



MULTI-PURPOSE
LOAN APPLICATION FORM (MPLAF)
(TO BE FILLED OUT BY APPLICANT)

HQP-SLF-065

For IISF

AGREEMENT ID

Type or print entries

LAST NAME	FIRST NAME	NAME EXTENSION (e.g., Jr., II)	MIDDLE NAME	MAIDEN NAME (For married women)	DESIRED LOAN AMOUNT <input type="checkbox"/> Max of 60% (24-59 mos.) <input type="checkbox"/> Max of 70% (60-119 mos.) <input type="checkbox"/> Max of 80% (at least 120 mos.) <input type="checkbox"/> Other, please specify
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House Street Name					LOAN PURPOSE (Please refer to List of Loan Purpose at the Guidelines and Instructions portion)
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code					
BIRTHDATE mm dd yyyy		BIRTHPLACE		MOTHER'S MAIDEN NAME	TYPE OF LOAN <input type="checkbox"/> New <input type="checkbox"/> Renewal
MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married		<input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated		<input type="checkbox"/> Annulled	SSS/GSIS ID No.
				SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	MOBILE PHONE No. (Required)
EMPLOYER/BUSINESS NAME					OFFICE TEL. NO.
					HOME TEL. No.
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House Street Name					FOR AFP EMP-SERIAL/ACCOUNT No. FOR DECS EMP - DIV. CODE/STATION CODE/ EMPLOYEE No.
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code					TIN
					EMPLOYEE No.
EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)					DATE OF Pag-IBIG MEMBERSHIP (Mo. Yr.)
NAME OF EMPLOYER			ADDRESS		FROM (Mo./Yr.) TO (Mo./Yr.)

IN THE EVENT OF THE APPROVAL OF MY APPLICATION FOR MULTI-PURPOSE 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

MEMBER'S PAYROLL ACCOUNT/DISBURSEMENT CARD NUMBER
NAME OF BANK/BRANCH
BANK ADDRESS

APPLICATION AGREEMENT

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 and authorize Pag-IBIG Fund to verify/validate my payroll account/disbursement card. Furthermore, I hereby authorize my present employer _____ or any employer with whom I may get employed in the future, to deduct the monthly Pag-IBIG contribution and amortization due from my salary and remit the same to Pag-IBIG Fund. If the resulting monthly net take home pay after deducting the computed monthly amortization on MPL falls below the monthly net take home pay as required under the GAA/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 due, I shall be charged 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 demand for the excess amount to be refunded.

I certify that the information given and any or all statements made herein are true and correct to the best of my knowledge and belief. I hereby certify under pain of perjury that my signature appearing herein is genuine and authentic.

This office agrees to collect the corresponding monthly amortizations on this loan and the monthly contributions of herein applicant through payroll deduction, together with the employer counterpart contributions, and remit said amounts to Pag-IBIG Fund on or before the 15th day of every 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 shoulder the corresponding penalty charged 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 amortizations or payments fall due until paid.

HEAD OF OFFICE OR AUTHORIZED SIGNATORY
(Signature over printed name)

DESIGNATION

Pag-IBIG EMPLOYER ID NO. AGENCY CODE BRANCH CODE

Signature of Applicant over Printed Name

PROMISSORY NOTE

For value received, I promise to pay on due date without need of demand to the order of Pag-IBIG Fund with principal office at Petron MegaPlaza, 358, Sen. Gil Puyat Avenue., City of Makati the sum of Pesos:

(P _____) Philippine Currency, with a nominal interest of 10.5% p.a. (effective rate of 17.50%), with interest during the grace period, capitalized and paid equally over the term of the loan.

I hereby waive notice of demand for payment and agree that any legal action, which may arise in relation to this note, may be instituted in the proper court of Makati City.

Finally, this note shall likewise be subject to the following terms and conditions:

- The borrower shall pay the amount of Pesos: _____ (P _____) through salary deduction, whenever feasible, over a maximum period of 24 months, with a grace period of 2 months. In case of suspension from work, leave of absence without pay, or insufficiency of take home pay during the term of the loan, payments should be made directly to the Pag-IBIG Fund office where the loan was released.
- Payments are due on or before the 15th day of the month starting on _____ and 23 succeeding months thereafter.
- Payments shall be applied according to the following order of priorities: Penalties, Interest and Principal.
- A penalty of 1/20 of 1% of any unpaid amount shall be charged to the borrower for every day of delay.

Signed in the presence of:

Witness
(Signature over Printed Name)

Witness
(Signature over Printed Name)

Signature of Applicant over Printed Name

In case of retirement/separation from employment, I hereby authorize my employer to deduct any outstanding MPL loan balance from my retirement or separation benefits to fully settle my loan obligation. In the event that my retirement/separation benefits is not sufficient to settle the outstanding balance of my MPL or my employer fails for whatever reason, to deduct the same from said retirement/separation benefits, I hereby authorize Pag-IBIG Fund to apply whatever benefits are due me from the Fund to settle the said obligation.

SIGNATURE OF APPLICANT

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

CLAIM/HOUSING LOAN/STL VERIFICATION

PARTICULARS	NONE	WITH	DV/CHECK NO. / APPLICATION NO.	DATE FILED / DV NO.	VERIFIED	DATE
CLAIMS						
HOUSING LOAN						
MPL/CL						

LOAN APPROVAL

LOAN AMOUNT GRANTED	INTEREST	PREVIOUS LOAN BALANCE	LOAN PROCEEDS	MONTHLY AMORT
REVIEWED BY	DATE	APPROVED BY	DATE	DISAPPROVED BY
				DATE

NOTE: A notification on the approval/disapproval of the application shall be sent through SMS. For disapproved application, you may claim your submitted application form and supporting documents within five (5) working days upon receipt of the notification, otherwise such documents shall be disposed.

THIS FORM CAN BE REPRODUCED. NOT FOR SALE

CERTIFICATE OF NET PAY

For the month of: _____

Basic Salary _____

Gross Monthly Income _____

Total Deductions _____**Net Monthly Income** _____

Issued this _____ day of _____, 20__.

I certify under pain of perjury that the above-mentioned information is true and correct.

To provide financial assistance to Pag-IBIG I member for:

1. Minor home improvement/home renovation/upgrades;
2. Livelihood/additional capital in small business;
3. Tuition/educational expense;
4. Health and wellness;
5. Purchase of appliance and furniture/electronic gadget
6. Bills/credit card payment;
7. Vacation/travel;
8. Special events;
9. Car repair;
10. Balance transfer/debt consolidation; and
11. Other needs

1. The member has made at least 24 monthly contributions.
2. Has five (5) MCs for the last six (6) months as of month prior to date of loan application.
3. If with existing housing loan, the account must not be in default as of the date of application.
4. If with existing MPL and/or Calamity Loan, the account/s is/are not in default as of date of application.

1. Secure the Multi-Purpose Loan Application Form (MPLAF) from any Pag-IBIG Fund NCR/Regional branch.
2. Accomplish 1 copy of the application form.
3. Attach photocopy of payroll account/disbursement card/deposit slip (for newly-opened account).
4. Submit complete application, together with the required documents to any Pag-IBIG Fund NCR/Regional Branch. Processing of loans shall commence only upon submission of complete documents.

Number of Contributions	Loan Amount
24 to 59 months	Up to 60% of the Total Accumulated Value (TAV)
60 to 119 months	Up to 70% of the TAV
At least 120 months	Up to 80% of the TAV

2.2 The loan shall be repaid over a maximum period of twenty-four (24) months, with a grace period of two (2) months.

- Crediting to the borrower's cash card/disbursement card;
- Crediting to the borrower's bank account through LANDBANK's Payroll Credit Systems Validation (PACSVL);
- Through check payable to the borrower;
- Other similar modes of payments.

4.6 Accelerated Payments – any amount in excess of the required monthly amortization shall be applied to future amortizations when due.

The borrower shall be charged a penalty of 1/20 of 1% of any unpaid amount for every day of delay. However, for borrowers paying their loans through salary deduction, penalties shall be reversed only upon presentation of proof that non-payment was due to the fault of the employer. The said penalties including the penalty for non-remittance equivalent to 1/10 of 1% per day of delay of the amount payable from the date the loan amortizations or payments fall due until paid, shall then be charged against the employer.

d. Violation by the borrower of any of the policies, rules, regulations and guidelines of Pag-IBIG Fund.

A borrower may renew his MPL upon payment of at least six (6) posted monthly amortizations and he meets the eligibility requirement. The proceeds of the new loan shall be applied to the borrower's outstanding MPL obligation and the net proceeds shall then be released to the borrower.

I hereby authorize _____,
our Fund Coordinator or Liaison Officer to file my MPL
Application and receive the Pag-IBIG Fund Check in my
behalf.

Signature of Applicant over Printed Name