



Republic of the Philippines
Department of Education
 Negros Island Region
SCHOOLS DIVISION OF DUMAGUETE CITY
 Dumaguete City



PROVIDENT FUND

Loan Application No. _____

BORROWER:

CO-MAKER:

 (Last Name) (First Name) (M.I.)
 Present Address: _____
 Home Address : _____
 Contact No. : _____
 Date of Birth : _____
 Position : _____
 Monthly Salary : _____ Status: _____
 Office : _____
 Employee No. : _____
 TIN : _____

 (Last Name) (First Name) (M.I.)
 Present Address: _____
 Home Address : _____
 Contact No. : _____
 Date of Birth : _____
 Position : _____
 Monthly Salary : _____ Status: _____
 Office : _____
 Employee No. : _____
 TIN : _____

Specimen Signature:

Specimen Signature:

1. _____
 2. _____

1. _____
 2. _____

AMORTIZATION AGREEMENT

<p>I hereby apply for a Provident 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 to the terms and conditions of the loan. Accordingly, I hereby authorize the deduction 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.</p> <p>AMOUNT OF LOAN AMORTIZATION SCHEDULE</p> <p>_____ mos. Principal Amortization Repayment Period</p> <p>_____ (Signature of Borrower) (Date)</p>	<p>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 corresponding obligation for the grant of this loan upon proper notification by the Provident Secretariat. Accordingly, I hereby authorized the monthly deduction from my salary the amortization for the outstanding obligation of the principal borrower until his loan has been fully paid.</p> <p>_____ (Co-Maker's Signature o Printed Name)</p>
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CERTIFICATION FOR LOAN

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

- (a) Emergency Loan
- (b) Educational Loan
- (c) Loan due to sudden loss of income
- (d) Others, (Pls. Specify) _____

 (Signature of Borrower)

AUTHORIZATION FOR SALARY DEDUCTION

Sir/Madam:

I hereby authorize the deduction from my salary the amount of _____
 (P _____) every month for _____ (_____) months starting in _____ or until my total loan amount of PESOS: _____ (P _____) shall have been fully paid. Amount deducted shall be credited to the account of the DepEd Provident Fund as Amortization on said loan.

 (Signature over Printed Name)

Employee Number : _____
 Designation/Position: _____
 Station Code : _____

Division : _____
 Service/Center Bureau: _____

CERTIFICATION OF EMPLOYMENT AND CREDIBILITY

Office: _____

Date: _____

This Office certifies that (1) the applicant is a permanent employee of this Office and is not on leave of absence without pay; (2) there is no pending administrative and/or criminal charge against him/her; (3) the net pay of the borrower indicated is sufficient to cover monthly installments of this loan; (4) the applicant is not due for retirement for the next _____ () years; and (5) the information reported by said applicant is true and correct.

Signature of Head of Office/School or authorized Representative/Indorsing Official

Name in Print

Designation

ACTION TAKEN BY DIVISION SECRETARIAT

Recommending: Approval: _____ Disapproval: _____

MERLYN B. TAMPARONG
Education Program Supervisor
Member

GAUVIN T. ABSIN
Accountant III
Member

MONINA U. LACSON
Administrative Officer V
Chairman

Approved/Disapproved by:

EVANGEL M. LUMINARIAS, Ph. D., CESO V
Schools Division Superintendent/Head of Office