CHECKLIST : PROVIDENT LOAN APPLICATION	
✓	**Accomplished Loan Application Form** ***Print back to back (2 copies)* ***Co-maker must have same salary or higher*
✓	**Authorization for Salary Deduction (2x)** ***(Emp #, Status and Name with sign ONLY.)*
✓	**Original Payslip (MOST RECENT)**
✓	**Photocopy of DepEd ID (2 copies)**
✓	**Photocopy of Appointment** ***For first time borrower (2 copies)*
✓	**Signature of AO IV (Ma'am Lala)**
✓	**Signature of Legal Officer**

(Enclosure to DepEd Order No. 037, s. 2018)

ANNEX "A"

Republic of the Philippines
Department of Education

Provident Fund

Date Submitted: _____

Loan Amount: PhP _____

Type of Loan:
- ☐ Multi-purpose
  - ☐ New
  - ☐ Renewal
- ☐ Additional

Term: _____ year/s

Loan Application No. _____

Purpose:
- ☐ 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 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:

This is to certify that the above loan applicant/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 payroll month & year of _____; and
(3) has given the true and correct information on the Loan Application Form.

MA. LOUELLA C. MONCADA
Signature over Printed Name
Designation: Administrative Officer IV
Date: _____

Legal Service/Unit:

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.

ATTY. ANNETTE L. DOYAOEN
Signature over Printed Name
Designation: Attorney III
Date: _____

ANNEX "A"

SECRETARIAT'S ASSESSMENT/EVALUATION

A. **Documents Submitted: (Two copies of each)**

- ☐ Loan Application Form (LAF)
- ☐ Authorization to Deduct
- ☐ Latest copy of pay slip
- ☐ Photocopy of DepEd ID
- ☐ 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:
LITA M. CONDE
Administrative Assistant II

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:
LITA M. CONDE
Administrative Assistant II

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:
  - ☐ 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 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: %

Verified by: Date:
LITA M. CONDE
Administrative Assistant II

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:
LITA M. CONDE
Administrative Assistant II
Signature over Printed Name
(PF Secretariat)

Reviewed by:
NIEVES D. EBANIO
Administrative Officer V
Signature over Printed Name
(Head, PF Secretariat)

Remarks:

ACTION TAKEN:

Recommending Approval:

NIEVES D. EBANIO
Administrative Officer V
Head, PF Secretariat
Signature over Printed Name
Date: _____

☐ **Approved**
☐ **Disapproved**

SORAYA T. FACULO, Ph.D., CESO VI
OIC - Schools Division Superintendent
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 _____THOUSAND_____ 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 Printer Name

Employee No. _____ Status: PERMANENT Designation: _____
Division: DIVISION OF BAGUIO CITY Code: 081 Service: ___YEARS