

	<b>LOAN APPLICATION FORM</b>	revised 08.10.23ccr	<input type="checkbox"/> MULTIPURPOSE <input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> PETTY CASH	<input type="checkbox"/> HOUSING <input type="checkbox"/> TRAVEL <input type="checkbox"/> OTHERS <small>Pls. specify</small>	<b>LOAN ID NO.</b>
	<b>Date</b>	MO. DAY YR			

To be filled-out by Member

<b>AMOUNT</b> P	NO. OF MOS. PAYABLE		<input type="checkbox"/> REGULAR	<input type="checkbox"/> ASSOCIATE
NAME:		<b>PURPOSE</b> Please check box:		
ORGANIZATION:	BRANCH:	<input type="checkbox"/> Business	<input type="checkbox"/> Gadgets	<input type="checkbox"/> Hospitalization
EMPLOYMENT STATUS:	DEPARTMENT:	<input type="checkbox"/> Personal Development	<input type="checkbox"/> Occasion	<input type="checkbox"/> Calamity
POSITION:	DATE EMPLOYED: MO. DAY YR.	<input type="checkbox"/> Debt Consolidation	<input type="checkbox"/> Travel	<input type="checkbox"/> Death
SALARY RANGE:		<input type="checkbox"/> Vehicle	<input type="checkbox"/> Renovation	<input type="checkbox"/> Tuition / Uniform
PRIMARY BANK: ACCOUNT NO.:		Others: _____		
SECONDARY BANK: ACCOUNT NO.:		<b>I hereby apply for a loan on the amount, period, and purpose specified herein. I further certify that the information herewith are true and correct, and submitted for the purpose of obtaining credit and as guaranteed by my co-maker(s).</b>		

VOLUNTARY DEDUCTIONS

Kindly deduct from my loan proceeds the following:

Coop Care Fund [ ] P50 [ ] P100 [ ] P200 [ ] Others \_\_\_\_\_

Share Capital Contribution [ ] P100 [ ] P500 [ ] P1000 [ ] Others \_\_\_\_\_

Savings Deposit [ ] P100 [ ] P500 [ ] P1000 [ ] Others \_\_\_\_\_

<b>PAYROLL DEDUCTIONS</b>	13th	28th	<b>This is to attest the status of the member;</b> YES <input type="checkbox"/> NO <input type="checkbox"/> Pending case of whatsoever
<input type="checkbox"/> YES <input type="checkbox"/> NO True & correct above stated total statutory & fixed deductions Net pay is at least 25% of Gross Pay after deduction of loan payment	Approved By: _____ <small>signature over printed name / date</small>		
Certified By: _____ <small>signature over printed name / date</small>	Branch Accountant/ Payroll Officer (HO)		
Member Signature / date			Authorized Signatory

To be filled-out by CREDIT COMMITTEE

BALANCES ON DEPOSITS				
SHARE CAPITAL	REGULAR SAVINGS	PALUWAGAN SAVINGS	TIME DEPOSIT	TOTAL SHARE/SAVINGS/TIME DEPOSIT

BALANCES ON LOANS									
NO.	TYPE OF LOAN	TERMS (BI-MONTHLY)	DATE RELEASED	LOAN AMOUNT	BI-MONTHLY AMORTIZATION	OUTSTANDING LOAN	CO-MAKER	NO. OF PAYMENTS	DATE OF LAST PAYMENT
<b>TOTAL</b>									

CREDIT LIMIT COMPUTATION			
CURRENT SHARE CAPITAL		MAXIMUM CREDIT LIMIT	
SALARY RANGE		LESS: TOTAL REGULAR LOANS BALANCE	(                      )
<b>MAXIMUM CREDIT LIMIT</b>		<b>LOANABLE AMOUNT</b>	

NEW LOAN DEDUCTION				
TYPE OF LOAN	INTEREST RATE	LOAN AMOUNT	BI-MONTHLY DEDUCTION (13TH)	BI-MONTHLY DEDUCTION (28TH)

LOAN PROCEEDS					
<b>APPROVED LOAN AMOUNT</b>		2% Service Charge	(                      )	Loan Balances	<b>LOAN PROCEEDS (NET)</b>
		Share Capital	(                      )	Coop Care Fund	
		Savings	(                      )	Bank Charge	
				(                      )	

<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DISAPPROVED</b>	<b>VERIFIED BY:</b>	CREDIT COMMITTEE	(DOSRI Accounts) <b>AUDIT COMMITTEE</b>
<b>AMOUNT</b>	<b>REASON</b>	signature over printed name		signature over printed name

NO. OF MOS. PAYABLE	SEMI-MONTHLY PAYMENT				<b>REMARKS/BOARD ACTION</b>
<b>APPROVED BY:</b>	MO. DAY YR.	<b>GENERAL MANAGER</b>	OR	<b>BOD MEMBER</b>	