	Denublica	ANNEX A						
STOLET	•	of the Philippines						
NON (NO)	Department of Education							
THE THAN NG PLANT	Provi	ident Fund						
Date Submitted:		Loan Application No.						
Loan Amount: PhP	PhP Purpose:							
Type of Loan:	Term: I vear/s I	☐ Educational ☐ Hospitalization/Medical						
☐ Multi-purpose		☐ Long Medication/Rehabilitation						
□New		House Arrears/Equity						
Renewal		House Repair-Major						
☐ Additional		House Repair-Minor						
		Payment of Loans from Private Institution Calamity						
		Others (specify:						
	Borrower's Information	Co- Maker's Information						
 (Surname)	(First Name) (M.I.)	(Surname) (First Name) (M.I.)						
, ,	(i iist ivaille) (ivi.i.)	Home Address:						
Position:		Position:						
	Employment Status:	Employee No.: Employment Status:						
Office:		Office:						
Date of Birth:		Date of Birth: Age:						
	Office tel. no Mobile no	Monthly Salary: PhP Office tel. no Years in Service: Mobile no						
DepEd E-mail address:		DepEd E-mail address:						
· —	men Signatures:	Specimen Signatures:						
Specin.		Specific Signatures.						
		LACRETAGENT.						
I horoby apply for a Broy	ident Fund Loan in the amount of PESOS:	I hereby agree to assume all the outstanding obligations						
ппетеву арргу тог а гтох	(P). I							
consideration of the gran	nt thereof, I promise to pay all	be separated from the service, and either retirement or						
	on the attached amortization	separation benefits due to him/her is not received or is						
	elf with the terms and conditions	insufficient to settle the borrower's outstanding loan, and						
·	in the applicable guidelinesof the	upon proper notification by the Provident Fund Secretariat.						
	This document also serves as the							
Promissory Note upon a	pproval of this loan.	Accordingly, I hereby authorize the monthly deduction						
A		from my salary of the amortizations for the outstanding						
	thorize the deductions of the monthly	obligation of the principal borrower until his/ her loan is						
•	llary. Should I be separated from	fully paid.						
-	agree to settle my outstanding loan							
	of my retirement/ separation from							
the service, either throu	igh full pyment in cash or through							
the execution of a notari	ized Promissory Note.							
Cignature of Barrey		Signature of Co Mokey						
Signature of Borrov over Printed Nam		Signature of Co-Maker Date over Printed Name						
	CERTIFICATE OF EMI	PLOYMENT AND CREDIBILITY						
Personnel Division/Unit		Legal Service/Unit:						
. Croomici Division/Onit	•	2004. 301.1100, 31.110.						
This is to certify that the	above loan applicant/borrower:	This is to certify that the above loan applicant/borrower						
(1) is a permanent/	co-terminus employee of this Office an	d is has no pending administrative nor civil case charge						
not on leave of abse	ence without pay;	against him/her based on records on file with DepEd.						
(2) has net pay of PhP	for the payroll month &							
year of	; and							
(3) has given the true and	d correct information on the Loan							
Application Form.								
		JEFFREY M. MARTINEZ						
	HRMO II	Administrative Officer V						
Date:		Date:						

SECRETARIAT'S ASSESSMENT/EVALUATION								
A. Documents Submitted: (Two copies of each)								
☐ Loan Application Form (LAF)	Additional documents for Additional Loan:							
☐ Authorization to Deduct	☐ Letter request							
☐ Latest copy of pay slip	☐ Hospitalization/Medical Expenses							
☐ Photocopy of DepEd ID	☐ Medical Abstract/Certificate/Prescription/Diagnosis							
☐ Approved Appointment (for FIRST TIME borrowers and	Barangays/LGU/certificate/resolution declaring							
Co-terminus employee only)	the borrower's place under State of Calamity							
Document showing proof that the co-terminus employee has render								
at least 2 years service in DepEd, e.g. Notarized Contract of S								
Other (specify):	Reviewed by: Date: CHERRY LOU D. ASEQUIA ADAS III							
B. Completeness and Veracity of Submitted Documents:								
☐ Signed and complete filled out LAF								
Complete supporting documents for type of loan applied for	Reviewed by: Date:							
Signatures on LAF are by authorized signatories	CHERRY LOU D. ASEQUIA ADAS III							
Signatures on EAF are by authorized signatures	ADAS III							
C. Eligibility of the Borrower and Co-Maker								
☐ Borrower will not reach the mandatory age retirement on or before	the maturity of his/her loan. Age:							
☐ Co-Maker will not reach the mandatory age retirement on or before	the maturity of his/her loan. Age:							
☐ Borrower has Outstanding PF Loan Balance:								
☐ Current Loan Balance Amount: PhP								
☐ Past-Due Loans Amount: PhP								
☐ No. of Years/ Month Past-Due Year/s:	Month/s:							
Borrower's Net Take-Home Pay after deduction of monthly amortiza	ation of the loan being applied for							
equal to or higher than the required threshold for the current								
For renewal of loans: Borrower has paid at least 30% of the principa								
Percentage of principal paid: %	To the existing learn							
, oromago or principal para.	Reviewed by: Date:							
	REMY JANE M. MARKINEZ							
	ADAS III							
D. Computation of Loan:								
Principal Amount of Loan PhP	Net Take Home Pay after Deduction PhP							
Less Outstanding Balance of Loan to be Renewed	Monthly Amortization PhP							
. ~								
Principal PhP	Period of Loan (mm/yy.mm/yy)							
Interest								
Net Proceeds PhP	Date Processed:							
Processed by: CHERRY LOU D. ASEQUIA	Remarks:							
Admin. Asst. III								
PF Secretariat								
Reviewed by: MARICEL B. JANGAO, CPA								
Accountant III PF Secretariat								
Pr Secretariat								
ACTION	TAKEN:							
ACTION								
Recommending Approval:								
	☐ Approved:							
	☐ Disapproved:							
	5.53pp.57ca.							
JEFFREY M. MARTINEZ								
Administrative Officer V								
Head, PF Secretariat	RANDOLPH B. TORTOLA							
	Schools Division Superintendent							
	Chairperson of the Board							
Date:	Date:							

Authorization for Salary Deduction

Personnel Division					
DepEd, Meralco Ave., Pasig (iity				
I hereby authorized the deduction of					
(P) from m	y salary for montl	ns, starting in			
20to	, 20or until my total ou	tstanding loan of			
PESOS (P) has been fully paid. Amount	deduction shall be cre	edited to the account of the		
DepEd Provident Fund as reco	elvables on the said loans.				
			Signature over Printed Name		
Employee No.	Status:	_ Designation:			
Division:	Code:	Service:			

For reference only, do not print.

Attachments:

- 1. Accomplished Provident Loan Form and Authorization for Salary Deduction
- 2. 1 photocopy of Latest Payslip (must be authenticated by the Administrative Officer V- J. Martinez)
- 3. 1 Photocopy of Deped ID

PROVIDENT FUND AMORTIZATION TABLE							
AMOUNT OF LOAN	12 MONTHS	24 MONTHS	36 MONTHS	48 MONTHS	60 MONTHS		
5,000.00	430.34	221.61					
8,000.00	688.53	354.57					
10,000.00	860.67	443.21					
15,000.00	1,290.96	664.81					
20,000.00	1,721.33	886.42	608.44				
25,000.00	2,151.67	1,108.02	760.55				
30,000.00	2,582.00	1,329.62	912.66				
35,000.00	3,012.33	1,551.23	1,064.77				
40,000.00	3,442.67	1,772.83	1,216.88	939.41	773.32		
45,000.00	3,872.99	1,994.43	1,368.99	1,056.83	869.98		
50,000.00	4,303.33	2,216.04	1,521.10	1,174.26	966.66		
100,000.00	8,606.65	4,432.07	3,042.20	2,348.51	1,933.29		