



**REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF EDUCATION  
PROVIDENT FUND**

Date Submitted:

Loan Application No.:

Loan Amount:  Php

Type of Loan:  Multi-purpose  New  Renewal  Additional

Term:  year/s

**Purpose:**

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

**BORROWER'S INFORMATION**

(Surname) \_\_\_\_\_ (First Name) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Employee No.: \_\_\_\_\_ Employee Status: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Monthly Salary: Php \_\_\_\_\_ Office Tel. No. \_\_\_\_\_  
 Year in Service: \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 DepEd E-mail Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Specimen Signature: \_\_\_\_\_

**CO-MAKER'S INFORMATION**

(Surname) \_\_\_\_\_ (First Name) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Position: \_\_\_\_\_  
 Employee No.: \_\_\_\_\_ Employee Status: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Monthly Salary: Php \_\_\_\_\_ Office Tel. No. \_\_\_\_\_  
 Year in Service: \_\_\_\_\_ Mobile No. \_\_\_\_\_  
 DepEd E-mail Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Specimen Signature: \_\_\_\_\_

**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 deduction of the monthly amortization from my salary. Should I be separated from the service, I also hereby agree to settle my outstanding load 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 obligation 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 CEDIBILITY**

**Personnel Division/Unit:**

This is to certify that the above loan application/borrower:  
 (1) Is a \_\_\_ permanent/ \_\_\_ co-terminus employees 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. THERESA M. ROXAS**  
 Administrative Office IV

**Legal Service/Unit:**

This is to certify that the above applicant/borrower has no pending administrative nor civil case charge against him/her based on records on file with DepEd.

\_\_\_\_\_  
**ATTY. BENEDICT JOHN C. AURE**  
 Attorney III

**SECRETARIAT'S ASSESSMENT/EVALUATION**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Loan Application Form (LAF)   | <input type="checkbox"/> Additional documents for Additional Loan:  |
| <input type="checkbox"/> Authorization to Deduct   | <input type="checkbox"/> Letter request   |
| <input type="checkbox"/> Latest copy of pay slip   | <input type="checkbox"/> Hospitalization/Medical Expenses   |
| <input type="checkbox"/> Photocopy of DepEd ID   | <input type="checkbox"/> Medical Abstract/Certificate/Prescription/Diagnosis  |
| <input type="checkbox"/> Approved Appointment (for FIRST TIME borrowers and Co-terminus employees only)  | <input type="checkbox"/> Barangay/LGU Certificate/Resolution declaring the borrower's place under State of Calamity |
| <input type="checkbox"/> Documents showing proof that the Co-terminus employee has rendered at least 2 years service in DepEd, eg. Notarized Contract of Service |   |
| <input type="checkbox"/> Others (specify: _____)   |   |

Reviewed by:	Date:
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**B. Completeness and Veracity of Submitted Documents:**

- Signed and completed filled out LAF
- Completed supporting documents for type of loan applied for
- Signature on LAF are by authorized signatories

Reviewed by:	Date:
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**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:
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**D. Computation of Loan:**

Principal Amount of Loan	Php _____	Net Take Home Pay after Deduction	Php _____
Less: Outstanding Balance of Loan to be Renewed		Monthly Amortization	Php _____
Principal:	Php _____	Period of Loan (mm/yy-mm/yy)	_____
Interest:	_____	Date Processed:	_____
Net Proceeds:	Php _____		

Processed by: \_\_\_\_\_ Remarks: \_\_\_\_\_

**KRISTINE JOY D. QUEZDA**  
Accountant III

Reviewed by: \_\_\_\_\_

**MA. JIMA T. CADIZ**  
Administrative Officer IV

**ACTION TAKEN**

Recommending Approval:  Approved  Disapproved

_____ <b>MA. JIMA T. CADIZ</b> Administrative Office IV	_____ <b>MERLINA P. CRUZ PhD, CESO VI</b> Officer-in-Charge Office of the Schools Division Superintendent
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## Authorization for Salary Deduction

**Personnel Division**

DepEd Schools Division Office / Payroll Services Division  
City of San Jose del Monte / City of San Fernando (P)

I hereby authorize the deduction of \_\_\_\_\_ PESOS  
(₱ \_\_\_\_\_) from my salary for \_\_\_\_\_ months, starting in \_\_\_\_\_, 20\_\_\_\_  
to \_\_\_\_\_, 20\_\_\_\_ or until my total outstanding loan of \_\_\_\_\_ PESOS  
(₱ \_\_\_\_\_) has been fully paid. Amount deducted shall be credited to the account of the  
DepEd Provident Fund as receivables on the said forms.

\_\_\_\_\_  
Signature over Printed Name

Employee No.: \_\_\_\_\_ Status: \_\_\_\_\_ Designation: \_\_\_\_\_

Division: \_\_\_\_\_ Code/School: \_\_\_\_\_ Services: \_\_\_\_\_

### AMORTIZATION SCHEDULE

#### Amount of Loan

	(12 MONTHS)	(24 MONTHS)	(36 MONTHS)	(48 MONTHS)	(60 MONTHS)
[ ] ₱ 5,000.00	430.33	221.80			
[ ] 10,000.00	860.66	443.21			
[ ] 20,000.00	1,721.33	886.41	608.44	469.70	366.66
[ ] 30,000.00	2,581.99	1,329.62	912.66	704.55	579.96
[ ] 50,000.00	4,303.32	2,216.03	1,521.10	1,174.25	966.64
[ ] 100,000.00	8,606.64	4,432.06	3,042.19	2,348.50	1,933.28

I hereby authorize the deduction of \_\_\_\_\_ PESOS  
(₱ \_\_\_\_\_) of the said amortization schedule. Amount deducted shall be credited to the account  
of the DepEd Provident Fund as receivables on the said loans.

\_\_\_\_\_  
Signature over Printed Name

(Please encircle preferred amortization schedule (subject to computation of monthly net take home pay.)