



Republic of the Philippines
Department of Education
 Region X
DIVISION OF TANGUB CITY
 Anecito Siete St., Tangub City
 Telefax: (088) 395-3372
 Email: deped10_tangub@yahoo.com.ph



**APPLICATION FORM
 PROVIDENT FUND LOAN**

BORROWER

 (Last Name) (First Name) (M.I.)
 Present Address: _____
 Home Address: _____
 Date of Birth: _____
 Position: _____
 Office: _____
 Station: _____
 Item No.: _____
 Employee No.: _____

CO-MAKER

 (Last Name) (First Name) (M.I.)
 Present Address: _____
 Home Address: _____
 Date of Birth: _____
 Position: _____
 Office: _____
 Station: _____
 Item No.: _____
 Employee No.: _____

 (Signature over printed name)

 (Signature over printed name)

I hereby apply for PROVIDENT FUND LOAN in the total 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 deduction of the monthly amortization from the salary when due should I be separated from the service, I hereby authorize the deduction in full or any unpaid balance from my retirement or separation benefits.

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

 Signature of Borrower

 Date

 Signature of Co-Maker

 Date

Amount of Loan	Amortization Schedule (please check)	
	24 months	12 months
5,000.00	233.34	441.67
8,000.00	373.34	706.67
10,000.00	466.67	883.34

Amount of Loan	Amortization Schedule (please check)	
	Others	24 months
_____	_____	_____

CERTIFICATION OF EMERGENCY 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
- Others (please state the specific reason)

 Signature of Borrower

AMORTIZATION FOR SALARY DEDUCTION

The Payroll Services Unit
 DepED, Regional Office
 Cagayan de Oro City

Sir/Madam:

I HEREBY AUTHORIZE the deduction from my salary the amount of _____
 (Php _____) every month for _____ () months starting on _____ or until my total loan amount of _____ has been paid. Amount deducted shall be credited to the account of the DepED Provident Fund as amortization on said loan.

 Signature over Printed Name

Employee No.: _____
 Position: _____
 Appointment Status: _____

Division Code: _____
 Station No: _____
 Date Granted: _____

CERTIFICATION OF EMPLOYMENT AND CREDIBILITY

Office: _____ Date: _____

THIS OFFICE CERTIFIES that (1) the above applicant is a permanent employee of the office is not on leave of absent without pay;(2) there is no pending administrative and/or criminal charge against him/her;(3) the next pay of the borrower indicated is sufficient to cover monthly installments of the loans; and (4) the information reported by said applicant is true and correct.

MARGISSA T. AMEN, L.L.B

Administrative Officer V

DIVISION PROVIDENT FUND SECRETARIAT:

ELISA E. GOMEZ

AA III

MARITES C. SUMINGUIT

Budget Officer III

ANNA DAPHNE C. MUGAR, CPA

Accountant III

ACTION TAKEN:

APPROVED

DISAPPROVED

OTHERS

Approved by:

JEAN G. VELOSO

Assistant Schools Division Superintendent

OIC- Schools Division Superintendent