



Date (MM/DD/YY) _____

INITIAL UPDATING

Credit Facility

Type of Credit Facility _____ Credit Amount and Terms _____
 Purpose of Credit Facility _____ Description of Collateral _____
 _____ Source of Repayment _____

General Information

Registered Name _____ Date of Registration _____
 Trade Name _____ Date of Initial Operation/Incorporation _____
 Nature/Line of Business _____ Type of Business Organization _____ Country of Incorporation/Organization _____

Registered Address _____ Phone No(s) _____ Fax No. _____
 No./Building/Street _____ Barangay _____ City/Province _____ Zip Code _____

Office Address _____ Phone No(s) _____ Fax No. _____
 No./Building/Street _____ Barangay _____ City/Province _____ Zip Code _____

US Address _____ Phone No(s) _____ Fax No. _____
 No./Building/Street _____ City/State _____ Zip Code _____

Mailing Address _____ PEZA Registered YES NO
 Registered Address Office Address US Address YES NO

FACTA Registered (Y/N) (For Financial Entity) _____ US TIN (Y/N) (if applicable) _____
 GIIN (For Participating Foreign Financial Entity) _____

Business Email Address _____ Tax Identification No. (TIN) _____
 SSS/GSIS No. _____

Association/Club/Organization (If Any) _____ Number of Employees: _____
 _____ Manpower Unionized: YES NO

Operating Facilities (such as land, warehouse, plant site, vehicles, heavy equipment, machineries, etc. Please use separate sheet when necessary):

Ownership and Management (Please fill up separate Client Information Sheet for each Principals)

PRINCIPAL STOCKHOLDERS (OWNING AT LEAST 20%/PARTNERS/MEMBERS (For Juridical Entities):

Client ID	Name	Director (Y/N)	Officer (Y/N)	Nationality	Paid-up Capital	% Ownership

OWNERS/DIRECTORS/SENIOR OFFICERS:

Client ID	Name	Position	Contact No.	No. of Years in the Company	Signatory (Y/N)

Related Company/Subsidiary

Relationship	Name of Company	% Ownership	Amount of Investment	Asset Size (As of _____)

Business References

DEPOSITORY BANK:

Name of Bank	Bank Branch	Type of Account	Account No.	Contact Person/Tel. No.

CREDITORS:

Name of Bank/ FI	Type of Facility	Approved Credit Line	Outstanding Balance (As of)	Contact Person/Tel. No.

CUSTOMERS (Give at least 3 Suppliers):

Name of Supplier	Product Services	Average Transaction/ Terms	Address	Contact Person/Tel. No.

CUSTOMERS (Give at least 3 Customers):

Name of Customer	Products Services	Average Transaction/ Terms	Address	Contact Person/Tel. No.

Client Acknowledgement

I/We hereby affirm that all information herein stated and those appearing in accompanying attachments (if any) are true and correct and hereby authorizes RCBC Leasing and Finance Corporation to verify such information as it may require. I/We hereto agree to notify you in writing of any change in the information supplied in this form.

Print Name, Sign, and Date _____

Print Name, Sign, and Date _____

Print Name, Sign, and Date _____

Print Name, Sign, and Date _____

FOR RCBC LEASING'S USE ONLY

Business Unit	Client ID	Group ID
Industry BSP Eco Act	PSIC Code	

Documents Submitted

- Company Documents**
- () Company Profile
 - () Profile of Owners/Stockholders/Partners/Key Officers

- Sole Proprietorship**
- () Mayor's Business Permit
 - () DTI Certificate for Registration

Partnership/Corporation/Others

- () Certificate of Registration/Organization
- () Articles of Co-Partnership/Incorporation
- () By-Laws
- () List of Directors/Trustees Officers/Latest GIS

- Money Changers / Foreign Exchange Dealers / Remittance Agents**
- () BSP Certificate of Registration
 - () Mayor's Permit
- Exception Remarks:**

Identification/Documents Presented

Document	Reference/ID Number	Date of Issue	Expiry Date

Relationship Details

RCBC Leasing Relationship: WALK-IN NON-DOSRI DOSRI REFERRED BY: _____ If DOSRI, what position: _____

How Obtained: WALK-IN REFERRED BY: _____ SOLICITED BY: _____

Relationship Start Date: _____ Relationship Officer: _____