



Republic of the Philippines
Department of Education
Region III
SCHOOLS DIVISION OFFICE OF OLONGAPO CITY

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-----------------------|--|---|---------------|--|---|--------------------------------------|--|---------------------|--------------------------|-------------|---------------|--|--|----------------------|------------|-----------------------|---------------------------|------------------|--|-------------------------|----------------------------|--|--|-----------------|--------------------|--------------|---------------------|--|--|-----------------|--|--|---------------------|--------------------------|--|---------------|--|--|----------------------|------------|-----------------------|---------------------------|------------------|--|-------------------------|----------------------------|--|
| Date Submitted: <input style="width: 100px;" type="text"/> Loan Amount: <input style="width: 100px;" type="text" value="Php"/> Type of Loan: <input type="checkbox"/> Multi-purpose <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Additional Term: <input style="width: 80px;" type="text" value="Year/s"/> | Loan Application No. <input style="width: 150px;" type="text"/> Purpose: <input type="checkbox"/> Educational <input type="checkbox"/> Hospitalization/Medical <input type="checkbox"/> Long Medication/Rehabilitation <input type="checkbox"/> House Arrears/Equity <input type="checkbox"/> House Repair - Major <input type="checkbox"/> House Repair - Minor <input type="checkbox"/> Payment of Loans from Private <input type="checkbox"/> Calamity <input type="checkbox"/> Others (specify): _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Borrower's Information <table style="width: 100%;"><tr><td style="width: 33%;">(Surname) _____</td><td style="width: 33%;">(First Name) _____</td><td style="width: 33%;">(M.I.) _____</td></tr><tr><td colspan="3">Home Address: _____</td></tr><tr><td colspan="3">Position: _____</td></tr><tr><td>Employee No.: _____</td><td colspan="2">Employment Status: _____</td></tr><tr><td colspan="3">Office: _____</td></tr><tr><td>Date of Birth: _____</td><td>Age: _____</td><td>Office tel. no. _____</td></tr><tr><td>Monthly Salary: PhP _____</td><td colspan="2">Mobile no. _____</td></tr><tr><td>Years in Service: _____</td><td colspan="2">Specimen Signatures: _____</td></tr></table> | (Surname) _____ | (First Name) _____ | (M.I.) _____ | Home Address: _____ | | | Position: _____ | | | Employee No.: _____ | Employment Status: _____ | | Office: _____ | | | Date of Birth: _____ | Age: _____ | Office tel. no. _____ | Monthly Salary: PhP _____ | Mobile no. _____ | | Years in Service: _____ | Specimen Signatures: _____ | | Co-Maker's Information <table style="width: 100%;"><tr><td style="width: 33%;">(Surname) _____</td><td style="width: 33%;">(First Name) _____</td><td style="width: 33%;">(M.I.) _____</td></tr><tr><td colspan="3">Home Address: _____</td></tr><tr><td colspan="3">Position: _____</td></tr><tr><td>Employee No.: _____</td><td colspan="2">Employment Status: _____</td></tr><tr><td colspan="3">Office: _____</td></tr><tr><td>Date of Birth: _____</td><td>Age: _____</td><td>Office tel. no. _____</td></tr><tr><td>Monthly Salary: PhP _____</td><td colspan="2">Mobile no. _____</td></tr><tr><td>Years in Service: _____</td><td colspan="2">Specimen Signatures: _____</td></tr></table> | (Surname) _____ | (First Name) _____ | (M.I.) _____ | Home Address: _____ | | | Position: _____ | | | Employee No.: _____ | Employment Status: _____ | | Office: _____ | | | Date of Birth: _____ | Age: _____ | Office tel. no. _____ | Monthly Salary: PhP _____ | Mobile no. _____ | | Years in Service: _____ | Specimen Signatures: _____ | |
| (Surname) _____ | (First Name) _____ | (M.I.) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee No.: _____ | Employment Status: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: _____ | Age: _____ | Office tel. no. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Salary: PhP _____ | Mobile no. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years in Service: _____ | Specimen Signatures: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Surname) _____ | (First Name) _____ | (M.I.) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Address: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee No.: _____ | Employment Status: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: _____ | Age: _____ | Office tel. no. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Salary: PhP _____ | Mobile no. _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years in Service: _____ | Specimen Signatures: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOAN AGREEMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I hereby apply for Provident Fund Loan in the amount of PESOS: _____ (P _____). In Consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepEd Provident Fund. This document also serves as the Promissory Note upon approval of this loan.</p> <p>Accordingly, I hereby authorize the deductions of the monthly amortization from my salary. Should I be separated from the service, I also hereby agree to settle my outstanding loan balance before the date of my retirement/separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note.</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____ Signature of Borrower over Printed Name</td><td style="width: 50%; text-align: center;">_____ Date</td></tr></table> | _____ Signature of Borrower over Printed Name | _____ Date | <p>I hereby agree to assume all the outstanding obligations for the grant of this loan should the principal borrower be separated from the service, and either retirement or separation benefits due to him/her is not received or is insufficient to settle the borrower's outstanding loan, and upon proper notification by the Provident Fund Secretariat.</p> <p>Accordingly, I hereby authorize the monthly deduction from my salary of the amortizations for the outstanding obligation of the principal borrower until his/her loan is fully paid.</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____ Signature of Co-Maker over Printed Name</td><td style="width: 50%; text-align: center;">_____ Date</td></tr></table> | _____ Signature of Co-Maker over Printed Name | _____ Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ Signature of Borrower over Printed Name | _____ Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ Signature of Co-Maker over Printed Name | _____ Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE OF EMPLOYMENT AND CREDIBILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personnel Division/Unit: <p>This is to certify that the above loan applicant/borrower:</p> <p>(1) is a _____ permanent/_____ co-terminus employee of this Office and is not on leave of absence without pay;</p> <p>(2) has net pay of PhP _____ for the payroll month & Year of _____; and</p> <p>(3) has given the true and correct information on the Loan Application Form.</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____ Signature over Printed Name</td><td style="width: 50%;"></td></tr><tr><td>Designation: _____</td><td></td></tr><tr><td>Date: _____</td><td></td></tr></table> | _____ Signature over Printed Name | | Designation: _____ | | Date: _____ | | Legal Service/Unit: <p>This is to certify that the above loan applicant/borrower has no pending administrative case charge against him/her based on records on file with DepEd.</p> <table style="width: 100%;"><tr><td style="width: 50%; text-align: center;">_____ Signature over Printed Name</td><td style="width: 50%;"></td></tr><tr><td>Designation: _____</td><td></td></tr><tr><td>Date: _____</td><td></td></tr></table> | _____ Signature over Printed Name | | Designation: _____ | | Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ Signature over Printed Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ Signature over Printed Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Designation: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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"SDO Olongapo City: Towards a Culture of Excellence and Character"