

Republic of the Philippines  
 DepEd PROVIDENT FUND (DIVISION OF CAMARINES SUR)  
 San Jose, Pili, Camarines Sur

New: \_\_\_\_\_ Renewal: \_\_\_\_\_ Loan Application No: \_\_\_\_\_

TYPE OF LOAN: ( ) Regular ( ) Special \_\_\_\_\_ Educational \_\_\_\_\_ Hospitalization/Medical  
 \_\_\_\_\_ House Arrears \_\_\_\_\_ Major House Repair  
 \_\_\_\_\_ Payment of Loan from Private Institution  
 \_\_\_\_\_ Others (Pls. Specify) \_\_\_\_\_

**BORROWER'S INFORMATION:**

BORROWER'S INFORMATION:			CO-MAKER'S INFORMATION		
(Last Name)	(First Name)	(MI)	(Last Name)	(First Name)	(MI)
Home Address:			Home Address:		
Date of Birth:			Date of Birth:		
Position:			Position:		
School&District/Office:			School&District/Office:		
Monthly Salary:		Status:	Monthly Salary:		Status:
No. of Yrs. In Service:	No. of Leave Credits		No. of Yrs. In Service:	No. of Leave Credits	
Contact Number:			Contact Number:		
SPECIMEN SIGNATURES (2 below):			SPECIMEN SIGNATURES (2 below):		

**APPLICATION AGREEMENT**

<p>I hereby apply for a Provident Fund loan 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 amortizations from my salary when due. Should I be separated from the service, I also hereby agree to settle my outstanding loan balance before the date of my retirement/separation from the service, either through full payment in cash or issuance of a duly notarized promissory note.</p> <p style="text-align: right;">_____ Borrower's Signature Over Printed Name</p> <p style="text-align: right;">_____ Date</p> <p>Employee No. _____</p>	<p>Should the principal borrower be separated from the service and there are no retirement nor separation benefits due him/her, I hereby agree to assume all his/her outstanding obligations for the grant of this loan upon proper notification by the Provident Fund Secretariat. Accordingly, I hereby authorize the deduction from my monthly salary the amortization for the outstanding obligation of the principal borrower until his/her loan has been fully paid.</p> <p style="text-align: right;">_____ Co-Maker's Signature Over Printed Name</p> <p style="text-align: right;">_____ Date</p> <p>Employee No. _____</p>
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**AMORTIZATION SCHEDULE**

Amount of Loan	(12 months)	(24 months)	(36 months)	(48 months)	(60 months)
( ) P 5,000.00	P 441.67	233.34			
( ) 10,000.00	883.34	466.67			
( ) 20,000.00	1,766.67	933.34	655.56	516.67	433.34
( ) 30,000.00	2,650.00	1,400.00	983.33	775.00	650.00
( ) 50,000.00		2,333.34	1,638.89	1,291.67	1,083.34
( ) 100,000.00 *		4,666.67	3,277.78	2,583.33	2,166.67

Pis. encircle preferred amortization schedule (subject to computation of monthly net take home pay)

\*FOR APPROVAL OF THE REGIONAL DIRECTOR (P50,000+)

**AUTHORIZATION FOR SALARY DEDUCTION**

The Cashier/Chief  
 Regional Payroll Services Unit  
 DepEd ROV, Legazpi City

Sir/Madam:

I hereby authorize the deduction from my salary the amount of P \_\_\_\_\_ every month for \_\_\_\_\_ months starting in \_\_\_\_\_, 20\_\_ or until my total loan amount of \_\_\_\_\_ PESOS (P \_\_\_\_\_) has been paid. Amount deducted shall be credited to the account of DepEd Provident Fund amortization on said loans.

\_\_\_\_\_  
(Signature over Printed Name of the Borrower)

Division & Station Code: \_\_\_\_\_  
 Employee Number: \_\_\_\_\_  
 Designation/Position: \_\_\_\_\_  
 Status: \_\_\_\_\_

School and District: \_\_\_\_\_  
 Division: \_\_\_\_\_  
 Service/Center/Bureau: \_\_\_\_\_

# CERTIFICATE OF EMPLOYMENT AND CREDIBILITY

Office/School&District: \_\_\_\_\_

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

This Office certifies that (1) the above applicant is a permanent / casual employee of this Office and is not on leave of absence without pay; (2) there is no pending administrative charge against him; (3) the net pay of the borrower indicated is sufficient to cover monthly installments of this loan; (4) the information reported by said applicant is true and correct.

For Casual Employees:

No. of Years in Service: \_\_\_\_\_

No. of Leave Credits: \_\_\_\_\_

## INDORSING OFFICIALS

(AO/HRMO/School Principal/Indorsing Official)

## LEGAL DIVISION:

\_\_\_\_\_  
(Name in Print)

\_\_\_\_\_  
(Name in Print)

\_\_\_\_\_  
(Designation)

\_\_\_\_\_  
(Designation)

## FOR SECRETARIAT USE ONLY:

Documents Submitted

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Payslip                    | <input type="checkbox"/> Statement or Official Receipt<br>of Tuition Fee | <input type="checkbox"/> Official Receipt/Doctor's<br>Prescription |
| <input type="checkbox"/> Statement of House Arrears | <input type="checkbox"/> Bill of Materials for House Repair              | <input type="checkbox"/> Approved Appointment                      |
| <input type="checkbox"/> Others:                    |  |  |

Computation of Loan:

Amount of Loan Applied For	P
Balance on Previous Loan	P
Net Proceeds	P

Amount of Monthly Amortization	P
Amortization Schedule	

**GINA A. VALENCIANO**

HRMO

\_\_\_\_\_  
(Signature of Secretariat)

**ACTION TAKEN:**

Approved

Disapproved

**MARIA DIVINA H. CALLEJA**

OIC - Administrative Officer V

\_\_\_\_\_  
(Head Secretariat)

**ARNULFO M. BALANE**

Schools Division Superintendent

\_\_\_\_\_  
(Chairman)