



LOAN APPLICATION

PN No. _____

1. BORROWER'S DATA

FULL NAME (Last Name, First Name, Middle Name)		Rank	AFPSN / MEM. NO.	BR OF SERVICE	RETIREMENT DATE
PRESENT OCCUPATION / OFFICE / UNIT ASSIGNMENT AND ADDRESS			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	DATE OF BIRTH (dd/mm/yyyy) ____/____/____
CITY HOME ADDRESS			CONTACT NUMBER/S: MOBILE		
PERMANENT HOME ADDRESS			OFFICE / UNIT		
SOURCE OF INCOME: REGULAR _____ OTHERS: _____			HOME		
NAME OF SPOUSE / PRIMARY DEPENDENT (Last Name, First Name, Middle Name)				CONTACT NUMBER/S	

2. LOAN INFORMATION

DATE OF APPLICATION	PURPOSE OF LOAN	CLASSIFICATION OF LOAN: New _____ Renewal _____ Buy-out _____ Others (Please specify) : _____
MODE OF PAYMENT <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Pension Deduction <input type="checkbox"/> Personal Payment <input type="checkbox"/> PDC	TYPE OF LOAN <input type="checkbox"/> Consumption <input type="checkbox"/> Back-to-Back Loan <input type="checkbox"/> Livelihood <input type="checkbox"/> Others (Please specify) : _____	DEDUCTION CODE (Koop King MPC use only)
<input type="checkbox"/> Others (Please specify) : _____	<input type="checkbox"/> Real Estate Loan <input type="checkbox"/> Car Loan	Monthly Amortization : P _____ Term : _____ Months
GROSS LOAN (Amount in Words)	(Amount in Figure)	

3. CERTIFICATION OF BORROWER

I hereby declare under oath that the above information data is complete, true, and correct. I further agree that if there be any fraud or misrepresentation in my statements, Koop King MultiPurpose Cooperative shall have the right to take any appropriate legal action. Moreover, I hereby certify under oath that my salary/pension is more than sufficient to cover my said loan amortization. In the event my salary/pension is not sufficient to cover the amortization payment and/or full payment, I hereby give and grant Koop King MultiPurpose Cooperative full power and authority to collect and deduct from my present and/or future salary/pension, retirement, other AFP benefits, investment, deposits, and other present and future assets and other income with Koop King MultiPurpose Cooperative and/or other financial institution/entrepreneurs, with authority to sell and/or encumber to any third person and/or company/ies, any properties (real or personal) that may come to the knowledge and/or possession of Koop King MultiPurpose Cooperative to satisfy and/or cover the payment of my loan. Finally, I further authorize the _____ and/or the concern disbursing office to deduct from my salary/pension/other income as identified by the undersigned borrower and/or Koop King MultiPurpose Cooperative until my obligation is fully paid and that if not deducted, I hereby promise to directly remit the amount due on the loan.

RANK/ NAME/ AFSN (CO-MAKER)
 (Signature over Printed Name)
 I.D. NO. _____

RANK/ NAME/ AFSN (PRINCIPAL BORROWER)
 (Signature over Printed Name)
 I.D. NO. _____

RANK/ NAME/ AFSN (CO-MAKER)
 (Signature over Printed Name)
 I.D. NO. _____

Subscribed and sworn to before me this ____ day of _____, affiant exhibited to me his Community Tax No. _____ issued at _____ on _____.

Doc No. _____
 Page No. _____
 Book No. _____
 Series of _____

 Notary Public
 Until 31 December 20____

4. CERTIFICATION OF DISBURSING OFFICER

Respectfully forwarded with the information that the applicant/principal borrower is under my paying jurisdiction and that the amount stipulated above as scheduled can be sufficiently deducted from his/her pay and that the same will be remitted to the Koop King MultiPurpose Cooperative.

DISBURSING OFFICER (Signature over Printed name)

5. CERTIFICATION OF PROVOST MARSHAL

This is certify that the above named borrower has no pending case filed with or by this office against subject borrower. This certification is being issued upon request of subject individual in connection with his/her application for loan with Koop King MultiPurpose Cooperative.

PROVOST MARSHAL (Signature over Printed Name)

6. NOTIFICATION CLAUSE

I hereby acknowledge and authorize Koop King MPC for the following: 1) the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and 2) the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

RANK/ NAME/ AFSN (PRINCIPAL BORROWER)
 (Signature over Printed Name)

7. RECOMMENDATION

APPROVAL / DISAPPROVAL

APPROVED / DISAPPROVED

Committee Chair/Member for Credit & Collection /
Duly authorized representative by the Committee

President

8. REMARKS:
