



MULTI-PURPOSE LOAN (MPL) APPLICATION FORM

HQP-SLF-065
(V06, 08/2021)

(To be filled out by applicant. Print this form back to back on one single sheet of paper)
Type or Print Entries

LAST NAME GARBIN		FIRST NAME RODEL		NAME EXTENSION (e.g., Jr., II)		MIDDLE NAME TRINIDAD		MAIDEN MIDDLE NAME (for married women)		NO MIDDLE NAME (check if applicable only)		Pag-IBIG MID NO./RTN 121003907910		APPLICATION NO.	
DATE OF BIRTH APRIL 05, 1980		PLACE OF BIRTH CATANDUANES													
CITIZENSHIP FILIPINO		EMAIL ADDRESS rodel.garbin@gmail.com													
CELL PHONE NUMBER (Required) 0926-105-8356		HOME TELEPHONE NUMBER													
APPLICANT'S TAXPAYER IDENTIFICATION NUMBER (TIN)		SSS/GSIS NO.													
BUSINESS TELEPHONE NUMBER		NATURE OF WORK													
LOAN TERM <input checked="" type="checkbox"/> Two (2) Years <input type="checkbox"/> Three (3) Years		DESIRED LOAN AMOUNT													
LOAN PURPOSE Non-Housing Related <input type="checkbox"/> Livelihood/additional capital in small business <input type="checkbox"/> Tuition/Educational Expenses <input type="checkbox"/> Payment of utility/credit card bills <input type="checkbox"/> Purchase of appliance & furniture/electronic gadgets Housing Related <input type="checkbox"/> Minor home improvement/home renovation/ upgrades		<input type="checkbox"/> Vacation/travel <input type="checkbox"/> Special events <input type="checkbox"/> Car repair <input type="checkbox"/> Health & wellness <input type="checkbox"/> Others, specify _____													
EMPLOYER/BUSINESS NAME OBANANA CORP.												EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name 16TH FLR PMI TOWER CABANILLAS COR.			
Subdivision Barangay Municipality/City Province/State/Country (if abroad) ZIP Code 273 PABLO OCAMPO SR. EXTENTION, MAKATI CITY 1203															
EMPLOYEE ID NUMBER		DATE OF EMPLOYMENT		SOURCE OF FUND											
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 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

PAYROLL ACCOUNT/DISBURSEMENT CARD
6031 3100 0670 0815 773

NAME OF BANK/BRANCH
LANDBANK

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 (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 any employer with whom I may get employed

in the future, to deduct the membership savings (MS) and monthly 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 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/deduplicate 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 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. 9510 (Credit Information System Act), R.A. No. 10173 (Data Privacy Act of 2012), and other related 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), likewise in accordance with laws and regulations.

Furthermore, I have read, understood and agree to be bound by the terms and conditions governing the eDisbursement Facility Program and Pag-IBIG Fund's partner-banks' internal guidelines.

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.

GARBIN, RODEL TRINIDAD
Signature of Applicant Over Printed Name

This office agrees to collect the corresponding monthly amortization on this loan and the MS of herein applicant through salary deduction, together with the employer 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 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 amortization or payments fall due until paid.

FRANCIS A. CALINBA
HEAD OF OFFICE OR AUTHORIZED SIGNATORY
(Signature Over Printed Name)
PTHC PRODUENT
DESIGNATION

209990140003
Pag-IBIG EMPLOYER ID NO. AGENCY CODE BRANCH CODE

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 Mega Plaza, 358, Sen. Gil Puyat Avenue, City of Makati the sum of Pesos:

(P _____) Philippine Currency, with an interest at the rate of 10.5% per annum (equivalent rate of 17.50% based on diminishing principal balance), with interest during the grace period and shall be amortized 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:

- I shall pay the amount of Pesos: _____
(P _____) through salary deduction, whenever feasible, over a period of two (2) years or three (3) years, with a grace period of 2 months. In case I am unable to pay through salary deductions for any of the following circumstances, such as but not limited to, suspension from work; leave of absence without pay; insufficiency of take home pay at any time during the term of the loan; or other circumstances analogous to the foregoing, 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 _____
- 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 me for every day of delay.

Signed in the presence of:

KIM LEO
Witness

(Signature Over Printed Name)

LORENZO FAYE RODEL
Witness

(Signature Over Printed Name)

5. I shall be considered in default in any of the following cases:

- Any willful misrepresentation in any of the documents executed in relation hereto;
- Failure to pay any three (3) consecutive monthly amortizations;
- Failure to pay any three (3) consecutive membership savings;
- Violation of any of the membership/STL/housing loan policies, rules, regulations, and guidelines of the Pag-IBIG Fund.

6. In the event of default, the outstanding loan obligation shall become due and shall be deducted from the Total Accumulated Value (TAV) after exerting all collection efforts. However, immediate offsetting of my outstanding loan obligation may be effected immediately upon approval of my request, provided such request is based on the following justifiable reasons and upon validation by the Fund: Total disability or insanity; Separation from service by reason of health; Death of member's immediate family member; Distressed member due to unemployment limited to layoff and/or closure of company; Critical illness of the member or any of his/her immediate family member, as certified by a licensed physician under one of the following categories, subject to the approval of the DCEO-Member Services Cluster: cancer, organ failure, heart-related illness, stroke and neuromuscular-related illness; Repatriation of OFW member from host country and other meritorious grounds as may be approved for by the Board, by reason thereof, resulted in his failure to pay the required amortization when due.

7. In the event of membership termination prior to loan maturity, any outstanding loan obligation, shall be deducted from my TAV and/or any amount due me or my beneficiaries in the possession of the Fund, in case of my death, the outstanding obligation shall be computed up to the date of death. Any payment received after date of death shall be refunded to my beneficiaries.

8. In case of falsification, misrepresentation or any similar acts committed by me, Pag-IBIG Fund shall automatically suspend my loan privileges indefinitely. I shall abide with all the applicable rules and regulations governing this lending program that Pag-IBIG Fund may promulgate from time to time.

GARBIN, RODEL TRINIDAD
Signature of Applicant Over Printed Name

AUTHORITY TO DEDUCT (Optional)

In case of retirement/separation from employment, I hereby authorize my employer to deduct any outstanding MPL balance from my retirement or separation benefits to fully settle my loan obligation. In the event that my retirement/separation benefits are 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

RECEIVED BY:

APPROVED/DISAPPROVED BY:

(SIGNATURE OVER PRINTED NAME)
(POSITION/DESIGNATION)

DATE

(SIGNATURE OVER PRINTED NAME)
(POSITION/DESIGNATION)

DATE

THIS FORM CAN BE REPRODUCED. NOT FOR SALE