CO-MAKER'S OATH											
Complete Nan	Tel./Mobile N		Designation	Complete Address					Signature		
1.											
2.											
3.											
4.											
PROMISSORY NOTE											
I,, days after date, for value received, promise to pay For His Glory Multipurpose Cooperative (FHG MPC) the sum of Pesos (P) inmonths from the date hereof.											
I hereby issue () Post-dated checks amounting to(Php) and shall be every 4th and 20th of the month beginning on, 20, and until the loan is fully paid.											
I hereby agree that should I resign or be terminated from my employment with, the outstanding balance of my loan shall be due and demandable and shall be bound to the laws, rules and regulations concerning the issuance of Post-dated Checks.											
Signature over printed name / date											
BORROWER'S ADDITIONAL INFORMATION											
Organization / Branch / Department				Present	Address			Perman	Permanent Address		
*** To be filled-out by Coop Management and Officers ***											
EVALUATION AND APPROVAL											
BACKGROUND INVESTIGATION Name:			Remarks: Please cher				xoo:				
Designation: Date:						Business Proposal Business Plan / Utilization					
Date: Tel./Mobile Phone #:			Financial Projection								
Name: Designation:			emarks:			Picture of Establishment or Location & Sketch					
Date:			Photocopy of Business Permit / Licenses Photocopy of recent Audited FS & Income Tax return or								
Tel./Mobile Phone #:			emarks:			Passbook Statement					
Designation:			enarks.			Photocopy of Contract of Lease or Land Title Photocopy of Community Tax Certificate					
Date: Tel./Mobile Phone #:						Post-dated Checks for Payn					
BUS. DEV'T. OFFICER	Rem	narks:			GENERAL MANAGER Remark			Remarks:	:S:		
signature over printed name					signature over printed name						
LOAN PROCEEDS COMPUTATION											
	Php		2	% Service Charge	()	Loan Ba	alance		PROCEEDS	
APPROVED LOAN		3% Share Capital Bank Charge			() [) Pretermination Fee Php		(NET)		
AMOUNT)	(Loan Ins) Loan Insurance				
			DISAPPROVED) :E) AUDIT COMMITTEE (DOSRI Accounts)		
			REASON(s)			BY:					
	THLY PAYMENT	AMOUNT C	UNT OF INTEREST BUS. DEV'T. COM			signature over printed name BOD / DOSE			signature over printed name		
FINAL APPROVED BY:	MO.	DAY	YR.	signature	over printe	over printed name			signature over printed name		