NPC -	PROVIDE	FORM No. 1	FORM No. 16 Rev. 2 022018 (NEGA)						
Important:	Please read rules ar	New							
		t and lack of requirements s		·			Renewal		
Applica	ible only to SAL, AP			-	quity up to P100,000 and be	elow			
						_			
Арр	blication No.	Loan Type	Interest Rate	Terms	Amount Applied	Loan	Payment Preference		
] [12 Mo			ough Check		
			%	24 Mo			ough Cash Card		
				36 Mo			Io.: (Attach Cash Card copy)		
				48 Mo		60-3131 - 0	230		
DOEN				P BY THE ME	IBER / APPLICANT				
DCE No.	La	ast Name	First Name		Middle Name	Entrance To duty(nmddyy) Nature of Appointment		
Position				CC No. / Name					
Civil Status		Contact No. (Mobile No. an	d Local No.)	Date of Birth (n	nmddyy)	Salary Rate			
Region						(Please specify Oth	er Regions)		
] но	Spug Luzon	Spug Visayas	Spug M	ndanao 🗌 Plar				
	DCE No.	Last Name, First Name, MI				CC No. / Name			
Co-Maker 1		Position		Basic pay		Contact No. (Cel#/L	Contact No. (Cel#/Local)		
	DCE No.	Last Name, First Name, MI				CC No. / Name			
Co-Maker 2									
		Position		Basic pay		Contact No. (Cel#/Local)			
	DCE No.	Last Name, First Name, MI					CC No. / Name		
Co-Maker 3		Position		Basic pay		Contact No. (Cel#/Local)			
			DD	OMISSORY					
is hereby a installment	applied for, I am () willing () unwilling t arrearages/surcharges, if an	o accept such reduce	ed amount. I also e hereby promise to	nereby authorize the HR/Fina	ance Incharge to de	approved loan is lower than what duct from my salary the monthly ment or default of the borrower.		
	Applicant		Co-Maker 1		Co-Maker 2	Co-Maker 3			
In connecti	ion with my applicat	ion for an EDL in the amou	_	DUCATIONAL LO		(Dhn) I hereby certify		
	,					(Php			
-		d exclusively in financing ex		of education of ()	nyself () spouse () children		•		
Level of Education Name				Date of Birth	Age	Course Title			
			FOR E	MERGENCY LO	AN ONLY				
In conne		cation for an EML in the amount of the sector of the secto			pouse () dependent (refer to) I hereby certify that qualified dependents)		
Relationship Name			Date of Birth	Date of Birth Age Cause / F		Cause / Remarks			
			SW	ORN STATE	MENT				
suspensior (No.) emp	n involving withhold ployees of the Corpo	ing of salary; d) () there	anent employee of th e is no pending admi f Php	ne Corporation; b) nistrative and/or cr ; f) () I	() I am not on leave of abs iminal charge against me; e)) I am () not (c) () I am not under preventive) a co-maker to y spouse is () not () gainfully		
						Sig	nature Over Printed Name Applicant		

FURTHER, I HEREBY AGREE

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

2. 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 knowledge and belief.

ASSIGNMENT OF SEPARATION BENEFITS FOR NEGATIVE EQUIT

TO THE NPC - PF BOARD OF TRUSTEES												
	_, assigned at											
received, do hereby authorize and empower NPC-PF to set off, collect or withhold an amount corresponding to the outstanding loans, inclusive of interest due from the												
benefits in the form of bonuses, allowances, gratuity pay, vacation leave credits and other benefits from the NPC due me in case of my separation / retirement from service. IN WITNESS WHERE OF, I have hereunder affixed my hand this day of 20 at Quezon City												
			-	Signatu	ro Ovor Print	d Namo						
		Signature Over Printed Name Applicant										
	CRED	IT REPORT										
To be accomplished by the Applicant		To be accomplished by SLA, COOP and HR / Regional Counterpart and Other Regional Lending institutions:										
To be accomplished by the Applicant			iolitationio.									
Gross Salary (as of the Month of Application)	Php	- Concerned Group	Type of Loan	Amount of Amortization	Amount Approved	Authorized Signatory						
Less: Total Deductions		NPCSLA										
NET Salary	Php	NPC COOP										
LESS: (per Section 33 of General Appropriation Act)		HR / Regional / Plant Counterpart										
Net Monthly Paying Capacity	Php	Others (For Regions)										
·····	·					ĮI						
	TO BE ACCOMPLISHED	BY NPC - PF LO	AN ANALYST									
LOAN C	OMPUTATION											
Approved Amount of Loan	Php	Amount of Loan Ap	proved :									
Less: LRI		Check No.			Check Date:							
Filing Fee / Processing Fee												
Accrued Interest		Repayment Period	Interest Rate	Monthly Amo	ortization Da	te of 1st Monthly Amortization						
- Others												
-												
Total Deductions		mos.	%	P —								
	_											
Net Amount	Php											
Processed by:	Audited by:	Reviewed by:	1	Approved by:								
J.S.BALLESTEROS	F.B. DAYAO	T.G. CAE	T.G. CABILA R. M. MANANSALA									
Loan Analyst	Section Chief NPC - PF Administrator											
CHECKLIST O	FREQUIREMENTS	SANCTIONS										
Duly accomplished application for	rm supported by the following documents	* All loan privileges including payment of equity dividend are suspended to										
* Latest Payslip (Borrower and C	,	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										
* Company ID (Borrower and Co	p-Maker)											
ATTACHMENT (Educational Loan) * Assessment / Official Receipt f	irom School	paid. * Equity dividend bonus/es and other claims shall be applied to fully pay arrearages										
	tification from School (Public School)	& surcharges. * Loan privileges are suspended until full payment of arrearages and surcharges.										
ATTACHMENT (Emergency Loan / F												
 Medical Claim (SOA, O.R., Do * Calamity Claim (Fire / Flood / C 	octors Certificate and Prescription if any)	VIOLATIONS										
	Before & After, O.R./Bill of Materials	Misrepresentation of facts and falsification of public documents Failure to pay monthly amortization										
* Death Claim (Death Certificate	. ,											
* Birth Certificate / Marriage Contract as maybe applicable												
All provisions stipulated under NPC - PF STL / EDL / EML / APL / EQL / SAL / FAL / CAL guidelines shall be strictly enforced. Post Audit Requirements are original and photocopy of proof of utilization shall be required from the member thirty (30) days from loan approval												
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 Signature Over Printed Name										
Applicant	Co-Maker 1		o-Maker 2		Co-Make							