CALAMITY LOAN
APPLICATION FORM

HQP-SLF-066
(V07, 08/2021)

To be filled out by applicant. Print this form back to back on one single sheet of paper.

Pag-IBIG MID NO./RTN | APPLICATION NO.

LAST NAME | FIRST NAME | NAME EXTENSION (Jr., Sr., III, etc.) | MAIDEN MIDDLE NAME (Mother's maiden middle name) | NO MIDDLE NAME (Check if applicable only)

DATE OF BIRTH | PLACE OF BIRTH

COMPLETE MOTHER'S MAIDEN NAME (Required) | NATIONALITY | SEX: ☐ Male ☐ Female | MARITAL STATUS: ☐ Single ☐ Married ☐ Widow/er ☐ Annulled ☐ Legally Separated

CITIZENSHIP | EMAIL ADDRESS

PRESENT HOME ADDRESS (Required) Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No.

MOBILE TELEPHONE NUMBER (Required) | HOME TELEPHONE NUMBER

Street Name | Subdivision | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code

APPLICANT'S TAXPAYER IDENTIFICATION NUMBER (TIN) | SSS/GSIS NO.

PERMANENT HOME ADDRESS (Required) Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No.

BUSINESS TELEPHONE NUMBER | NATURE OF WORK

Street Name | Subdivision | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code

NAME OF TYPHOON/CALAMITY: TYPHOON EGAY | DESIRED LOAN AMOUNT

EMPLOYER/BUSINESS NAME

LOAN TERM: ☐ Two (2) Years ☐ Three (3) Years | SOURCE OF FUND

EMPLOYER BUSINESS ADDRESS Unit/Room No., Floor, Building Name, Lot No., Block No., Phase No., House No., Street Name

LOAN PURPOSE

Subdivision | Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code

Non-Housing Related
- ☐ Home Enhancement
- ☐ Tuition/Educational Expense
- ☐ Health and Wellness
- ☐ Livelihood

Housing Related
- ☐ House Repair
- ☐ Minor home improvement
- ☐ Others, please specify

EMPLOYEE ID NUMBER | DATE OF EMPLOYMENT

PREVIOUS EMPLOYMENT DETAILS FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)

EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS ADDRESS	FROM (mm/yy)	TO (mm/yy)

In the event of the approval of my application for Calamity Loan, I hereby authorize Pag-IBIG Fund to credit my loan proceeds through my Payroll Account/Disbursement Card that I have indicated on the right portion.

SIGNATURE OF APPLICANT

PAYROLL ACCOUNT/DISBURSEMENT CARD/PACKAGE UNIT ID

NAME OF BANK/BRANCH

In consideration of the loan that may be granted by virtue of this application subject to the pertinent provisions of the implementing Rules and Regulations of Pag-IBIG Fund, I hereby waive my rights under R.A. No. 1405 (Secrecy of Bank Deposits Act) and authorize Pag-IBIG Fund to verify/validate my payroll account/disbursement card. Furthermore, I hereby authorize my present employer, or the future, to deduct the membership savings (MS) and monthly amortization due from my salary and remit the same to Pag-IBIG Fund. In the resulting monthly net take home pay after deducting the computed monthly amortization on Calamity Loan falls below the monthly net take home pay as required under the SAA/company policy, I authorize Pag-IBIG Fund to compute for a lower loanable amount.

I understand that should I fail to pay the monthly amortization on a timely basis, I shall be charged with a penalty of 1/20 of 1% of any unpaid amount for every day of delay.

If for any reason excess loan proceeds are erroneously credited to my payroll account/disbursement card, I hereby authorize Pag-IBIG Fund to debit/deduct the excess amount from my account without need of further notice of demand. Should my account balance be insufficient, the Fund has the right to claim for the excess amount to be refunded.

I authorize Pag-IBIG Fund to disclose, submit, share or exchange any of my account information to legal and government regulating agencies, other banks, partner-merchants or third party in accordance with R.A. No. 7610 (Credit Information System Act), R.A. No. 10173 (Data Privacy Act of 2012), and other relevant or pertinent laws and regulations, as described in Pag-IBIG Fund's Freedom of Information (FOI) Manual. The credit information may also be transferred to service providers (e.g., Credit Information Corporation, Bankers Association of the Philippines - Credit Bureau) if needed in accordance with laws and regulations.

I have read, understood and agree to be bound by the terms and conditions governing the disbursement program of Pag-IBIG Fund's partner-lending institutions.

This office agrees to collect the corresponding monthly amortization on this loan and the MS of certain applicant through salary deduction, together with the employee counterpart, and remit said amounts to Pag-IBIG Fund on or before the 15th day of each month for the duration that the loan remains outstanding. However, should we deduct the monthly amortization due from the applicant's salary but failed to remit it on due date, this office agrees to pay the corresponding penalty charges to applicant equivalent to 1/20 of 1% of any unpaid amount for every day of delay and penalty for non-remittance equivalent to 1/10 of 1% per day of delay of the amount payable from the date the loan amortization or payments fall due until paid.

HEAD OF OFFICE OR AUTHORIZED SIGNATORY
(Signature over Printed Name)