NPC - PROVIDENT FUND

FORM No. 006   Rev. 06 022018 **(FAL)**

FINANCIAL ASSISTANCE LOAN (FAL)

Important: Please read rules and regulations at the back before filing out this form.

Forms not completely filled out and lack of requirements shall not be accepted and processed.

☐ New
☐ Renewal

Application No.	Interest rate	Terms	Amount Applied
	6%	36 Mo	

Loan Payment Preference

☐ Through Check   ☐ Through Cash Card (Attach Cash Card copy)   **60-3131 - 0230 - __ __ __ __ - __ __**

TO BE FILLED UP BY THE MEMBER / APPLICANT

DCE No.	Last Name	First Name	Middle Name	Entrance To duty(mmddyy)	Nature of Appointment

Position	CC No. / Name	Contact No. (Cel#/Local)	Date of Birth (mmddyy)	Civil Status	Salary Rate

Region   (Please specify Other Regions)

HO ☐   SPUG Luzon ☐   SPUG Visayas ☐   SPUG Mindanao ☐   Plants ☐ _____

Co-Maker 1	DCE No.	Last Name, First Name, MI		CC No. / Name
		Position	Basic pay	Contact No. (Cel#/Local)	Nature of Appointment

Co-Maker 2	DCE No.	Last Name, First Name, MI		CC No. / Name
		Position	Basic pay	Contact No. (Cel#/Local)	Nature of Appointment

PROMISSORY NOTE

In consideration of the amount that may be granted to me by virtue of this application, I promise to pay the amount of _____ (P _____) plus interest and other charges thereon in accordance with the terms and conditions of the NPC-Provident Fund which I have read and understood clearly and to which I hereby bind myself. It is understood that in case the amount of the approved loan is lower than what is hereby applied for, I am ( ) willing ( ) unwilling to accept such reduced amount. I also hereby authorize the HR / Finance incharge to deduct from my salary the monthly installments on this loan and arrearages/surcharges, if any. As co-makers, we hereby promise to be jointly and severally liable in case of non-payment or default of the borrower.

_____	_____	_____
Signature Over Printed Name Applicant	Signature Over Printed Name Co-Maker 1	Signature Over Printed Name Co-Maker 2

SWORN STATEMENT

In connection with my application for a FAL in the amount of _____ (Php _____) I hereby certify that said amount shall be used exclusively in payment of medical expenses / financial assistance to my ( ) dependents (refer to FAL guidelines for qualified dependents)

Relationship	Name	Date of Birth	Age	Cause / Remarks

I also certify that; a) I am ( ) permanent ( ) non-permanent employee of the Corporation; b) ( ) I am not on leave of absence without pay; c) ( ) I am not under preventive suspension involving withholding of salary; d) ( ) there is no pending administrative and/or criminal charge against me; e) I am ( ) not ( ) a co-maker to _____ (No.) employees of the Corporation in the total amount of Php _____ ; f) ( ) I have no past-due accounts with the Fund; g) my spouse is ( ) not ( ) gainfully employed; h) ( ) all the information I have reported in this application are true and correct.

_____
Signature Over Printed Name Applicant

FURTHER, I / WE HEREBY AGREE

1. That we shall fulfill all loan requirements and execute all supporting papers necessary;

2. That we shall comply with the post audit requirements after the loan approval;

3. That we shall conform to any changes, modifications or amendments of policies, rules and regulations including the interest rates, terms and conditions of the loan;

4. That any misrepresentation of material facts is a ground for disapproval of the application, cancellation of the loan.

The foregoing statements and information made for the purpose of obtaining credit are true, correct and complete to the best of my/our knowledge and belief.

CREDIT REPORT

To be accomplished by the Applicant

To be accomplished by SLA, COOP and HR / Regional Counterpart and Other Regional Lending institutions:

Gross Salary   Php _____
(as of the Month of Application)
    Less: Total Deductions _____

    NET Salary   Php _____

LESS: (per Section 33 of General
    Appropriation Act) _____

Net Monthly Paying Capacity   Php _____

Concerned Group	Type of Loan	Amount of Amortization	Amount Approved	Authorized Signatory
NPCSLA				
NPC COOP				
HR / Regional / Plant Counterpart				
Others (For Regions)				

TO BE ACCOMPLISHED BY NPC - PF LOAN ANALYST

LOAN COMPUTATION

Approved Amount of Loan   Php _____

Less: LRI _____

    Filing Fee / Processing Fee _____

    Accrued Interest _____

    Others _____

Total Deductions _____

Net Amount   Php _____

Amount of Loan Approved : _____

Check No. _____   Check Date: _____

Repayment Period	Interest Rate	Monthly Amortization	Date of 1st Monthly Amortization
mos.	%	P _____	

Processed by:	Audited by:	Reviewed by:	Approved by:
J.S.BALLESTEROS	**F.B. DAYAO**	**T.G.CABILA**	**R. M. MANANSALA**
Loan Analyst	**Financial Analyst**	**Section Chief**	**NPC - PF Administrator**

CHECKLIST OF REQUIREMENTS	RULES AND REGULATIONS

CHECKLIST OF REQUIREMENTS

Duly accomplished application form supported by the following documents

GENERAL REQUIREMENT:

  * Latest Payslip (Borrower and Co-Maker)
  * Borrower's and Co-makers Company ID

ATTACHMENT
  * Medical Claim
      SOA, O.R., Doctors Certificate and Doctors Prescription if any
  * Calamity Claim (Fire / Flood / Other Calamities)
      Brgy. Clearance, Pictures Before & After, O.R./Bill of Materials
  * Death Claim
      Death Certificate, O.R.
  * Birth Certificate / Marriage Contract as maybe applicable

ALLOWED DEPENDENTS:
  * Parents
  * Siblings regardless of age that is dependent due to illness / physical defect
  * Nephews and Nieces who are dependent
  * Unemployed children above 21 years old
  * In-laws are not included

RULES AND REGULATIONS

* Post Audit Requirements are original and photocopy of proof of utilization shall be required from the member thirty (30) days from loan approval

VIOLATION	**SANCTIONS**
* Failure to submit Post Audit Requirement	* Loan is declared due and demandable
* Loan not used for its intended purpose/s	* Conversion of interest rate of 10% retroactive on the date of first amortization
* Misrepresentation of facts and falsification of public documents	* All loan privileges including payment of equity dividend are suspended to commence one (1) year after full payment of the one and demandable loan.
* Failure to pay monthly amortization	* Penalty of 2% per month to any unpaid intentional or unintentionally shall be collected from the borrower from the day it becomes due and demandable until fully paid
	* Equity dividend bonus/es and other claims shall be applied to fully pay arrearages & surcharges.
	* Loan privileges are suspended until full payment of arrearages and surcharges

Note: All documents should be presented in original and photocopy. For Plants, HR should certify all the documents prior to submission to the NPC PF Office.

_____	_____	_____
Signature Over Printed Name	Signature Over Printed Name	Signature Over Printed Name
Applicant	Co-Maker 1	Co-Maker 2