**Provident Fund Application Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | |  | | | | | | | | |  |  |  | | | | | |  | | | | | | | | |
| Date Submitted: | | | | | |  | | | | | | | | |  |  | Loan Application No.: | | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | | | | | |  | | | | | | | | |
| Loan Amount: | | | | | | **Php** | | | | | | | | |  |  | Purpose: | | | | | |  | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | | | | | |  | | | | | | | | |
| Type of Loan: | | | Term: | | | | | | | | | | year/s | |  |  |  | | Educational | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | |  | | | | | | | | | | | | |
|  |  | | Multi-purpose | | | | | | | | | |  | |  |  |  | | Hospitalization/Medical | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | |  | | | | | | | | | | | | |
|  |  | |  | | | New | | | | | | |  | |  |  |  | | Long Medication/Rehabilitation | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | |  | | | | | | | | | | | | |
|  |  | |  | | | Renewal | | | | | | |  | |  |  |  | | House Arrears/Equity | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | |  | | | | | | | | | | | | |
|  |  | | Additional | | | | | | | | | |  | |  |  |  | | House Repair/Major | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | |  | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | |  | |  |  |  | | House Repair/Minor | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | |  | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | |  | |  |  |  | | Payment of Loans from Private Institution | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | |  | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | |  | |  |  |  | | CalamitPy | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | |  |  |  | |  | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | |  | |  |  |  | | Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **BORROWER’S INFORMATION** | | | | | | | | | | | | | | | | **CO-MAKER INFORMATION** | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |  | |  | | | | | | |  | | | | | | | |  |
| (Surname) | | | | | | | (First Name) | | | | | | | (M.I.) | | (Surname) | | | | | | | (First Name) | | | | | | | | (M.I.) |
| Home Address: | | | | |  | | | | | | | | | | | Home Address: | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Position: | | | | |  | | | | | | | | | | | Position: | | | | |  | | | | | | | | | | |
| Employee No. | | |  | | | | Employment Status: | | | | | | |  | | Employee No. | | | |  | | | Employment Status: | | | | | | |  | |
| Office: | | | | |  | | | | | | | | | | | Office: | | | | |  | | | | | | | | | | |
| Date of Birth. | |  | | | | | | | | | | Age: | |  | | Date of Birth. | | | |  | | | | | | | | | Age: |  | |
| Monthly Salary. | | | | Php | | | | | | Office Tel. No. | | | |  | | Monthly Salary. | | | | | Php | | | | Office Tel. No. | | | | |  | |
| Years in Service: | | | |  | | | Mobile No. | | | | |  | | | | Years in Service: | | | | |  | Mobile No. | | | | | | |  | | |
| Specimen Signature | | | | | | | | | | | | | | | | Specimen Signature | | | | | | | | | | | | | | | |
|  | | | | | | | |  | |  | | | | | |  | | | | | | | |  | | |  | | | | |
|  | | | | | | | |  | |  | | | | | |  | | | | | | | |  | | |  | | | | |
| **LOAN AGREEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby apply for a Provident Loan in the amount of PESOS: (Php ,000.00) in consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepED Provident Fund. This document also serves as the Promissory Note upon approval of the loan.  Accordingly, I hereby authorize the deductions of the monthly amortization from my salary . Should I be separated from the service, I also hereby agree to settle my outstanding balance before the date of my retirement/separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note. | | | | | | | | | | | | | | | | I hereby agree to assume all the outstanding obligations for the grant of this loan should the principal borrower be separated from the service, and either retirement of separation benefits due to him/her is not received or is insufficient to settle the borrower’s outstanding loan, and upon proper notification by the Provident Fund Secretariat.  Accordingly, I hereby authorize the monthly deduction from my salary of the amortizations for the outstanding obligations of the principal borrower until his/her loan is fully paid. | | | | | | | | | | | | | | | |
|  | | | | | | | | |  | |  | | | | |  | |  | | | | | | | |  | |  | | | |
| Signature of Borrower over Printed Name | | | | | | | | |  | | Date | | | | | Signature of Co-Maker over Printed Name | | | | | | | | | |  | | Date | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CERTIFICATE OF EMPLOYMENT AND CREDIBILITY** | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel Division/Unit:  This is to certify that the above loan applicant borrower:   1. is a \_\_\_ permanent/\_\_\_ co-terminus employee of this Office and is not on leave of absence without pay; 2. has net pay of Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the payroll month & year of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ end. 3. has given the true and correct information on the Loan Application Form.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MARIA SUSANA B. OLIVEROS**  Administrative Officer V  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Legal Service Unit:  This is to certify that the above loan applicant/borrower has no pending administrative nor civil case change against him/her based on the records on file with DepEd.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **JOCELYN B. BUCLIG**  Attorney IV  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **SECRETARIAT’S ASSESSMENT /EVALUATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Documents Submitted | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | Loan Application Form (LAF) – two (2) copies | | | | | | | | | |  | |  | Additional Documents for Additional Loan: | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | Authorization to Deduct – two (2)copies | | | | | | | | | |  | | |  | Letter Request | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | Print out of EHRIS-generated payslip certified correct by Personnel Division/Unit – original | | | | | | | | | |  | | |  | Hospitalization/Medical Expense | | | | | | | | |
|  |  |  | | |  |  | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | Photocopy of DepEd ID | | | | | | | | | |  | | |  | Medical Abstract/Certificate/Prescription/Diagnosis | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | Certification of pending loan applications with other lending institutions – two (2) copies | | | | | | | | | |  | | |  | Barangay/LGU certificate/resolution writing the borrower’s place under State of Calamity | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
|  |  | Others (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Reviewed by: | | | | | | | | | Date: | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | |
| 1. Completeness and Veracity of Submitted Documents: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Signed and completely filled out LAF | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Complete supporting documents for type of loan applied for | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Signature on LAF are authorized signatories | | | | | | | | | | |  | | | | | | | | |  | | |
|  |  |  | | | | | | | | | | | Reviewed by: | | | | | | | | | Date: | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Eligibility of Borrower and Co-Maker | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Borrower will not reach the mandatory age retirement on or before the maturity of his/her loan | | | | | | | | | | | | | | | | | | | Age: | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Co-Maker will not reach the mandatory age retirement on or before the maturity of his/her loan | | | | | | | | | | | | | | | | | | | Age: | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | Borrower has Outstanding PF Loan Balance | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | Current Loan Balance | | | | | | Amount: Php | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | Past-Due Loans | | | | | | Amount: Php | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | No. of Years/Months Past Due: | | | | | | | Year/s: | | | | | | Month/s: | | | |  | |
|  |  | Borrower’s Net Take Home Pay after deduction of monthly amortization of the loan being applied for is equal to or higher than the required threshold for the current year. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | For renewal of loans: Borrower has paid at least 50% of the principal of the existing loan. | | | | | | | | | | | | | | | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Percentage to principal paid: | | | | | | | | % | | | | | | | | |  | | | | | |
|  | |  | | | | | | | |  | | | | | | | | |  | | | | | |
|  |  |  | | | | | | | | | | | Verified by: | | | | | | | | | Date: | | |
|  |  |  | | | | | | | | | | |  | | | | | | | | |  | | |
| **COMPUTATION OF LOAN** | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Amount of Loan: | | | | | | | Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Monthly Amortization: | | | | | | | | Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| *Less: Outstanding Balance of Loan to be Renewed* | | | | | | |  | | | | | Period of Loan (mm/yy-mm/yy: | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Principal  Interest | | | Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | | | Date Processed: | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Net Proceeds: | | |  | | | | | Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | | | |  | | | | | | |
| Processed by: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature over Printed Name  (Secretariat, PF BT) | | | | | | | | Remarks:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Reviewed by: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ANGELINA R. MENDIOLA**  Supervising Administrative Officer  (Head, Secretariat, PF BT) | | | | | | | |
| **ACTION TAKEN** | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommending Approval:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ANGELINA R. MENDIOLA**  Supervising Administrative Officer  (Head, Secretariat, PF BT)  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Approved  Disapproved  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ATTY. ALBERTO T. ESCOBARTE, CESO II**  Regional Director  Chairperson of the Board  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **AUTHORIZATION FOR SALARY DEDUCTION**  The HRMO V, Personnel Division  DepED Meralco Avenue, Pasig City  I hereby authorize the deduction from my salary the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PESOS (Php \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) from my salary for \_\_\_ months from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_ to 20\_\_\_\_\_\_\_\_\_or until my total outstanding loan of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** PESOS (Php \_\_\_\_\_\_\_\_\_\_\_\_\_ ) plus interest has been fully paid. Amount deducted shall be credited to the account of DepEd Provident Fund as receivables on the said loans.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Over Printed Name | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Number: | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | Status: | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | Designation | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Division: | | | | | Region IV-A ROP | | | | Date: | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | Service: | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |