

KING MULTIPURPOSE COOPERATIVE

King MPC Bldg., 4 Palma Gil St., Davao City Tel. nos. (082) 227-1127, 226-4636; Telefax 221-0462, 227-1128

BRANCH	NEW LOAN		AMOUNT REQUESTED		TERM		DATE
					(No. of day	vs/ months to pay)	
	RENEV	VAL					
Family Name	First Name	Mi	ddle Name	Prev. Last Name	Age	Birthdate	Employer
APPLICATION AGREEMENT							
I/We also confirm and acknowledge that the above information and those which may arise as needed, is voluntarily							
provided to (King Multipurpose Cooperative) pursuant to RA 9510 otherwise known as Credit Information System Act							
(CISA). I/We certify that I am/We were fully informed and understood the following:							
 That (King Multipurpose Cooperative) is mandated to submit my/our basic credit data to Credit Information Corporation (CIC) That the said credit data may be used by other lenders as authorized by CIC and other accredited credit reporting agencies. 							
 That the said credit data may be used by other lenders as authorized by CIC and other accredited credit reporting agencies. That the said credit data could be used in establishing my/our future credit worthiness. 							
5. That the said of c		500 III 0	, , , , , , , , , , , , , , , , , , ,	, our ratare create worth			
Signature of Applican	t/ Date	S	ignature of Ap	oplicant Spouse/ Date			
FOR KING MULTIPURPOSE COOPERATIVE USE ONLY:							
Evaluated by: (Recommendation)							
, , ,	,						
CCA In-charg	e						

"Making Lives Better"

APPROVAL