

NPC - PROVIDENT FUND

FORM No. 012 Rev. 02 022018 (EML-INSU)

EMERGENCY LOAN (EML-INSU)

(For Insular Life)

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.

Application No. <input style="width:100%;" type="text"/>	Interest rate 3%	Terms 36 Mo	Amount Applied <input style="width:100%;" type="text"/>
Loan Payment Preference			
<input type="checkbox"/> Through Check	<input type="checkbox"/> 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 <small>(Authorized Member of PGEA)</small>	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

SWORN STATEMENT

In connection with my application for an EML in the amount of _____ (Php _____) I hereby certify that said amount shall be used exclusively in financing medical expenses of () myself () spouse () dependent (refer to EML 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 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 _____	To be accomplished by SLA, COOP and HR / Regional Counterpart and Other Regional Lending institutions: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Concerned Group</th> <th>Type of Loan</th> <th>Amount of Amortization</th> <th>Amount Approved</th> <th>Authorized Signatory</th> </tr> </thead> <tbody> <tr> <td>NPCSLA</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>NPC COOP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>HR / Regional / Plant Counterpart</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Others (For Regions)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Concerned Group	Type of Loan	Amount of Amortization	Amount Approved	Authorized Signatory	NPCSLA					NPC COOP					HR / Regional / Plant Counterpart					Others (For Regions)				
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TO BE ACCOMPLISHED BY NPC - PF LOAN ANALYST

<p style="text-align: center;">LOAN COMPUTATION</p> 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: _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Repayment Period</th> <th>Interest Rate</th> <th>Monthly Amortization</th> <th>Date of 1st Monthly Amortization</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">mos.</td> <td style="text-align: center;">%</td> <td style="text-align: center;">P _____</td> <td></td> </tr> </tbody> </table>	Repayment Period	Interest Rate	Monthly Amortization	Date of 1st Monthly Amortization	mos.	%	P _____	
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Processed by: _____	Audited by: _____	Reviewed by: _____	Approved by: _____
J.S.BALLESTEROS Loan Analyst	F.B. DAYAO Financial Analyst	T.G.CABILA Section Chief	R. M. MANANSALA NPC - PF Administrator

CHECKLIST OF REQUIREMENTS	RULES AND REGULATIONS				
Duly accomplished application form supported by the following documents GENERAL REQUIREMENT: * Latest Payslip (Borrower and Co-Maker) * Borrower's and Co-maker's 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 (For single borrowers only) * Spouse / Children under 21y/o / Unemployed Children above 21y/o (Married borrowers only)	* Post Audit Requirements are original and photocopy of proof of utilization shall be required from the member thirty (30) days from loan approval <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">VIOLATION</td> <td style="width: 50%; text-align: center;">SANCTIONS</td> </tr> <tr> <td style="vertical-align: top;"> * Failure to submit Post Audit Requirement * Loan not used for its intended purpose/s * Misrepresentation of facts and falsification of public documents * Failure to pay monthly amortization </td> <td style="vertical-align: top;"> * Loan is declared due and demandable * Conversion of interest rate of 10% retroactive on the date of first amortization * All loan privileges including payment of equity dividend are suspended to commence one (1) year after full payment of the one and demandable loan. * 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 </td> </tr> </table>	VIOLATION	SANCTIONS	* Failure to submit Post Audit Requirement * Loan not used for its intended purpose/s * Misrepresentation of facts and falsification of public documents * Failure to pay monthly amortization	* Loan is declared due and demandable * Conversion of interest rate of 10% retroactive on the date of first amortization * All loan privileges including payment of equity dividend are suspended to commence one (1) year after full payment of the one and demandable loan. * 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
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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 Applicant	_____ Signature Over Printed Name Co-Maker 1
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