					ANNEX "A"		
Departme			the Philippines				
			t of Education				
THE WA NG PILIPAN		Provident Fund					
Date Submitted:			Loan Application No.				
Loan Amount:	Php		Purpose:				
	Г		□ Educational				
Type of Loan:	Term:	year/s	☐ Hospitalization/I	Medical			
□ Multipu	rpose		Long Medication	n/Rehabilitation			
□ Ne	2W		☐ House Arrears/E	quity			
□ Re	newal		☐ House Repair - Major				
□ Addition	nal		☐ House Repair - Minor				
				ns from Private institution			
			□ Calamity				
	Danier da Lefan		☐ Others (specify)	Co Malanda Lafa manda			
	Borrower's Infor	mation		Co-Maker's Information	on		
(Surname) Home Address:	(First Name)	(M.I.)	(Surname) Home Address:	(First Name)	(M.I.)		
Position:			Position:				
Employee No.:	Empl	oyment Status:	Employee No.: Employment Status:				
Office:			Office:				
Date of Birth:		Age:	Date of Birth:		Age:		
Monthly Salary: P		Office Tel No.:	Monthly Salary: P	Office Tel No.:			
Years in Service:	Mob	ile No.:	Years in Service:	Mobile No).:		
DepEd E-mail addre	ess:		DepEd E-mail address:	:			
	Specimen Signat	tures:		Specimen Signatures:			
			GREEMENT				
consideration of the on the attached ar conditions of the lo Provident Fund. The approval of this loa Accordingly, I here from my salary. She settle my outsaretirement/separat	e grant thereof, I promise mortization schedule and pan as stipulated in the anis documents also serven. by authorize the deductional I be separated fro the anding loan balance	e to pay all installments due based bind myself with the terms and pplicable guidelines of the DepEd es as the Promissory Note upor ons of the monthly amoritzation he service, I also hereby agree to before the date of my er through full payment in cash o	loan should the princi dretirement or separa dinsufficient to settle dnotification by the Pro Accordingly, I hereby amortizations for the his/her loan is fully pai	pal borrower be separated ation benefits due to him the borrowwer's outstand ovident Fund Secretariat. authorize the monthly deducted outstanding obligation for the second of the second outstanding obligation for the second outstanding outstanding obligation for the second outstanding outst	from the service, and eithen /her is not received or ing loan, and upon proper section from my salary of the f		
Signature of	Borrower over Printed Name	Date CERTIFICATE OF EMPLO		o-Maker over Printed Name	Date		
		CERTIFICATE OF EMPLO	1				
Personnel Division	•	n.	Legal Service/Unit:	ho obovo loga gazili sasti	rower has as a second		
This is to cerify that the above loan applicant/borrower:			administrative shares	he above loan applicant/bor against him/her based on re			
(1) is aperman leave of absence wi		ployee of this Office and is not or	1 - astrative charge	and an in the subca off the	at the man beptu		
(2) has net pay of P		for the payroll month & year of					
(3) has given the tru	ue and correct informatio	n on the loan Application Form,					

JEDDAH MAY C. NANGCAS
Signature over Printed Name

Date:

Designation: ATTORNEY - III

ROCHELL M. BONCAROS

Signature over Printed Name

Designation: Date: HRMO

	SECRETARIAT'S ASS	ESSMENT/EVALUATION		
A.	Documents Submitted: (Three 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☐ Medical Abstract/Certificate/Prescription/Diagnosis		
	□ Photocopy of DepEd ID			
	$_{\square}$ Approved Appointment (for FIRST TIME borrowers and Co-	$_{\square}$ Barangay/LGU certificate/resolution declaring the		
	$_{\square}$ terminus employees only)	borrower's place under State of Calamity		
	$_{\hfill\Box}$ Document showing proof that the co-terminus employee has			
	rendered at least 2 years service in DepEd, e.g. Notarized			
	Contract of Service			
	□ Others (specify):	Reviewed by: Date:		
		REYCELLE E. AGATEP		
В.	Completeness and Veracity of Submitted Documents:			
	□ Signed and completely filled out LAF			
	□ Complete supporting documents for type of loan applied for			
	☐ Signatures on LAF are by authorized signatories	Reviewed by: Date:		
	, c	REYCELLE E. AGATEP		
C.	Eligibility of the Borrower and Co-Maker			
	☐ Borrower will not reach the mandatory age retirement on or be	fore the maturity of his/her loan. Age:		
	$\hfill\Box$ Co-Maker will not reach the mandatory age retirement on or be	efore the maturity of his/her loan Age:		
	☐ Borrower has Outstanding PF Loan Balance:			
	☐ Current Loan Balance Amount: ₽			
	□ Past-Due Loans Amount: ₽			
	☐ No. of Years/Months Past-Due: Years:	Months:		
		rtization of the loan being applied for is equal to or higher than the		
	required threshold for the current year.			
	☐ For renewal of loans: Borrower has paid at least 30% of the prin	cipal of the existing loan.		
	□ Percentage of principal paid: %			
		Verified by: Date:		
		REYCELLE E. AGATEP		
_	Communication of Loans			
D.	Computation of Loan:	Net Tale Have Bourfton Deduction D		
	Principal Amount of Loan P	Net Take Home Pay after Deduction P		
	Less:Outstanding Balance of Loan to be Renewed Principal P	Monthly Amortization Period of Loan (mm/yy-mm/yy)		
	Principal P Interest P			
	Net Proceeds P	Date Proceed:		
	Net Floteeds F	Date Proceed:		
	Processed by: REYCELLE E. AGATEP	Remarks:		
	Signature over Printed Name			
	(PF Secretariat)			
	Reviewed by: JEANETTE C. GOCELA			
	Signature over Printed Name			
	(Payroll Officer)			
	ACTIC	ON TAKEN:		
	Decommoding Approval			
	Recommeding Approval:			
		□ Approved		
	MALOU S. OMOSAY			
	Head, PF Secretariat	□ Disapproved		
	Signature over Printed Name			
	B .	MANUEL O. CABERTE		
	Date:	Chairperson of the Board		
		Signature over Printed Name		
		Date:		
		<u>-</u>		



	<u>Authorizat</u>	ion for Salary Deduction		
Personnel Division				
DepEd, Siargao Division				
I hereby	authorized the deduction of			PESOS
(P		months, starting in	20	rL303
(r		utstanding loan of		PESOS
(P		shall be credited to the account of the DepEd Providen		on the said
loans.				
Employee No.:	Status:	Signature over	Printed Name	
Division:	Code:			
		Service:		