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	NOVADEC		ICATION FORM					
HOUSING STYLE		LO						
DESIRED HOUSING STYLE () SOCIALIZE () TOWNHOUSE	Monthly ( ) Monthly							
BORROWER'S DATA								
LAST NAME								
PERMANENT HOME ADDRESS				РНОТО				
PRESENT HOME ADDRESS	Date of Birth (mm/dd/yyyy)							
				Sex () Male () Female				
CELLPHONE NO.	LANDLINE NO.	MARITAL STATUS ) SINGLE ( ) MARRIED ( ) SEPARATED ( ) WIDOW/ER						
Email Address	TIN ID	SSS/ GSIS	SSS/ GSIS Pag IBIG fund member? () YES () NO If Yes, MID No.					
		HOME OWNERSH	IP					
()OWNED ()COMF	V/ PARENTS/ RELATIVES							
EMPLOYER/ BUSINESS NAM	No. of years in the company							
EMPLOYER'S ADDRESS			Zip Code					
( )SELF EMPLOYED SPOUSE'S PERSONAL DATA								
LAST NAME	FULL NAME	MIDDLE NAME	Ext.(Jr./ Sr.)	NOVADECI Member?				
				()Yes ()No				
CELLPHONE NO.	LANDLINE NO.	TIN ID	SSS/ GSIS	If YES, indicate PB/ MEM ID:				
EMPLOYER/ BUSINESS NAME (IF SELF EMPLOYED)			Contact No.	No. of years in the company				
EMPLOYER'S ADDRESS			Zip Code	OCCUPATION				
			() EMPLOYED					
				()SELF EMPLOYED				
NAME		No. of Dependents Relationship		Status				
NAME		Keiatio	nsnip	Status				

REAL ESTATE OWNED									
LOCATION	TYPE OF PROPERTY	ACQUISITION COST	MARKET VALUE	MORTGAGE BALANCE	RENTAL INCOME				
GROSS MONTHLY INCOME									
Particulars		Principal Borrower Spouse			Spouse				
Basic Monthly Earnings									
Allowances									
Other Sources									
	Grand Total:								
OTHER INCOME/ CHILDREN'S INCOME (IF ANY)									
Sources		Amount ( in a month )							
		<u></u>							
Total other income									
HEALTH QUESTIONS									
Answer the ff. with YES or NO. If your answer is YES, please elaborate the details as required									
Do you have any serious health problems or illness?()YES()NO									
If YES, please indicate the nature of the problem or illness:									
Are you having or waiting for treatment of any kind at the present time?()YES ()NO									
If YES, please indicate what ki	nd of treatment:								
		CERTIFICATION							
I/We certify that the foregoing informati	on/statement is to my/our knowle	edge, true, correct, complete, a	and updated. The signature/	's appearing above m	y/our				
printed name/names below is/are genu	ine.I/We authorize 1) NOVADEC	I or its duly authorized represe	ntative to verify necessary i	nformation or data wit	th the				
concerned government agencies or third parties including banks and other financial institutions from whom NOVADECI had obtained informatio; to regularly submit									
and disclose my/our credit data (under RA No. 9510 and its Implementing Rules and Regulations) to Credit Information Corporation (CIC) as well as any updates or									
corrections thereof; and to send me/us updates about my/our housing loan application/account via SMS/text, email, mail or other available means of communication									
and 2) CIC to share my/our credit data with accessing entities, special accessing entities, outsource entities and data.									
I/We hereby further waive confidentiality rules and laws as applicable to establish correctness, validity, and authenticity of documents that would help facilitate the									
processing and evaluation of my/our application including the relevant employment/income information that shall be provided by my/our employer.									
I/We hereby agree that any misrepresentation of a material fact is a ground for disapproval of the application, cancellation of the loan, and shall be a cause for the									
total outstanding obligation to be due and demandable and shall be subject to other sanctions provided in existing NOVADECI Guidelines.									
I/We agree to notify NOVADECI of any material change affecting the information contained herein.									
I/We agree that all information obtained by NOVADECI shall remain its property whether or not the loan is granted.									
I/We understand that the processing/service/filing fee, notarial and all other fees pertaining to the registration of mortgage on property									
shall be for my/our account.									
I have read this form and understand its content and voluntarily give my consent for the collection, use, processing, storage and retention of my personal data or information described in this document subject to RA 10173- Data Privacy Act of 2012									
SIGNATURE OVER PRINTED NAME OF BORROWER SIGNATURE OVER PRINTED NAME OF SPOUSE									