FANDERS MICROFINANCE INC.

Centro East, Santiago City, Isabela

STATEMENT OF LOAN RECEIPT (SLR)

SLR Number: SLR-202510-000015 Date Issued: October 23, 2025

BORROWER INFORMATION

Client Name: GABRIEL SIMON

Client ID: 000019 Address: N/A

Contact Number: 09376889725

LOAN RECEIPT DETAILS

Loan ID: 15

Application Date: October 23, 2025 Receipt Date: October 23, 2025 Loan Term: 17 weeks (4 months) Payment Frequency: Weekly

LOAN AMOUNT RECEIVED

Principal Amount Received: â,±1,000.00 Total Repayment Amount: â,±1,625.00 Weekly Payment Amount: â,±95.59

REPAYMENT SCHEDULE

Number of Payments: 17 weekly payments

Weekly Amount: â,±95.59

Expected Completion Date: February 19, 2026

BORROWER ACKNOWLEDGMENT

I acknowledge receipt of the loan amount stated above and agree to the repayment terms as outlined in the loan agreement.

	Date:
Borrower Signature	
	Date:
Loan Officer Signature	

This document serves as official receipt of loan disbursement.

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