



CASTO LOAN FORM

Full Name: _____
ID Number: _____
Dept./Team: _____
Position Title: _____

PURPOSE OF LOAN

- ☐ Emergency Home Repairs to cover urgent repairs to the employee's principal residence resulting from damage due to calamities such as typhoons, floods, earthquakes or other disasters.
- ☐ Death of an immediate family member to assist with expenses arising from the death of an immediate family member.
- ☐ Medical Emergencies to support unexpected medical expenses for the employee or an immediate family member
- ☐ Tuition Fees to cover educational fees for an immediate family member
- ☐ Other Emergencies – subject for approval

Please specify: _____

LOAN AMOUNT: _____
(equivalent to one month's pay, capped at Php 50,000.00)

ELIGIBILITY

Employees with at least one (1) year of continuous service.

REQUIREMENTS

- Emergency home repairs – **proof of calamity declaration/documents to justify the reason of application.**
- Death of immediate family member – **Death Certificate.**
- Medical Loan– **Hospital records/billings.**
- Educational Loan – **Certificate of enrollment/billings.**
- Emergency Loan – **Other documents to justify the reason for the application.**

PAYMENT TERM

4 months / 8 cut offs.

DECLARATION

I hereby declare that the information provided in this application is accurate and complete. I understand that providing false information or failing to comply with the policy may result in the denial of my application or disciplinary action.

Employee Signature: _____
Date: _____