

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

***** FILING DATE: SEPTEMBER 16 - OCTOBER 15, 2021**
***** WITH NEGATIVE EQUITY*****

ANNIVERSARY LOAN (AL)

Application No.	Interest rate	Terms	Amount Applied	Loan Payment Preference
511 -	4% - 5%	12 Mo	<input type="text"/>	<input type="checkbox"/> Through Check
		24 Mo	<input type="text"/>	
		36 Mo	<input type="text"/>	
		48 Mo	<input type="text"/>	

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			
Civil Status	Contact No. (Cel#/Local)	Date of Birth (mmddyy)	Salary Rate		
Region <small>(Please specify Other Regions)</small>					
<input type="checkbox"/> HO <input type="checkbox"/> SPUG Luzon <input type="checkbox"/> SPUG Visayas <input type="checkbox"/> SPUG Mindanao <input type="checkbox"/> Plants					
Co-Maker 1	DCE No.	Last Name, First Name, MI		CC No. / Name	
		Position	Basic pay	Contact No. (Cel#/Local)	
Co-Maker 2	DCE No.	Last Name, First Name, MI		CC No. / Name	
		Position	Basic pay	Contact No. (Cel#/Local)	
Co-Maker 3 *	DCE No.	Last Name, First Name, MI (* additional co-maker in case of insufficient equity)		CC No. / Name	
		Position	Basic pay	Contact No. (Cel#/Local)	

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	_____ Signature Over Printed Name Co-Maker 3
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*** to be filled-up in case of insufficient equity**

ASSIGNMENT OF SEPARATION BENEFITS FOR INSUFFICIENT EQUITY

TO THE NPC-PF BOARD OF TRUSTEES

I, _____, assigned at _____, holding a position of _____ at National Power Corporation in consideration of the sum of Pesos _____ (P _____) granted to me by NPC Provident Fund which I 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

IN WITNESS WHERE OF, I have hereunder affixed my hand this ____ day of _____ 20__ at Quezon City

Signature Over Printed Name
Applicant *

*** to be filled-up in case of insufficient equity**

SWORN STATEMENT

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

:

Signature Over Printed Name
Co-Maker 2

Signature Over Printed Name
Co-Maker *

