



**20-E 2nd Camarilla St corner 15th Avenue,  
Brgy San Roque, Murphy Cubao, Quezon City  
Mobile No. (+63)953-033-1580 (GLOBE)**

# LOAN APPLICATION FORM

Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
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APPLICATION TYPE		LOAN CLASSIFICATION		TERM		RELEASE OF LOAN PROCEEDS	
<input type="checkbox"/>	New	<input type="checkbox"/>	Salary Loan	<input type="checkbox"/>	12 Months	<input type="checkbox"/>	Check
<input type="checkbox"/>	Renewal	<input type="checkbox"/>	Pension Loan	<input type="checkbox"/>	24 Months	<input type="checkbox"/>	Bank Electronic Transfer to Borrowers Account
<input type="checkbox"/>	Additional	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	36 Months	<input type="checkbox"/>	Others: _____
<input type="checkbox"/>	Reloan	<input type="checkbox"/>	Health Assistance Loan	<input type="checkbox"/>	48 Months		
<input type="checkbox"/>	Restructure	<input type="checkbox"/>	Educational Loan	<input type="checkbox"/>	60 Months		
		<input type="checkbox"/>	Others: _____	<input type="checkbox"/>	Others: _____		

AMOUNT APPLIED:				MONTHLY AMORTIZATION:			
LOAN ID:		DEDUCTION CODE:			LOAN PURPOSE:		
MEM ID:			Regular Member			Old Member	
			Associate Member			New Member	

## BORROWER'S INFORMATION

(LAST NAME)		(FIRST NAME)		(MIDDLE NAME)								(SUFFIX)							
Rank/Position:	Serial No.:	Branch of Service:	Date of Appointment:								Date of Retirement:								
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Length of Service:	Date of Birth:	Age:		Civil Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widower <input type="checkbox"/> Separated	Home Phone No.								
Unit Assignment:	Unit/Office/Business Address:						Unit/Office Telephone No/s:								
AFP/Company ID No:		Email Address:			Tax Identification No/s:										
								-				-			
Present Address:															

## NOTIFICATION CLAUSE

I hereby acknowledge and authorized the People's Multi-Purpose Cooperative (PMPC) for the following: 1) the regular submission and disclosure of my basic credit data (as defined under Republic Act Nr 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and 2) the sharing of my basic data and with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

Printed Name &amp; Signature of Borrower

## CERTIFICATION

I hereby certify that the applicant is assigned to this Office; is not on leave without pay; has no pending case; and, that all information he/she provided is true and correct.

CERTIFYING OFFICER (Signature Over Printed Name)	DESIGNATION	OFFICE	CONTACT NUMBER
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## CREDIT HISTORY

Loan ID	Date Granted	Loan Granted	Term	Maturity Date	MA	Status/Remarks	Principal Balance

## LOAN APPROVAL

Loan Amount:	MA:	Term:	Required NTHP:	NTHP after MA	Total Loan Exposure:
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**PROCESSED & VERIFIED BY:**

**SIGNATURE OVER PRINTED NAME**

<b>RECOMMEND APPROVAL/DISAPPROVAL:</b>  <div style="border-top: 1px solid black; width: 80%; margin: 0 auto;"></div> <b>SIGNATURE OVER PRINTED NAME</b>	<b>APPROVED/DISAPPROVED:</b>  <div style="border-top: 1px solid black; width: 80%; margin: 0 auto;"></div> <b>SIGNATURE OVER PRINTED NAME</b>
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PROMISORY NOTE NO:

FOR VALUE RECEIVED, the undersigned promise to pay the People's Multi-Purpose Cooperative (PMPC) the sum of **Php**\_\_\_\_\_, in (\_\_\_\_\_) equal monthly installments amounting to **Php**\_\_\_\_\_ each, to be paid on the \_\_\_\_\_**th** day of every month starting on \_\_\_\_\_, **20**\_\_\_\_/ Single Payment of \_\_\_\_\_ due on \_\_\_\_\_ unpaid installments from maturity will bear charges on unpaid principal at the rate of **2% per month** as penalty thereof.

I hereby waive presentment for payment and notice of dishonor. PMPC may accept partial payment reserving its right of recourse against me. PMPC is hereby authorized and empowered to set off or apply without notice what is due under this Note from whatever funds I have in the Cooperative.

It is further agreed that in case of separation from the service of whatever cause, the unpaid balance with its accumulated surcharges and interest as stipulated above be deducted from my last paymnet, commutation of leave/furlough and/or from my pension.

It is further agreed that when installments are not paid when due and payable, the whole of the principal sum remaining unpaid shall forthwith become due and payable at the election of the Cooperative. I promise and agree to pay for a reasonable attorney's fee if this note is not paid according to its legal tenor and effect when palced in a lawyer's hand for collection. In case litigation, venue shall be vested in the competent court as may be allowed by the Rules of Court at the sole option of PMPC.

Further, I hereby agree and authorized PMPC to encumber, assign or sell to any person or entity any right which it may have under thi Note, and/or any assignment, mortgage lien, pledge or other encumbrances constituted in favor of PMPC pursuant to the provisions of this Note if any. The consent herein granted is recognized and acknowledged by me/us as a waiver, to all intent and purposes of whatever right I may have to notice of actual encumbrance/ assignment.

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\_\_\_\_\_

Signature over Printed Name

Military/Pensioners ID

Employee's ID/Office ID

Driver's License

Others: \_\_\_\_\_

ID No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

✓

LEFT THUMBMARK

✓

RIGHT THUMBMARK

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES  
(20-E, 2nd Camarilla St., Cor. 15th Ave.,BRGY San Roque, Murphy Cubao, Quezon City) S.S

BEFORE ME, a Notary Public for and in Cubao, Quezon City this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who presented to me the Identification Cards mentioned above, known to me to be the same person who executed the forgoing application for loan and promissory note and acknowledged that the same as his/her true act and deed and took oath that the statement herein are true and correct and that the application is made for the purpose under consideration.

WITNESS MY HAND AND NOTARIAL SEAL, on the date, year and palce first above written.

Doc No. \_\_\_\_\_

Page No. \_\_\_\_\_

Book No. \_\_\_\_\_

Series of. \_\_\_\_\_

AUTHORITY TO DEDUCT

In connection with my loan described above, I hereby authorize the Finance/ Agent/ Disburing Officer of the AFP Finance Center, subdivision or instrumentality of the Government or any other office to which I may subsequently be detailed, assigned or appointed to deduct and /or withhold from my monthly payment of **Php**\_\_\_\_\_, for the period of \_\_\_\_\_ months with the total amount of **Php**\_\_\_\_\_ has been fully paid.

Likewise, I hereby authorize the above-mentioned official to deduct and/or withhold part of my pension, commutation, salary or any amount due me and my heirs for the payment of said loan together with the surcharges interest, if any, until the same have been paid in fully.

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\_\_\_\_\_

(Signature of Borrower Over Printed Name)

CERTIFICATION

THIS IS TO CERTIFY that the applicant is under my paying jurisdiction and the amount stated above can be sufficiently deducted from monthly pay. I guarantee to deduct the amount as stipulated above and to remit the same to the Treasurer, PEOPLE'S MULTI-PURPOSE COOPERATIVE (PMCP) as soon as possible.

\_\_\_\_\_

(Signature of Finance/Agent/Disburing Officer over Printed Name)