

Republic of the Philippines

DEPARTMENT OF EDUCATION
CORDILLERA ADMINISTRATIVE REGION

DECS PROVIDENT FUND

BORROWER

(Last Name) (First Name) (M.I)
Present Address: _____
Home Address: _____
Date of Birth: _____
Position: _____
Monthly Salary: _____ Status: _____
Office/School: DepED-CAR _____
Employee No.: _____
Specimen Sig. (2) _____
TIN No.: _____
Date: _____

CO-BORROWER

(Last Name) (First Name) (M.I)
Present Address: _____
Home Address: _____
Date of Birth: _____
Position: _____
Monthly Salary: _____ Status: _____
Office/School: DepED-CAR _____
Employee No.: _____
Specimen Sig. (2) _____
TIN No.: _____
Date: _____

APPLICATION/ AGREEMENT

I hereby apply for a Provident Fund Loan in the amount of _____ 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 for the loan. Accordingly, I hereby authorize the deduction of the monthly amortizations from my salary when due. Should I be separated from the service, I also hereby authorize the deduction in full of any unpaid from a retirement or separation benefits.

Should the principal borrower be separated 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 his loan upon proper notification by the Provident Fund Loan Secretariat. Accordingly, I hereby authorize the monthly deduction from my salary the amortization for the outstanding obligation of the principal borrower until his loan has been fully paid.

AMOUNT OF
LOAN

AMORTIZATION
SCHEDULE

(Co-maker's signature over printed name)

Signature

Date

Date

CERTIFICATION OF EMERGENCY LOAN

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

- () Emergency Loan
- () Loan due to sudden loss of income of Spouse

(Signature of Borrower)

Please state specific reasons: _____

AUTHORIZATION FOR SALARY DEDUCTION

- () The Cashier
- () The Administrative Officer
- () DepED-CAR Regional Office

I hereby authorized the deduction from my salary the amount of _____
Every month for _____ starting on _____ 200_____ until my total loan amount of _____

_____ has been paid. Amounts deducted shall be credited to the
Account of DedED Provident Fund as amortization on said loan.

Employee Number: _____

Position: _____

Status: _____

Division Code: _____

(Signature over Printed Name)

CERTIFICATE OF EMPLOYMENT

Office: _____

Date: _____

This Office certifies that (1) the above applicant is a permanent employee of this Office and there is no leave of absence without pay. (2) there is no pending administrative and / or criminal case against him / her, (3) the net pay of the borrower indicated above is sufficient to cover the monthly installments of this loan, and (4) the information reported by the said applicant is true and correct.

DELFIN E. SALLIDAO
Financial & Management Officer II
Chief – Administrative Officer

Authorized Official

SECRETARIAT OF THE BOARD

Action Taken:

- Approved
- Disapproved
- Others

BENITO S. TUMAMAO, CESO V
Director III
Officer-in- Charge

Head of Office

Note: To facilitate the processing of the loan, please comply with the following:

1. Fill all blanks provided.
2. Salary of com-maker should be higher or the same with the borrower but not lower.
3. Submit 3 copies.
4. Authorized signatories of the Certificate of Employment and Credibility.
5. Attached latest pay slip. Net take home pay should not be lower than Three Thousand Pesos (P3, 000.00) before the grant of loan.
6. Please state specific reasons if the loan is emergency.

