30 days from date of death. Proof of claim must be submitted not later than 90 days from date of death. Failure to submit the written notice and proof of claim within the time limits shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible and was submitted as soon as was reasonably possible. In the event death of the Borrower, the duly authorized representative is solely obliged to file a notice of claim with SB Finance Partner Insurance Company, in writing and with full details. The authorized representative must provide the Partner Insurance Company a satisfactory proof of the claim within ninety (90) days from the date notice is given. However, failure on the part of the authorized representative to submit written notice and proof of claim within such time shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice within the required time and that proof was submitted as soon as was reasonably possible. In case of death of the Borrower, any of his/her surviving heirs or duly appointed administrator must file a notice of claim to the Partner Insurance Company within thirty (30) days from date of death. Proof of claim must be submitted not later than ninety (90) days from date of death. Failure to submit the written notice and proof of claim within the time limits shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible and was submitted as soon as was reasonably possible. Upon receipt and approval by the Partner Insurance Company - of the due proofs that a Borrower died while covered under the Policy, the Partner Insurance Company shall pay: to SB Finance - the Borrower’s Outstanding Indebtedness at time of death: to the Borrower’s beneficiary/ies - the excess, if any, of the Borrower’s Amount of Insurance over his Outstanding Indebtedness

The Outstanding Indebtedness in any contract of indebtedness shall also include any accrued interest charges to the Borrower due to default in payment of the installments on any such indebtedness.

If no beneficiary is alive on the date of the Borrower’s death, or if the Borrower fails to designate a beneficiary, or if the designated beneficiary is disqualified as ordered by law, the excess of the amount of insurance over the outstanding balance in any contract of indebtedness, as stated above, shall be payable to the first surviving class of the following order of classes of beneficiaries deemed named by the Borrower:

- The deceased Borrower’s
 1. widow or widower;
 2. surviving legitimate and illegitimate children;
 3. surviving parents;
 4. surviving brothers and sisters of the full blood;
 5. surviving brother and sister of the half blood; or
 6. executors, administrators or assigns.

If two or more beneficiaries belong to the same class entitled to the excess of the Borrower’s Amount of Insurance over the outstanding balance in any contract of indebtedness, such beneficiaries shall share equally. Any minor’s share shall be paid in the manner prescribed by law. Any such payment shall discharge the Partner Insurance Company to the extent of the amount paid.

If the Partner Insurance Company receives a notice and proof of claim from SB Finance that the Borrower, while the benefit is in effect, suffers from death then upon approval of the claim and subject to the condition and provisions of the Credit Group Life benefit and the policy to which the aforesaid benefit is attached, the Partner Insurance Company shall, in lieu of all obligations hereunder and in full discharge of all claims by the Borrower, pay to:

- a. SB Finance - in one (1) lump sum, the Borrower’s outstanding indebtedness at the commencement of disability as reported by the Borrower to the Partner Insurance Company;
- b. To the Borrower - any excess of the Borrower ’s amount of insurance over his/her outstanding indebtedness.

PREMIUM RATES

The Partner Insurance Company reserves the right to establish new premium rates to take effect on any anniversary of the Partner Insurance Company’s Effective Date or whenever the terms and conditions of the insurance policy are changed. The Partner Insurance Company may charge a higher premium rate for a Borrower who is required to submit Evidence of Insurability and is found to be a substandard risk. Notice of any new premium rates shall be given to SB Finance before the date specified by the Partner Insurance Company for the rates to become effective. A corresponding notice will immediately be provided by SB Finance in this regard, prior to implementation.

TERMINATION

The Credit Life Insurance Policy terminates on the earliest of: (a) the date the indebtedness is completely discharged by payment or by renewal or refinancing prior to the scheduled maturity dates; (b) the date the Borrower’s installment payments on the indebtedness becomes in default for more than three (3) months; (c) the date ownership of the indebtedness is transferred or assigned to a creditor other than the Borrower named herein; (d) the end of the period for which premiums are paid to Partner Insurance Company for the Borrower’s insurance on the indebtedness; (e) the date the Bank advises the Partner Insurance Company of the termination of the Borrower’s insurance on the indebtedness; or (f) the date the Borrower attains sixty six (66) years of age.

COMMUNICATION AND DATA PRIVACY

The Borrower:

- a. authorizes SB Finance and its Partner Insurance Company, including the latter’s employees, duly authorized representatives, related companies, third party service providers, and vendors to process and share his/her information with any authorized personnel of the party/ies involved or its partners/affiliates/service provider to (i) service the policy; (ii) process transactions and enforce the Credit Group Life Insurance contract; and (iii) pursue its legitimate and lawful rights and interests and other purposes allowed under laws and regulations, including, but not limited to, those relating to data privacy and anti-money laundering. The Borrower further agrees that his/her personal data shall be retained throughout the existence of the policy and/or until expiration of the retention limit set by laws and regulations from policy termination and the period set for destruction or disposal of records; and
- b. confirms that by accepting the terms and conditions, he/she has read, understood, and agrees with the health declarations, health questionnaire and authorizations above-mentioned.

MISCELLANEOUS PROVISIONS

If a Borrower dies by suicide less than one (1) year after the effective date or date of reinstatement of his/her insurance, the pertinent provisions of the Insurance Code shall apply. Where death benefit is not payable, the Partner Insurance Company shall refund all premiums paid from the later of the effective date or date of reinstatement of his insurance to date of his death, to the estate of the Borrower.

With respect to the provisions of these Terms and Conditions and in particular, the Borrower’s health declaration thereof, each Borrower shall hold the Partner Insurance Company, its Affiliates, and their respective directors, officers, employees, legal representatives, and agents and assignees, free and harmless against loss and damage from any claims and/or actions made by any third person including the parties to the Partner Insurance Company policy or their representatives in relation to the processing of the Borrower’s application form, or from any action taken or not taken by the Partner Insurance Company or its Affiliates on the basis of the remedies and authorities hereunder.

14. Economic Provision. I agree that SBF may amend the stipulated terms and conditions including but not limited to the interest rate and penalty fee subject to upward or downward adjustment to be determined by SBF, which determination shall be final and conclusive provided that notice shall given to me either through publication in the website of SBF, SMS or email.

15. I agree that SBF may, with or without prior notice, unilaterally assign, transfer, pledge or hypothecate the financial asset and its rights in whole and in part created by the Promissory Note (PN) including the property subject of the said PN, if any. I further agree to pay the assignee, buyer/owner or pledgee, honor its rights created by the PN and that SBF may transfer all documents including those containing personal information without breach of my consent under the Data Privacy Act.

16. I also legally bind myself to the Terms and Conditions of the Loan Program Promissory Note, Disclosure Statement, and other relevant documents that I shall execute in favor of SBF.

14. I have read and accepted SBF’s privacy notice (<https://www.sbfinance.com.ph/security-information/>), and understand that SBF recognizes my rights as data subject under the Data Privacy Act of 2012. I hereby give consent to the collection, processing, use, sharing, and retention of my personal data for the purposes of obtaining the loan and all other ancillary services necessary for the maintenance of my account/s and collection of payment. Subject to remain in effect or five (5) years after account closure, I hereby give my consent for SBF to share and process my personal information, and any other information relating to my account/s and/or transactions to any member of the SBC Group (Security Bank Corporation and its affiliates and subsidiaries reported as part of SBC’s conglomerate map group structure as defined under BSP Circular 749), and Bancassurance companies or their authorized Service Providers and representatives, for purposes of cross-selling products and services, profiling and credit evaluation/reference checks, audit, and account balance confirmation, and allow them to contact me for this purpose (i.e. by email, telephone, text, etc.), or in case of audit where my account/s is/are chosen as sample for account balance confirmation.

☐ No, I do not agree to have my account/s used for the purpose of cross-selling products, profiling and credit evaluation/reference checks, audit, and account balance confirmation.

☐ I agree to have my account/s used for the purpose of cross-selling products, profiling, and credit evaluation/reference checks, audit, and account balance confirmation.

Printed name and signature of the borrower

Date