

Date Filed: _____

WARNING: Direct or indirect commission of fraud, collusion, falsification, misrepresentation of facts or any other kind of anomaly in the accomplishment of this form, or in obtaining any benefit or payment under this application shall be subject to administrative and/or criminal action.

1. NAME OF BORROWER		☐ Regular Member
		☒ PSA Employee Retiree/Transfer
		☐ Others Specify _____
2. Office: No. _____		3. Passbook
4. Permanent Address _____		
5. Telephone/Cellphone No./s _____		
6. APPLICATION/AGREEMENT		
I hereby apply for a loan of _____ PESOS (P_____) for a period of _____ months, to be repaid in an equal monthly installment of _____ PESOS (P_____).		
I desire this loan for the following provident/productive purposes:		
7. Processed by: _____ — Credit Officer	8. Certified by: _____ — Accountant	
9. Recommending approval: _____ _Manager	10. Certified funds available: _____ — Treasurer	
Approved for payment: _____ BOD Chairperson		
TERMS AND CONDITIONS:		
1. WHO IS QUALIFIED – A member with at least 6 months membership. 2. In case of borrower’s death, he/she is already free from any monetary benefits using the LRI coverage. In case of disability or retirement, the borrower authorizes the PSAMPC to set-off or collect an amount equal to the outstanding loan balance from any fixed deposits or share capital, savings/time/special time deposits and/or money that may or hereafter be due him/her from the Authority. In case the borrower is in default in meeting his/her amortization in 3 months to PSAMPC this agreement automatically authorizes PSAMPC to secure payments from his/her co-makers. 3. Up-front deduction of 3% Service charge. 4. Interest rate of 8% p.a. to be included in the monthly amortization. 5. Mode of Payment – equal monthly installments shall be paid Within _____ months payroll deduction plus interest.		

AUTHORITY TO DEDUCT

TO WHOM IT MAY CONCERN:

In consideration of this loan, I hereby promise to pay on installment basis thru salary deductions. Hence, I am authorizing the Philippine Statistics Authority (PSA), to deduct the amount of my monthly installment/payment as indicated in Item No. 12 of this form until the total amount of my loan is satisfied. Lest; I failed to comply, I, therefore, authorize the PSAMPC to charge my payment/s from any remuneration due me from the PSA or PSAMPC.

If I could no longer sustain my payment/s to PSAMPC, this agreement automatically authorizes the PSAMPC to secure my payment/s from my **CO-MAKER/s**.

Respectfully yours,

Conforme: **(Signature over Printed Name with Passbook Number)**

Borrower
No._____

Co-Maker

Pb. No._____

Co-Maker

Pb. No._____

Co-Maker

Pb.

-----FOR LBP-ATM TRANSACTIONS ONLY-----

I request that my loan proceeds to be deposited on my LBP Account #_____.

Date_____

I hereby acknowledge receipt of the net proceed of

Borrower

Note: Please do not commit erasures to avoid delay in your loan application. We are happy to serve you. Thank you!