



Republic of the Philippines
Department of Education
Provident Fund

Date Submitted: _____ Loan Application No. _____

Loan Amount: _____ Php _____ Purpose:

Type of Loan: _____ Term: _____ year/s

Multi-purpose
 New
 Renewal
 Additional

Educational
 Hospitalization/Medical
 Long Medication/Rehabilitation
 House Arrears/Equity
 House Repair - Major
 House Repair - Minor
 Payment of Loans from Private Institution
 Calamity
 Others (specify): _____

Borrower's Information

(Surname) _____ (First Name) _____ (M.I.) _____
Home Address: _____
Position: _____
Employee No.: _____ Employment Status: _____
Office: _____
Date of Birth: _____ Age: _____
Monthly Salary: Php _____ Office tel. no. _____
Years in Service: _____ Mobile no. _____
DepEd E-mail address: _____
Specimen Signatures: _____

Co-Maker's Information

(Surname) _____ (First Name) _____ (M.I.) _____
Home Address: _____
Position: _____
Employee No.: _____ Employment Status: _____
Office: _____
Date of Birth: _____ Age: _____
Monthly Salary: Php _____ Office tel. no. _____
Years in Service: _____ Mobile no. _____
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 _____ Date _____
over Printed Name

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 _____ Date _____
over Printed Name

CERTIFICATE OF EMPLOYMENT AND CREDIBILITY

This is to certify that the above loan application/borrower:

(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 month & year of _____; and

(3) has given the true and correct information on the loan Application Form.

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.

INGRID C. HEBRON, Ph.D.
Signature over Printed Name

SECRETARIAT'S ASSESSMENT/EVALUATION

A. Documents Submitted: (Three copies of each)

- Loan Application Form (LAF)
 - Authorization to Deduct
 - Latest copy of payslip (Authenticated by School Head)
 - Photocopy of DepEd ID (Authenticated by School Head)
 - Approved Appointment (for *FIRST TIME borrowers and Co-terminus employees only*)
 - 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): _____
- Additional documents for Additional Loan:
 - Letter request
 - Hospitalization/Medical Expenses
 - Medical Abstract/Certificate/Prescription/Diagnosis
 - Barangay/LGU certificate/resolution declaring the borrower's place under State of Calamity

Reviewed by:	Date:
--------------	-------

B. 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. Eligibility of the Borrower and Co-Maker

- Borrower will not reach the mandatory age retirement on or before the maturity of his/her loan.
- Co-Maker will not reach the mandatory age retirement on or before the maturity of his/her loan.
- Borrower has Outstanding PF Loan Balance:
 - Current Loan Balance Amount: PhP _____
 - Past-Due Loans Amount: PhP _____
 - No. of Years/Months Past-Due: Year/s: _____ Month/s: _____
- Borrower's Net Take-Home Pay after deduction of monthly amortization of the loan being applied for is equal to or higher than 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: _____ %

Age:
Age:

Verified by:	Date:
--------------	-------

D. Computation of Loan:

Principal Amount of Loan PhP _____

Less: Outstanding Balance of Loan to be Renewed

Principal PhP _____

Interest _____

Net Proceeds PhP _____

Net Take Home Pay after Deduction Php _____

Monthly Amortization PhP _____

Period of Loan (mm/yy-mm/yy) _____

Date Processed: _____

Processed by: _____

Signature over Printed Name
(PF Secretariat)

Remarks:

Reviewed by: **INGRID C. HEBRON, Ph.D.**

Signature over Printed Name
(Head,PF Secretariat)

ACTION TAKEN:

Recommending Approval:

- Approved
- Disapproved

INGRID C. HEBRON, Ph.D.

Head, PF Secretariat

Signature over Printed Name

Date: _____

JONATHAN S. DELA PEÑA, Ph.D., CESO V

Chairperson of the Board

Signature over Printed Name

Date: _____



Authorization for Salary Deduction

Personnel Division
DepEd, Meralco Ave., Pasig City

I hereby authorize 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 deducted shall be **credited to the account of the DepEd Provident Fund** as
receivables on the said loans.

Signature over Printed Name

Employee No. _____
Division: _____

Status: _____
Code: _____

Designation: _____
Service: _____