



Republic of the Philippines
Department of Education
Provident Fund

Date Submitted: [] Loan Application No. []
Loan Amount: PhP [] Purpose:
Type of Loan: Multi-purpose [] Educational []
New [] Hospitalization/Medical []
Renewal [] Long Medication/Rehabilitation []
Additional [] House Arrears/Equity []
House Repair-Major []
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.)
Home Address: Home Address:
Position: Position:
Employee No.: Employment Status: Employee No.: Employment Status:
Office: Office:
Date of Birth: Age: Date of Birth: Age:
Monthly Salary: PhP Office tel. no. Monthly Salary: PhP Office tel. no.
Years in Service: Mobile no. Years in Service: Mobile no.
DepEd E-mail address: DepEd E-mail address:
Specimen Signatures: Specimen Signatures:

LOAN AGREEMENT

I hereby apply for a Provident Fund Loan in the amount of PESOS:
(P). In consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepEd Provident Fund. This document also serves as the Promissory Note upon approval of this loan.
Accordingly, I hereby authorize the deductions of the monthly amortization from my salary. Should I be separated from the service, I also hereby agree to settle my outstanding loan balance before the date of my retirement/ separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note.
Signature of Borrower over Printed Name Date
I hereby agree to assume all the outstanding obligations for the grant of this loan should the principal borrower be separated from the service, and either retirement or separation benefits due to him/her is not received or is insufficient to settle the borrower's outstanding loan, and upon proper notification by the Provident Fund Secretariat.
Accordingly, I hereby authorize the monthly deduction from my salary of the amortizations for the outstanding obligation of the principal borrower until his/ her loan is fully paid.
Signature of Co-Maker over Printed Name Date

CERTIFICATE OF EMPLOYMENT AND CREDIBILITY

Personnel Division/Unit: Legal Service/Unit:
This is to certify that the above loan applicant/borrower: This is to certify that the above loan applicant/borrower has no pending administrative nor civil case charge against him/her based on records on file with DepEd.
(1) is a permanent/co-terminus employee of this Office and is not on leave of absence without pay;
(2) has net pay of PhP for the payroll month & year of ; and
(3) has given the true and correct information on the Loan Application Form.
ADAS III- Personnel Unit
JEFFREY M. MARTINEZ
Administrative Officer V
Date: Date:

SECRETARIAT'S ASSESSMENT/EVALUATION

A. Documents Submitted: (Two copies of each)

- | | |
|--|---|
| <input type="checkbox"/> Loan Application Form (LAF)
<input type="checkbox"/> Authorization to Deduct
<input type="checkbox"/> Latest copy of pay slip
<input type="checkbox"/> Photocopy of DepEd ID
<input type="checkbox"/> Approved Appointment (for FIRST TIME borrowers and Co-terminus employee only)
<input type="checkbox"/> Document showing proof that the co-terminus employee has rendered at least 2 years service in DepEd, e.g. Notarized Contract of Service
<input type="checkbox"/> Other (specify): _____
_____ | <input type="checkbox"/> Additional documents for Additional Loan:
<input type="checkbox"/> Letter request
<input type="checkbox"/> Hospitalization/Medical Expenses
<input type="checkbox"/> Medical Abstract/Certificate/Prescription/Diagnosis
Barangays/LGU/certificate/resolution declaring the borrower's place under State of Calamity |
|--|---|

Reviewed by: JENILYN A. MAGNAONG ADAS III	Date:
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B. Completeness and Veracity of Submitted Documents:

-
- Signed and complete filled out LAF
-
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- Complete supporting documents for type of loan applied for
-
-
- Signatures on LAF are by authorized signatories

Reviewed by: JENILYN A. MAGNAONG ADAS III	Date:
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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:
- | | | | |
|---|---|---------------|----------------|
| <input type="checkbox"/> Current Loan Balance | Amount: PhP _____ | | |
| <input type="checkbox"/> Past-Due Loans | Amount: PhP _____ | | |
| <input type="checkbox"/> No. of Years/ Month Past-Due | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Year/s: _____</td> <td style="padding: 2px;">Month/s: _____</td> </tr> </table> | Year/s: _____ | Month/s: _____ |
| Year/s: _____ | Month/s: _____ | | |
-
-
- Borrower's Net Take-Home Pay after deduction of monthly amortization of the loan being applied for equal to or higher than the required threshold for the current year.
-
-
- For renewal of loans: Borrower has paid at least 30% of the principal of the existing loan.
-
- Percentage of principal paid:
- | |
|---------|
| _____ % |
|---------|

Reviewed by: REMY JANE M. MARKINEZ ADAS III	Date:
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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:
 JENILYN A. MAGNAONG
 Admin. Asst. III
 PF Secretariat

Reviewed by:
 MARICEL B. JANGAO, CPA
 Accountant III
 PF Secretariat

Remarks:

ACTION TAKEN:

Recommending Approval:

JEFFREY M. MARTINEZ
 Administrative Officer V
 Head, PF Secretariat

Date: _____

-
- Approved:
-
-
- Disapproved:

RANDOLPH B. TORTOLA
 Schools Division Superintendent
 Chairperson of the Board

Date: _____

Authorization for Salary Deduction

Personnel Division

DepEd, Meralco Ave., Pasig City

I hereby authorized the deduction of _____ PESOS

(P _____) from my salary for _____ months, starting in _____

20__ to _____, 20__ or until my total outstanding loan of _____

PESOS (P _____) has been fully paid. Amount deduction shall be **credited to the account** of the

DepEd Provident Fund as receivables 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