ASCEND FINANCE

Formerly: Ascend Phils LENDING

2x2 Picture

UNIT 6TH TO 8TH 3RD FLOOR VISMAR CENTER MONDO BAMBINI BUSINESS STRIP ZAPOTE BINAN, LAGUNA 4024
www.ascendphils.com apply@ascendphils.com (049)539-1235/0995 967 6274

Amount Apply:_____ Terms:_____ Purpose:_____ Agency/Agent:_____

Borrower's Information

Last Name:	Given Name:	Middle Name:
Present Address:		
	Zip code	Owned. ☐ Renting. ☐ Mortgage ☐ Stay Since
Permanent Address:		
Birthday:	Placed of Birthday	Mothers Maiden Name
		Civil Status Single ☐ Married ☐ Other _____
SSS No.	National ID No.	TIN No.
Mobile No.	Facebook / Social Media Account	Email Add:
Spouse Name/ Life Partner:	Mobile No.	No. of Kids:

Business Information

Registered Business Name:		Year of Registration
Trade Name/ Product Name:		DTI / SEC Company Registration No.
Nature of Business	Industry	Years in Operation
Position/Designation	Product(s)	Brand(s)
Business/ Office Complete Address		
	Owned ☐ Renting ☐ Mortgage ☐	Operate/ Stay Since:
Branches/ Warehouse Business Address	No. Of Branhes	Website:
Business Contact No.	Business Contact No.	Email Address: Facebook Page

Borrower's Ownership and Business Financial Information

Business Capitalization	Borrower's % of Stocks to the Co.	Family Corporation: Yes ☐ No _____	Authorize Signatory Check: Yes ☐ No ☐
Monthly Net Income	No. of Employee:	Amount Salary Per Month	Estimated Amount Of Stocks
Gross Monthly Sales:	Net Monthly Sales	Monthly Expenses	Total Company Assets
Bank/ Branch (Main)	Account Number:	Date Open:	Ave. Daily Balance:
Financing /lending /Bank loans		Total Loan Amount	Monthly Total Payables

Certification, Authorization, Consent And Amla Declaration

I/We hereby certify that all information and documents submitted are true, correct, complete, and authentic. Any falsification, misrepresentation, or concealment shall be grounds for denial, cancellation, blacklisting, and/or civil, criminal, or administrative liability. I/We confirm that this Loan is for my/our own account and benefit, not for any undisclosed third party, and that all funds are from legitimate and lawful sources and shall be used only for lawful business purposes. I/We authorize Ascend Phils Finance Inc., its representatives, banks, credit bureaus (including CIC and CRIF), financial institutions, and authorized third parties to verify, obtain, process, use, and share relevant personal, financial, and credit information for loan evaluation, KYC, due diligence, collection, compliance, and related purposes. I/We likewise waive the confidentiality of my/our bank deposits and accounts to the extent necessary for lawful verification, credit evaluation, collection, and compliance purposes. I/We expressly consent under Republic Act No. 10173 (Data Privacy Act) and acknowledge compliance with Republic Act No. 9160 (Anti-Money Laundering Act), including the authority to report suspicious transactions when required by law. I/We acknowledge that this Loan Application is free of charge except for fees disclosed in the Loan Agreement and Disclosure Statement, and that my/our electronic or digital signature shall be valid and binding under Republic Act No. 8792 (E-Commerce Act). I/We further authorize the Co-Borrower(s), Co-Maker(s), Obligor(s), and/or Authorized Person to act and communicate on my/our behalf in matters relating to this Loan, and agree that their acts or communications shall be binding upon me/us, to the extent permitted by law. The LENDER reserves the right to suspend, reject, or terminate this application if any information or activity is found false, misleading, irregular, or suspicious, without prejudice to legal action.

Borrower's Printed Name Over Signature

ASCEND FINANCE OFFICIAL NOTICE
This application form is FREE OF CHARGE. ASCEND FINANCE does NOT require advance payments, application fees, processing fees, or security deposits prior to loan approval and release.

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Relationship to Borrower: _____

Co-Borrower's Information

Last Name:	Given Name:	Middle Name:
Present Address:		
	Zip code	Owned. ☐ Renting. ☐ Mortgage ☐ Stay Since
Permanent Address:		
MM DD YYYY Birthday:	Placed of Birthday	Mothers Maiden Name / Civil Status: Single ☐ Married ☐ Other _____
SSS No.	National ID No.	TIN No.
Mobile No.	Facebook / Social Media Account	Email Add:
Spouse Name/ Life Partner:	Mobile No.	No. of Kids:

Co-Borrower's Relationship to Borrower's Business

Co-Borrower's Position to Company	Co-Borrower's is Director to Company Yes ☐ No ☐	Co-Borrower's % of Stocks to the Company
Part of Company Since	Company Authorize Signatory Bank Account Yes ☐ No ☐	Company Authorize Signatory Non-Bank Yes ☐ No ☐
Department Handle / Position / Monthly Salary Income:		Other Income Specify

Co-Borrower's Own Business Information

Registered Business Name		Year of Registration
Industry	DTI / SEC Company Registration No.	Years in Operation
Monthly Income:	Business Complete Address	
Contact Number	Email Address / Landline	Website

Co-Borrower's Employment Information's

Employer Company Name	Position	Employed Since
Employer's Office Address	Employer Contact Number	Monthly Salary

Character Reference

Name	Relationship	Contact Number
Name	Relationship	Contact Number

Certification, Authorization, Consent And Amla Declaration

I, as Co-Borrower/Obligor, hereby certify that all information and documents provided are true, correct, and complete, and understand that any misrepresentation, concealment, or falsification may result in denial, cancellation, and/or civil and criminal liability. I acknowledge and agree that I am jointly and severally liable with the Borrower for all obligations arising from the Loan. I authorize Ascend Phils Finance Inc. to verify my information, conduct credit checks, KYC, and due diligence, and to obtain, use, process, and share relevant information with banks, CIC, CRIF, financial institutions, and authorized third parties for loan evaluation, collection, compliance, and related purposes. This constitutes my consent under Republic Act No. 10173 (Data Privacy Act of 2012) and acknowledgment of compliance with Republic Act No. 9160 (Anti-Money Laundering Act), including authority to verify financial information and report suspicious transactions when required by law. I further acknowledge that this Loan Application is free of charge except for fees disclosed in the Loan Agreement and Disclosure Statement, and that my electronic or digital signature shall be valid and binding under Republic Act No. 8792 (E-Commerce Act). I likewise acknowledge that notices, communications, and updates relating to this Loan may be received by authorized persons and/or co-obligors on my behalf.
I understand that the LENDER reserves the right to suspend, reject, or terminate this application if any information or activity is found to be false, misleading, irregular, or suspicious, without prejudice to legal action.

Co-Borrower's Printed Name Over Signature

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Relationship to Borrower: _____

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	Zip code	Owned. ☐ Renting. ☐ Mortgage ☐ Stay Since
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SSS No.	National ID No.	TIN No.
Mobile No.	Facebook / Social Media Account	Email Add:
Spouse Name/ Life Partner:	Mobile No.	No. of Kids:

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Department Handle / Position / Monthly Salary Income:		Other Income Specify

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Monthly Income:	Business Complete Address	
Contact Number	Email Address / Landline	Website

Co-Borrower's Employment Information's

Employer Company Name	Position	Employed Since
Employer's Office Address	Employer Contact Number	Monthly Salary

Character Reference

Name	Relationship	Contact Number
Name	Relationship	Contact Number

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I understand that the LENDER reserves the right to suspend, reject, or terminate this application if any information or activity is found to be false, misleading, irregular, or suspicious, without prejudice to legal action.

Co-Borrower's Printed Name Over Signature

Staff /Personel Contact Information (Authorize Person)

Any act or communication made or received by the authorized person shall be deemed valid and binding upon me, to the extent permitted by law.

Borrower Name	Relationship	Contact Number
Name	Relationship	Contact Number

Branches Location

Character Refferences

Company Name	Contact Person	Contact Number
Company Name	Contact Person	Contact Number

Client Refferences

Company Name	Contact Person	Contact Number
Company Name	Contact Person	Contact Number

Supplier Refferences

Company Name	Contact Person	Contact Number
Company Name	Contact Person	Contact Number

Bank Details Checking Account

Bank & Branch	Account Name	Account Number
Bank & Branch	Account Name	Account Number

LETTER OF AUTHORITY AND CONSENT

Date: _____

To Whom It May Concern:

I/We hereby authorize Ascend Phils Finance Inc., its representatives, investigators, and authorized third parties to conduct verification, validation, background checking, ocular inspection, and due diligence in connection with my/our Loan Application, including:

Residence Verification / Ocular Inspection

Address: _____

_____

Business Verification / Ocular Inspection

Address: _____

_____

Trade, Credit, and Character Checking

Including verification with references, banks, financial institutions, suppliers, customers, credit bureaus (including CIC and CRIF), and other relevant parties.

I/We authorize the verification, use, processing, and sharing of my/our personal, banking, financial, business, and credit information for credit evaluation, KYC, collection, compliance, and related lawful purposes. I/We likewise waive the confidentiality of my/our bank deposits and accounts to the extent necessary for lawful verification and due diligence.

This constitutes my/our consent under Republic Act No. 10173 (Data Privacy Act) and acknowledgment of compliance with Republic Act No. 9160 (Anti-Money Laundering Act).

Borrower Signature: _____

Co-Borrower/Obligor Signature: _____

Date: _____

WAIVER AND CONSENT FORM
Data Privacy and Credit Inquiry Consent Form

Ascend Phils Lending Corporation

By signing this form, I/We (the "Data Subject" and/or "Borrower") voluntarily consent to Ascend Phils Lending Corporation, including its authorized partners (e.g., CRIF Philippines, Credit Information Corporation (CIC), Special Accessing Entities, law offices, credit investigators, and collection agencies), to collect, process, store, and share my/our personal, business, and financial data for lawful business, credit, legal, and regulatory purposes under the Data Privacy Act of 2012 (RA 10173) and Credit Information System Act (RA 9510).

Scope of Data

Collected data includes:

- Personal Info: Name, address, contact, email, Photograph Primary Govt Issued IDs,
- Financial/Business Data: Bank records, income, financials, trade references
- Loan Info: Application details, payment history, credit score, telco usage
- Business Documents: Permits, licenses, registration, compliance records

Purpose of Use

Used for:

- Loan evaluation and CIC access
- Credit scoring (e.g., via CRIF Philippines)
- Compliance with KYC, AMLA, and regulatory audits
- Loan servicing and fraud prevention
- Collection and legal action (default handling, ocular visits, legal filings)
- Field verification and due diligence

Data Sharing

I/We authorize Ascend to access data from:

- Public/private sources (e.g., CIC, banks, credit bureaus, telcos PLDT, GLOBE, SMART, DITO)
- CRIF Philippines and other scoring services like BSP CRDPh or
- Law firms and collection partners
- Government agencies as required by law

Retention

- Non-Borrowers: Data kept for up to 2 years
- Borrowers: Retained for 5 years after full settlement or longer, if required
- Afterwards, data is deleted, anonymized, or restricted unless legally necessary

Your Rights (RA 10173)

I/We understand my/our rights:

- To be informed, access, correct, or block data
- To object or withdraw consent (within legal limits)
- To claim damages for misuse
- To file complaints with the National Privacy Commission (NPC)

Marketing Consent (Optional)

I/We consent to receive promotional messages from Ascend Phils Lending Corporation and its partners via SMS, email, or phone.

By signing, I/We confirm:

- I/We read and understood this form
- I/We authorize credit checks, CIC access, and Credit scoring thru Crif Philippines or other Accessing entities and Credit Scoring, CIBI, TransUnion, BAP NFIS, BSP CRDPH
- I/We consent to lawful retention and use of data for the stated purposes

Name: _____

Business Name : _____

Signature: _____

Date: _____

ADDITIONAL INFORMATION For inquiries or complaints, you may contact the Ascend Phils Lending Corporation , Attention to: the ASCEND Data Protection Officer or the ASCEND Customer Experience Management Unit 6th to 8th, Vismar Center Mondo Bambini Commercial Strip Zapote Binan Laguna Philippines, Telephone No. 049 539 1235 to 0945 600 9352, email: dpo.ascendphilslending@gmail.com, info@ascendphils.com

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BANK VERIFICATION AUTHORIZATION

Date: _____

To Whom It May Concern:

I/We hereby authorize Ascend Phils Finance Inc. and its representatives to verify, validate, obtain, and confirm my/our bank, financial, and credit information in connection with my/our Loan Application, credit evaluation, KYC, due diligence, collection, compliance, and related lawful purposes.

I/We confirm that I/we am/are the authorized account holder(s) of the account(s) stated below and voluntarily authorize the verification of the following information:

BANK:_____

ACCOUNT NAME:_____

ACCOUNT NO.:_____

DATE OPENED:_____

AVERAGE DAILY BALANCE:_____

RETURNED CHECKS (Last 6 Months): YES _____/ NO _____

COMMENTS:

_____

_____

I/We likewise waive the confidentiality of my/our bank deposits and accounts to the extent necessary for lawful credit evaluation, verification, due diligence, collection, fraud prevention, and compliance purposes.

This authorization constitutes my/our consent under Republic Act No. 10173 (Data Privacy Act of 2012) and Acknowledgment of compliance with Republic Act No. 9160 (Anti-Money Laundering Act), as amended.

I/We further agree that any information, confirmation, or communication received pursuant to this authorization shall be valid and binding upon me/us, to the extent permitted by law.

AUTHORIZED BY:

_____
Printed Name Over Signature:

Date: _____

FOR BANK OFFICER'S USE ONLY

Verified By:

Printed Name & Signature: _____

Position: _____

Bank/Branch: _____

Date Verified: _____