

# FANDERS MICROFINANCE

Empowering Communities Through Financial Inclusion

## LOAN AGREEMENT

Loan ID: 5	Date: October 20, 2025
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### BORROWER INFORMATION

Full Name:	Kurt Zar
Phone Number:	09071067134
Email Address:	gadianoriel07@gmail.com
Address:	N/A

### LOAN DETAILS

Principal Amount:	â,±1,000.00
Interest Rate:	5% per month
Loan Term:	4 weeks (0.9 months)
Total Interest:	â,±200.00
Insurance Fee:	â,±425.00
<b>TOTAL LOAN AMOUNT:</b>	<b>â,±1,625.00</b>
<b>WEEKLY PAYMENT:</b>	

### PAYMENT SCHEDULE

Payments are due every week starting from disbursement date. All payments must be made on time.

Week	Due Date	Payment Amount	Principal	Interest	Insurance	Balance
1	Oct 20, 2025	â,±406.25	â,±250.00	â,±50.00	â,±106.25	â,±1,218.75
2	Oct 27, 2025	â,±406.25	â,±250.00	â,±50.00	â,±106.25	â,±812.50
3	Nov 03, 2025	â,±406.25	â,±250.00	â,±50.00	â,±106.25	â,±406.25
4	Nov 10, 2025	â,±406.25	â,±250.00	â,±50.00	â,±106.25	â,±0.00

### TERMS AND CONDITIONS

- The borrower agrees to repay the loan in 4 equal weekly installments as specified in the payment schedule.
- Payments must be made on or before the due date each week. Late payments will incur penalties.
- Late payments will incur a penalty of 2% of the weekly payment amount per week late.
- Failure to make payments may result in additional fees, collection actions, and reporting to credit bureaus.
- The borrower agrees to provide accurate information and must notify Fanders Microfinance of any changes in contact information.
- The borrower authorizes Fanders Microfinance to verify information provided and to contact references if necessary.
- This agreement is governed by the laws of the Republic of the Philippines.

8. Any disputes arising from this agreement shall be resolved through the proper courts of the Philippines.
9. The borrower acknowledges receipt of a copy of this agreement and understands all terms and conditions.
10. This agreement constitutes the entire understanding between the parties and supersedes all prior agreements.

SIGNATURES AND ACKNOWLEDGMENT

APPROVED BY:	BORROWER SIGNATURE:
Manager - Fanders Microfinance	Kurt Zar
Date: _____	Date: _____

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*Fanders Microfinance - Contact: (02) 123-4567 | Email: info@fandersmicrofinance.com*