



UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION
COCOLIFE Building 6807 Ayala Avenue Makati City 1226
Tel. No. 8812-9015 Fax No. 8812-9053
TIN 000-604-739-000 NV
Website: www.cocolife.com

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MASS MARKETING DEPARTMENT
APPLICATION FOR SALARY LOAN FOR DEPARTMENT OF EDUCATION

SCHOOL INFORMATION									
Region No.		Division No.		Station No.			Employee No.		
School Name							Contact No.		
School Address									
BORROWER INFORMATION									
Policy No. Assigned for Loan				Amount of Loan Applied				Term	
Last Name			First Name			Middle Name			
Date of Birth			Place of Birth			Height		Weight	
Civil Status		Nationality		Gender		Tin No.		E-mail	
Credit Card No.					Credit Limit				
SOURCE OF FUNDS									
<input type="radio"/> Salary/ Professional Fees/ Commission <input type="radio"/> Savings <input type="radio"/> Business <input type="radio"/> Others (Please specify): _____									
Date Hired		Occupation		Gross Monthly Salary			Net Take Home Pay		
Present Address						Length of stay		Zip Code	
Permanent Address						Length of stay		Zip Code	
Provincial Address						Length of stay		Zip Code	
Contact No. (at Present Address)			Contact No. (at Permanent Address)				Contact No. (at Provincial Address)		
Ownership									
<input type="checkbox"/> Owned (Mortgaged/Not Mortgaged) <input type="checkbox"/> Boarding House <input type="checkbox"/> Living with Parents/ Relatives <input type="checkbox"/> Rented									
BENEFICIAL OWNER. It refers to any natural person who ultimately owns or controls the customer, and/or on whose behalf a transaction or activity is being conducted, or has ultimate control over a legal person or arrangement. In relation to a juridical entity, Beneficial Owner/s are individuals either owning or controlling at least 20% or more of the company's shares or voting rights. Do you have a Beneficial Owner? <input type="radio"/> YES <input type="radio"/> NO If "YES" , please accomplish the Certification for Beneficial Owner Form.									
SPOUSE INFORMATION									
Last Name			First Name			Middle Name			
Date of Birth			Place of Birth			Occupation			
Business/ Company Name						Contact No.			
Company Address						Zip Code			
Do you wish to avail PERSONAL ACCIDENT INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO									
How do you wish to pay? <input type="checkbox"/> Monthly P195.00 <input type="checkbox"/> Annually P2,000.00									
To what bank account do you wish your excess loan payments, if any to be credited? BANK/BRANCH: _____ CURRENT / SAVINGS ACCT. NO. : _____									
IMPORTANT NOTICE 1. Loan application forms are NOT FOR SALE 2. The processing fees/ service charges will be deducted from the approved loan. 3. Photocopies of documents should be clear and information/signature should be legibly written 4. Complete Address including number of house (if any), street name, village/subdivision, barangay, and province should be written in full (not abbreviated) 5. All blanks should be filled-up. Indicate "NA" or "none" if not applicable.									

PRESENT ADDRESS

PERMANENT ADDRESS

DATA PRIVACY AND CONSENT

Cocolife upholds an individual’s data privacy rights and assures that all your personal information, sensitive personal information and privileged information (collectively, “Personal Data”), collected and to be collected, are processed in compliance to the Data Privacy Act of 2012 (RA No. 10173 and its implementing Rules and Regulations (IRR).

To enable us to perform our processes related with your loan application, it is important that COCOLIFE collects uses and, stores your personal data. Thus, we are using your information to: (1) Evaluate your Loan Application; (2) Prevent Money Laundering or Terrorism Financing activities; (3) Comply with reportorial and regulatory requirements of law; and (4) Perform other reasonable purposes as may be necessary to implement the terms and conditions of the contract. When you provide information other than yours, you certify that you obtained their consent to disclose and process the information of your parents, spouse, children, dependent or about another person like stockholders, officers or employees.

We may share your personal data only to the extent that is reasonable and necessary to our employees and officers handling your orders and request; our subsidiaries, affiliates, partners, joint venture & other related parties e.g. any third- party service providers performing financial, administrative, technical and other ancillary services like credit investigation, and; person or entity that we contractually entered with, that ensures the confidentiality standard we implement and adhere to the DPA.

Cocolife shall ensure that personal data under its custody are protected against any accidental or unlawful destruction, alteration and unlawful disclosure. It implements appropriate security measures in storing collected personal data. Personal data will be safely destroyed through secure means, after the lapse of the retention period provided by law or as determined by Cocolife.

Kindly browse through our Privacy Policy Statement in our company website to know more about the importance of your rights under the DPA. You may also send in your concerns to: COCOLIFE Data Protection Officer at 8th Floor COCOLIFE Building, 6807 Ayala Avenue, Makati City or e-mail address at dpo@cocolife.com. I/ We certify that we explicitly consent to the collection, processing, sharing, storing of my personal and sensitive personal information by COCOLFE for purposes described in this Data Privacy Policy.

CERTIFICATION

I certify that the foregoing information statement to the best of my knowledge is true, correct and complete. Also, I hereby agree that any misrepresentation of a material fact is ground for disapproval of the application or cancellation of the loan as the case may be.

I further fully agree that the processing of this application is subject to the lending policies UNITED COCONUT PLANTERS LIFE ASSURANCE CORPORATION.

Signature of Borrower over Printed Name

Date

Signature of Soliciting Agent over Printed Name/ Agent’s Code

Date

Agency