

BENGUET STATE UNIVERSITY AND COMMUNITY MULTIPURPOSE COOPERATIVE (BSUCMPC)

CDA Reg. No.: 9520-15000523 / CIN No.: 0103150134
 BSU Compound, Balili Road, KM 5, La Trinidad, Benguet
 Telephone Nos.: (074) 619-8354, (074) 248-3036 / Telefax: (074) 422-1846
 Website: www.bengsumpc.com eMail Address: bsucmpc1999@gmail.com

LOAN APPLICATION FORM

Date: _____ Date Received: _____

Name of Borrower : _____ Contact No.: _____

Present Address : _____

Home Ownership : _____ owned (not mortgaged); _____ renting; house owner: _____
 _____ living with parents/relatives; _____ owned (mortgaged); bank name: _____

Provincial Address : _____

Date of Birth : _____ Age: _____ Civil Status: _____

() Employed () Self-employed Nature of Work: _____

Employers' / Business Name : _____

Employers' / Business Address: _____

Employers' / Business Contact No : _____

Name of Spouse : _____ No. of Dependents : _____

I hereby apply for a loan in the amount of _____ (P _____)
 for the purpose/s of:

- | | | | |
|--------------------------|--------------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Agricultural/farm inputs | <input type="checkbox"/> | Asset acquisition |
| <input type="checkbox"/> | Business capital | <input type="checkbox"/> | Industrial loan |
| <input type="checkbox"/> | Housing/home loan | <input type="checkbox"/> | Travel loan |
| <input type="checkbox"/> | Appliance/financing loan | <input type="checkbox"/> | Educational loan |
| <input type="checkbox"/> | Household/commodity loan | <input type="checkbox"/> | Medical/hospitalization |
| <input type="checkbox"/> | Salary loan | <input type="checkbox"/> | Emergency loan |
| <input type="checkbox"/> | Big Brother-Small Brother Loan | <input type="checkbox"/> | Others: Grocery loan / Angelica loan |

Payable within _____ months/_____year/s in _____ monthly _____ quarterly _____ semi-annually or
 _____ lump sum installment at the rate of _____ %per annum.

In consideration of the said loan, I hereby authorize the Cooperative the following mode of payment:

- | | | | |
|--------------------------|---|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Salary deduction | <input type="checkbox"/> | Over the counter payment (office) |
| <input type="checkbox"/> | Automated Teller Machine (ATM) withdrawal | <input type="checkbox"/> | Postdated checks (PDCs) deposits |
| <input type="checkbox"/> | Field collection (c/o collectors) | <input type="checkbox"/> | Auto debit from savings deposit _____ |

I/we bind ourselves and solidarity for the herein obligation and I/we further assign the following as security for the said loan:

- | | | | |
|--------------------------|---|--------------------------|------------------------------------|
| <input type="checkbox"/> | Share capital/fixed deposit | <input type="checkbox"/> | Savings and time deposits |
| <input type="checkbox"/> | Real estate property mortgage | <input type="checkbox"/> | Salary, bonuses and other benefits |
| <input type="checkbox"/> | Co-maker's share capital, savings&time deposits | <input type="checkbox"/> | Others: _____ |

 Borrower's Signature

 Spouse Printed Name & Signature

 Co-maker's Name & Signature

 Address:

 Contact No.:

 Co-maker's Name & Signature

 Address:

 Contact No.:

 Co-maker's Name & Signature

 Address:

 Contact No.:

 This is to certify that the above applicant/co-maker for the loan has the following balance/s as of the date of application:

APPLICANT

Fixed Deposit : _____
 Savings Deposit/TD : _____
 Outstanding Loan : _____

CO-MAKER (1)

Fixed Deposit : _____
 Savings Deposit/TD : _____
 Outstanding Loan : _____

CO-MAKER (2)

Fixed Deposit : _____
 Savings Deposit/TD : _____
 Outstanding Loan : _____

CO-MAKER (3)

Fixed Deposit : _____
 Savings Deposit/TD : _____
 Outstanding Loan : _____

Certified True and Correct:

LOAN ASSESSMENT

Approved Loan Amount:: _____
 Less:
 Loan Balance : _____
 CBU (share capital): _____
 Interest
 (pre-deducted/add-on): _____
 Insurance : _____
 Service Fee : _____
 Mutual Assistance: _____
 Health Assistance : _____
 Membership : _____
 Others (ROD) : _____
 Net Amount : _____
 Amortization : _____
 Start of Payment: _____ Due: _____
 Remarks: _____

 Loan Asst./Satellite Head

ANALYN B. GARCILIAN
 Credit & Collection Officer

**FINANCIAL CAPACITY OF THE BORROWER
(CASH FLOW)**

CASH RECEIPTS

Net Salary/Income of Borrower	:	P	_____
Spouse Income/Salary	:		_____
Other Income (specify) _____	:		_____
Total Cash In			P _____
Less Expenses			
Food	:	P	_____
Utilities	:		_____
Tuition Fees	:		_____
Allowances	:		_____
Contingencies	:		_____
Other Payables	:		_____
Total Expenses			P _____
Net Cash			P _____

I hereby certify to the correctness of the above information.

Borrower's Printed Name & Signature

RECOMMENDING APPROVAL

Loan Asst./Satellite Head/OIC/AO

C.I.B.I./Appraiser

ANALYN B. GARCILIAN
Credit and Collection Officer

APPROVED

KRISTOFFER ERIK D. UY
Chief Executive Office

BOARD APPROVAL:
Resolution No.: _____

Reviewed as per BSUCMPC lending/credit policies:
Remarks: _____

SAMSON M. OSTING
Internal Audit

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PROMISORY NOTE

KNOW ALL MEN BY THESE PRESENTS:

I, _____, single/married/widow
 to _____, of legal age, Filipino, and resident/Address:
 _____ **(Borrowers)**, and I/We _____,
 _____, and _____ **(Co-makers)**, of legal age,
 Filipinos, and residents of _____,
 and _____, after having sworn to in accordance with law, hereby
 depose and state that:

1. I/WE acknowledge that I/WE have obtained a loan amounting to _____ (Php _____) from the BENGUET STATE UNIVERSITY AND COMMUNITY MULTIPURPOSE COOPERATIVE (BSUCMPC) at its office located at BSU Compound, Km 5, Balili, La Trinidad, Benguet which shall earn an interest at the rate of (____%) per annum until fully paid, and payable _____; within _____ months/years;
2. I/WE promise to pay JOINTLY and SEVERALLY to the BSUCMPC the above-stated loan in accordance with the Disclosure Statement with Amortization Schedule hereto attached;
3. I/WE shall exclusively use the proceeds of this loan for the purpose/s stated in my/our application;
4. I/WE consent that failure on my/our part to pay two (2) successive monthly dues or interests, violation or non-compliance with any terms and conditions of this NOTE, shall cause this loan, including interest accruing thereon and such other charges and fees, to be due and payable in its entirety;
5. I/WE agree that presentment of payment and notices of dishonor are waived. Holder may accept partial payment/s, but such acceptance shall not operate as waiver of rights and remedies herein granted, and the holder reserves its recourse against each and all endorsers;
6. Should co-maker assign this note, the liability of co-maker under this note shall be JOINT and SEVERAL;
7. Should it become necessary to collect this NOTE through an Attorney of Law, I/we hereby expressly agree to pay, JOINTLY and SEVERALLY, twenty percent (20%) of the total amount due on this NOTE as Attorney's fees exclusive of all cost and fees allowed by the law and other loan agreement executed in connection therewith;
8. **In case of default** in the payment of my loan, I/WE further authorize and empower the Cooperative or its successors and assigns, without need of formal notice and irrespective of the date of maturity, to deduct, set-off and apply any amount or value from my **Savings and/or Time Deposit Accounts** as well as **Capital Shares** in order to pay, in whole or in part, the amount of my/our loan which became due and demandable;
9. I/we further expressly submit to the jurisdiction of the proper courts, or in place of execution of this NOTE, as the case maybe, at the option of the Cooperative in the event of litigation arising from this NOTE, Article 137 of RA 9520 shall not be applicable for the purpose of collecting this loan in case of default;

10. I/we hereby waive confidentiality of our personal information, covered under Republic Act 10173 (Data Privacy Act of 2012) and RA No.: 10175 (Cybercrime Prevention Act of 2012) as part of the Cooperative requirements and I/we authorize the Coop to conduct such random verification that may be necessary with the credit reference agency, with any Banks, Coops, Financial Institutions and/or Government agencies to determine the veracity of any such information;

11. The content of this document have been read and explained to me/us and I/we have fully understood the same and their consequences.

IN WITNESS WHEREOF, I/we hereunto affix my/our signature/s or thumb mark this _____ day of _____ 20____ at La Trinidad, Benguet.

 Borrower's Printed Name & Signature
 I.D. No¹. _____
 Valid until _____

 Spouse Printed Name & Signature
 I.D. No. _____
 Valid until _____

 Co-maker's Printed Name & Signature
 I.D. No. _____
 Valid until _____

 Co-maker's Printed Name & Signature
 I.D. No. _____
 Valid until _____

 Co-maker's Printed Name & Signature
 I.D. No. _____
 Valid until _____

 Co-maker's Printed Name & Signature
 I.D. No. _____
 Valid until _____

SIGNED IN THE PRESENCE OF:

 Loan Asst./Satellite Head/OIC
 TIN: _____

ANALYN B. GARCILIAN
 Credit and Collection Officer
 TIN: 297-384-592

KRISTOFFER ERIK D. UY
 Chief Executive Officer
 TIN: 945-340-924

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
) S.S
)

BEFORE ME, a Notary Public for the Province/City of _____, this _____ day of _____ 20____ personally appeared the above-named persons exhibiting to me their valid government issued identification cards as competent proof of their identities, known to me and to me known to me to be the same person/s who executed the foregoing instrument and who acknowledged to me that the same is his/her/their own voluntary act and deed and that of the cooperative represented.

The instrument refers to a Promissory Note consists of two (2) pages, signed by the parties and their instrumental witnesses.

WITNESS MY HAND AND NOTARIAL SEAL on the date and at the place above stated.

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

¹ It must be issued by the government (i.e., PRC License, Passport, Gov't Employee I.D., UMID, TIN, Postal, and the like)