<b>PROVIDENT FUND LOAN Documentar</b>	y Rec	quirements:
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A.	Docur	nents Submitted: [Two (2) Copies of each]					
		Loan Application Form (LAF)					
		Authorization to Deduct					
		Latest pay slip (Original copy)					
		Photocopy of DepEd ID					
		Approved Appointment (for FIRST TIME borrowers and					
		Co-terminus employees only)					
		Copy of Notarized Contract of Service as proof of two (2)					
		years continuous service (for Co-terminus only)					
		Others (specify):					
В	B 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					
С	Ce	ertification of Employment and Credibility portion on the Loan Application Form (LAF) must be signed by					
		Personnel Division/Unit MA. LOUELLA C. MONCADA Administrative Officer IV					
		Legal Service/Unit ATTY. ANNETTE L. DOYAOEN Attorney III					



## Republic of the Philippines **DEPARTMENT OF EDUCATION PROVIDENT FUND LOAN**

A TOTAL A TO THE					
Date Submitted:	Loan Application No.				
Loan Amount: PhP	Purpose:				
Type of Loan: Term: <u>year/s</u> Multi-purpose New Renewal Additional	<ul> <li>Educational</li> <li>Hospitalization/Medical</li> <li>Long Medication/Rehabilitation</li> <li>House Arrears/Equity</li> <li>House Repair - Major</li> <li>House Repair - Minor</li> <li>Payment of Loans from Private Institution</li> <li>Calamity</li> <li>Others (specify):</li> </ul>				
Borrower's Information	Co-Maker's Information				
(Surname) (First Name) (M.I.) Home Address:	(Surname) (First Name) (M.I.) Home Address:				
Position:	Position:				
Employee No.: Employment Status:	Employee No.: Employment Status:				
Office: Date of Birth: Age:	Office: Date of Birth: Age:				
Monthly Salary: PhP Office tel. #:	Monthly Salary: PhPOffice tel. #:				
Years in Service: Mobile no.	Years in Service: Mobile no				
DepEd E-mail address:@deped.	gov.ph 				
Specimen Signatures:	Specimen Signatures:				
LOAN AG	REEMENT				
I hereby apply for a Provident Fund Loan in the amount of PESOS: 	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 Borrower over Printed Name Date	Signature of Co-Makerover Printed Name Date				
CERTIFICATE OF EMPLO	YMENT AND CREDIBILITY				
Personnel Section:	Legal Section:				
<ul> <li>This is to certify that the above loan applicant/borrower:</li> <li>(1) is a permanent/ co-terminus employee of this Office and is not on leave of absence without pay;</li> <li>(2) has net pay of PhP for the payroll month &amp; year of; and</li> <li>(3) has given the true and correct information on the Loan Application Form.</li> </ul>	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.				
MA. LOUELLA C. MONCADA Signature over Printed Name Designation: <u>Administrative Officer IV</u> Date:	ATTY. ANNETTE L. DOYAOEN Signature over Printed Name Designation: Attorney-III Date:				

				SECRET	ARIAT'S ASSES	SME	NT/EVALUATI	ON	
А.		Loan Applica Authorizatio Latest copy Photocopy of Approved A <i>Co-term</i> Copy of Not	of pay slip of DepEd ID ppointment <i>(for inus employees</i> arized Contract ontinuous servic	) FIRST TIME bo only) of Service as p	prrowers and roof of two (2)	-	<ul> <li>Letter r</li> <li>Hospita</li> <li>Medical</li> <li>Barang</li> </ul>	documents for Addition request alization/Medical Expens Abstract/Certificate/Preso ay/LGU certificate/resol borrower's place under	ses cription/Diagnosis lution declaring
В.		Signed and o Complete su	nd Veracity of completely fille upporting docur on LAF are by au	d out LAF ments for type (	of loan applied fo	r	Reviewed by: Adı	<b>EZRA C. FIAO-AG</b> ninistrative Officer III	Date:
C.		Borrower w Co-Maker w Borrower ha Current L Past-Due No. o Borrower's l higher th For renewal principal	vill not reach the as Outstanding Loan Balance Loans of Years/Month Net Take-Home Ian the required	e mandatory ag e mandatory ag PF Loan Balance Amount: PhP Amount: PhP s Past-Due: Pay after dedu I threshold for t wer has paid at loan.	e: Year/s:	or bef   	ore the maturity th/s: tization of the lo Verified by:	y of his/her loan. y of the borrower's loan oan being applied for is <i>EZRA C. FIAO-AG</i> <i>dministrative Officer III</i>	
D.	Prin Less Net	nputation of cipal Amoun :: Outstandir Principal Interest Proceeds cessed by:	nt of Loan ng Balance of Lo PhP  Adm Signa Adm	PhP pan to be Rene PhP EZRA C. FIAO-A ninistrative Offit ture over Printec (PF Secretariat) NIEVES D. EBAN mnistrative Offit ature over Printec (Head, PF Secretari	AG cer III d Name NO icer V ed Name		Monthly Amort Period of Loan Date Processed Remarks:	ization P (mm/yy - mm/yy)	PhP PhP
	Rec	ommending	Annroval				Approved		
		A	NIEVES D. EBA dministrative O Head, PF Secre	fficer V tariat			Disapproved SORAY OIC - Scho Cha	<b>A T. FACULO Phd, CESO</b> bols Division Superinten airperson of the Board	dent

	<u>A</u>	uthorization for	Salary Deduc	<u>ction</u>		
THE PAYROLL SERVICES DIV DepEd CAR Wangal, La Trinidad, Bengu						
I hereby autho	prize the deduction of				PESC	)S
(P	_) from my salary for	months, starting in _		, 20 to	,20	_
or until my outstanding loar	n of				PESOS (P	_)
has been fully paid. Amount	deducted shall be credited	to the account of the D	DepEd Provident F	Fund as receivables on the s	aid loans.	
				Signature o	ver Printed Name	
Employee No		Status: <b>PERMANE</b>	NT	Designation:		
Division: DIVISION OF BAGUIO CITY		Station Code: 081		No. years in Service:		
		AMORTIZATIO	N SCHEDULE			
Amount of Loan	12 months	24 Months	36 Months	48 Months	60 Months	
( ) 10,000.00	860.67	443.21	304.22	234.86	193.33	

	12 11011(13	24 10111113	30 101011113	40 1011115		
( ) 10,000.00	860.67	443.21	304.22	234.86	193.33	
) 20,000.00	1,721.33	886.42	608.44	469.71	386.66	
) 30,000.00	2,582.00	1,329.62	912.66	704.56	579.99	
) 40,000.00	3,442.66	1,772.83	1,216.88	939.41	773.32	
) 50,000.00	4,303.33	2,216.04	1,521.10	1,174.26	996.65	
) 60,000.00	5,163.99	2,569.24	1,825.32	1,409.11	1,159.97	
) 70,000.00	6,024.66	3,102.45	2,129.54	1,643.96	1,353.30	
) 80,000.00	6,885.32	3,545.65	2,433.76	1,878.81	1,546.63	
) 90,000.00	7,745.98	3,988.86	2,737.98	2,113.66	1,739.96	
) 100,000.00	8,606.65	4,432.07	3,042.20	2,348.51	1,933.29	
		Addition	al Loan			
) 110,000.00	9,467.31	4,875.27	3,346.42	2,583.36	2,126.61	
) 120,000.00	10,327.98	5,318.48	3,650.64	2,818.21	2,319.94	
) 130,000.00	11,188.64	5,761.68	3,954.86	3,053.06	2,513.27	
) 140,000.00	12,049.31	6,204.89	4,259.08	3,287.91	2,706.60	
) 150,000.00	12,909.97	6,648.10	4,563.30	3,522.76	2,899.93	
) 160,000.00	12,770.63	7,091.30	4,867.51	3,757.61	3,093.25	
) 170,000.00	14,631.30	7,534.51	5,171.73	3,992.46	3,286.58	
) 180,000.00	15,491.96	7,977.71	5,475.95	4,227.31	3,479.91	
) 190,000.00	16,352.63	8,420.92	5,780.17	4,462.16	3,673.24	
) 200,000.00	17,213.29	8,864.13	6,084.39	4,697.01	3,866.57	

Put a tick mark on the box provided for preferred amortization schedule (subject to computation of monthly net take home pay)