



STRENGTHENING PROGRAM FOR RURAL BANKS
APPLICATION FORM*



Applying for: Merger Consolidation

Proposed Name of Merged or Consolidated Entity _____

(Portion to be accomplished by the Eligible Strategic Third Party Investor - STPI)

Name of Eligible STPI _____

Address _____

No. of Banking Units _____ No. of ATM(s) _____ Total Assets _____

Name of President _____

Major Stockholder(s) _____

CAMELS Rating (latest BSP ROE) _____

Risk Based Capital Adequacy Ratio (latest period) _____

Board Resolution No./Date Approving the Merger/Consolidation _____

Stockholder's Resolution No./Date Approving the Merger/consolidation _____

Any Outstanding Loan/Obligation with the BSP? Yes No

If Yes, please indicate details:

	Amount	Tenor	Rate	
<input type="checkbox"/> Preferred Shares				
<input type="checkbox"/> Emergency Loan				
<input type="checkbox"/> Rediscounting Loan				
<input type="checkbox"/> Others (pls. specify)				

(Portion to be accomplished by the Eligible Rural Bank - RB)

Name of Eligible RB _____

Address _____

No. of Banking Units _____ No. of ATM(s) _____ Total Assets _____

Name of President _____

Major Stockholder(s) _____

CAMELS Rating (latest BSP ROE) _____

Risk Based Capital Adequacy Ratio (latest period) _____

Board Resolution No./Date Approving the Merger/Consolidation _____

Stockholder's Resolution No./Date Approving the Merger/consolidation _____

Any Outstanding Loan/Obligation with the BSP? Yes No

If Yes, please indicate amount/details:

	Amount	Tenor	Rate	
<input type="checkbox"/> Preferred Shares				
<input type="checkbox"/> Emergency Loan				
<input type="checkbox"/> Rediscounting Loan				
<input type="checkbox"/> Others (pls. specify)				

By: _____

By: _____

Name of Authorized Signatory of Eligible STPI

Name of Authorized Signatory of Eligible RB

Date Applied _____

*Pursuant to Section 5.2(a) of the SPRB Implementing Guidelines