

APPLICATION FORM

DEPED-PCR PROVIDENT FUND

CODE NO. QCY-200 -

BORROWER

(Last Name) (First Name) (M.I.)
Present Address: _____
Home Address: _____
Date Of Birth: _____
Position: _____
Monthly Salary: _____ Status: _____
Office/School: _____
Employee No.: _____ Div.Code: _____ Sta.Code: _____
TIN: _____
ATM No.: _____ LBP Branch: _____
SPECIMEN SIGNATURE (2) BELOW

CO-MAKER

(Last Name) (First Name) (M.I.)
Present Address: _____
Home Address: _____
Date Of Birth: _____
Position: _____
Monthly Salary: _____ Status: _____
Office/School: _____
Employee No.: _____ Div.Code: _____ Sta.Code: _____
TIN: _____
ATM No.: _____ LBP Branch: _____
SPECIMEN SIGNATURE (2) BELOW

1. _____ 2. _____ 1. _____ 2. _____

APPLICATION / AGREEMENT

I hereby apply for a Provident Loan Fund in the amount and at the amortization schedule stated below. In consideration of the grant thereof, I promise to pay all installments due and bind myself to the terms and conditions of the loan. Accordingly, I hereby authorize the deductions of the monthly amortization from my salary when due, should I be separated from the service. I also hereby authorize the deduction in full of any unpaid balance from my retirement or separation benefits.

Should the principal borrower be separated and from the service and there are no retirement nor separation benefits due him, I hereby agree to assume all his outstanding obligations for the grant of this loan upon proper notification by the Provident Fund Secretariat; accordingly I hereby authorize the monthly deduction from my salary the amortizations for the outstanding obligation of the principal borrower until his loan has been fully paid.

AMOUNT OF LOAN

AMORTIZATION SCHEDULE
(24 MONTHS)

P 40,000.00

P 466.66

(Signature of Borrower)

(Date)

(Co-Maker's Signature over Printed Name)

(Date)

CERTIFICATION FOR PROVIDENT FUND LOAN

I hereby certify that the proceeds of the above loan shall be used as follows:

- Emergency Loan
- Educational Loan
- Loan due to sudden Loss of Income of Spouse
- Loan due to calamity

(Signature of Borrower)

Please state specific reason: _____

AUTHORIZATION FOR SALARY DEDUCTION

Cashier/The Chief, PSD-IBM

Sir/Madam:

I hereby authorize the deduction from my salary the amount of _____ PMSOS(P _____) every for _____ () months starting in _____, in 2001 or until my total loan amount of _____ PMSOS(P _____) has been paid. Amounts deducted shall be credited to the account of the DEPED provident amortizations on said loan.

(Signature over printed name)

Employee No. _____
Designation/Position: _____

Division: _____
Service/Center/Bureau _____

CERTIFICATE OF EMPLOYMENT AND ELIGIBILITY

OFFICE/School _____

DATE: _____

This office certifies that (1) the above applicant is a permanent employee of this Office/Division and is not on leave of absence without pay; (2) there is no pending administrative and/or criminal charges against her/him; (3) the net pay of the borrower indicated above is sufficient to cover monthly installments of this loan; and the information reported by said applicant is true and correct.

YOLANDA C. ARCO
Administrative Officer V
Administrative Officer or
Authorized Representative/
Indorsing Official

Name In Print

ACTION TAKEN

- () Approved
- () Disapproved
- () Others

Amount of Loan _____

Date

Head of Secretariat