

EMPLOYEE PURCHASE PORTAL

APPLICATION

Employee Name (Surname, First Name, Middle Name) Bechayda, Mark Lester Vigo		Department	Application Date 4/23/2018	
Employee Number	Position	Division	Date Hired 9/22/1984	Status
Cart Code F796-180423	Delivery Address Blk 58 Lot 40 Northville 8 Bangkal Malolos City Bulacan		Total Amount Applied 12,631.00	

CART DETAILS

Item	Unit Price	Quantity	Terms	SubTotal	Delivery Charge	Total
SAMSUNG - GALAXY J7 PRIME	12,631.00	1	6 Months	12,631.00	0.00	12,631.00

PERSONAL INFORMATION

Contact Number: 09097996561			Civil Status	
Date of birth: 9/22/1984	Gender: Male	TIN:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced	
Present Address		Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living w/ Parent <input type="checkbox"/> Mortgaged <input type="checkbox"/> Others _____	Length of stay No. of Years: _____ No. of Months: _____ Contact Number 09097996561	
Permanent Address		Ownership <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Living w/ Parent <input type="checkbox"/> Mortgaged <input type="checkbox"/> Others _____	Length of stay No. of Years: _____ No. of Months: _____ Contact Number	

SPOUSE INFORMATION

Spouse/ Co-Maker Name (Surname, First Name, Middle Name)			
Date of Birth:	Gender:	TIN:	Contact Number:
Employment Status <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/ Profession <input type="checkbox"/> Unemployed <input type="checkbox"/> Others			
Employer/ Business Name		Employer/ Business Address	
Employment/ Business Start Date	Position/ Rank	Employment/ Business Contact No.	Employer/ Business Email Address

ACKNOWLEDGMENT

I (the Borrower) hereby acknowledge the following conditions with regard to my loan:

1. Purchases are for personal use or the immediate family only. I agree that any purchased items will not be sold for a profit or resold before one full year. I acknowledge that this is an essential element of the employee purchase program, and shall continue on even after separation from employment.
2. With the revolving credit line, my bi-monthly payments will restore my credit line, allowing me to re-avail of additional loans and make retail purchases.
3. Amortization for transactions approved between the 6th and 20th of the calendar days shall commence on the 31st or second payroll of the current month.
4. Amortization for transactions approved between the 21st and 5th of the calendar days shall commence on the 15th or first payroll of the current month.
5. If there is any deficiency resulting from my resignation/ separation from the Company, I shall execute a Promissory Note converting my EPP Loan as a regular Commercial Loan subject to the existing policies and procedures.
6. The full understanding of the terms and conditions herewith.

Furthermore, I hereby authorize the Company to:

1. Deduct the semi-monthly amortization from my semi-monthly salary.
2. In the event of my resignation/ separation from the Company, deduct the outstanding balance of this loan from all sums of money due to me.

I certify that all information I have provided in this application are complete, true and correct. I also certify that my spouse, if applicable, has full knowledge of and agree to this application.

Signature Over Printed Name of Borrower / Date

Name of Endorsing Division /Group Head

HR EVALUATION

(For HR use only)

Monthly Salary	Maximum Loanable Amount	Total Amount Approved	Term
Amortization Amount	Pay Begin Date	Existing Loan	EPP Outstanding Balance
Approved by _____ HR Manager / Date			

IIL-EPP Form2017

INTERNAL/CONFIDENTIAL

Print and Mail