

**FINANCIAL ASSISTANCE LOAN (FAL)**

**Important:** Please read rules and regulations at the back before filing out this form.

Forms not completely filled out and lack of requirements shall not be accepted and processed.

New

Renewal

**Application No.**

**Interest rate**

**Terms**

**Amount Applied**

6%

36 Mo

**Loan Payment Preference**

Through Check

Through Cash Card (Attach Cash Card copy)

**TO BE FILLED UP BY THE MEMBER / APPLICANT**

DCE No.	Last Name	First Name	Middle Name	Entrance To duty(mmddyy)	Nature of Appointment
Position	CC No. / Name	Contact No. (Cel#/Local)	Date of Birth (mmddyy)	Civil Status	Salary Rate

Region (Please specify Other Regions)  
 HO   SPUG Luzon  SPUG Visayas  SPUG Mindanao  Plants \_\_\_\_\_

Co-Maker 1	DCE No.	Last Name, First Name, MI			CC No. / Name
		Position	Basic pay	Contact No. (Cel#/Local)	Nature of Appointment
Co-Maker 2	DCE No.	Last Name, First Name, MI			CC No. / Name
		Position	Basic pay	Contact No. (Cel#/Local)	Nature of Appointment

**PROMISSORY NOTE**

In consideration of the amount that may be granted to me by virtue of this application, I promise to pay the amount of \_\_\_\_\_ (P \_\_\_\_\_) plus interest and other charges thereon in accordance with the terms and conditions of the NPC-Provident Fund which I have read and understood clearly and to which I hereby bind myself. It is understood that in case the amount of the approved loan is lower than what is hereby applied for, I am ( ) willing ( ) unwilling to accept such reduced amount. I also hereby authorize the HR / Finance Officer to deduct from my salary the monthly installments on this loan and arrearages/surcharges, if any, on this loan. As co-makers, we hereby promise to be jointly and severally liable in case of non-payment or default of the borrower.

\_\_\_\_\_  
 Signature Over Printed Name                      Signature Over Printed Name                      Signature Over Printed Name  
 Applicant    Co-Maker 1    Co-Maker 2

**SWORN STATEMENT**

In connection with my application for a FAL in the amount of \_\_\_\_\_ (Php \_\_\_\_\_) I hereby certify that said amount shall be used exclusively in payment of medical expenses / financial assistance to my ( ) dependents (refer to FAL guidelines for qualified dependents)

Relationship	Name	Date of Birth	Age	Cause / Remarks

I also certify that; a) I am ( ) permanent ( ) non-permanent employee of the Corporation; b) ( ) I am not on leave of absence without pay; c) ( ) I am not under preventive suspension involving withholding of salary; d) ( ) there is no pending administrative and/or criminal charge against me; e) I am ( ) not ( ) a co-maker to \_\_\_\_\_ (No.) employees of the Corporation in the total amount of Php \_\_\_\_\_; f) ( ) I have no past-due accounts with the Fund; g) my spouse is ( ) not ( ) gainfully employed; h) ( ) all the information I have reported in this application are true and correct.

\_\_\_\_\_  
 Signature Over Printed Name  
 Applicant

**FURTHER, I / WE HEREBY AGREE**

1. That we shall fulfill all loan requirements and execute all supporting papers necessary;
  2. That we shall comply with the post audit requirements after the loan approval;
  3. That we shall conform to any changes, modifications or amendments of policies, rules and regulations including the interest rates, terms and conditions of the loan;
  4. That any misrepresentation of material facts is a ground for disapproval of the application, cancellation of the loan.
- The foregoing statements and information made for the purpose of obtaining credit are true, correct and complete to the best of my/our knowledge and belief.

**CREDIT REPORT**

To be accomplished by the Applicant

To be accomplished by SLA, COOP and HR / Regional Counterpart and Other Regional Lending institutions:

Gross Salary \_\_\_\_\_ Php \_\_\_\_\_  
 (as of the Month of Application)  
 Less: Total Deductions \_\_\_\_\_  
 NET Salary \_\_\_\_\_ Php \_\_\_\_\_  
 LESS: (per Section 33 of General Appropriation Act of 1989) \_\_\_\_\_ **3,000.00**  
 Net Monthly Paying Capacity \_\_\_\_\_ Php \_\_\_\_\_

To ensure that the net take home pay of the loan applicant will not be lower than P3,000.00

Concerned Group	Type of Loan	Amount of Amortization	Amount Approved	Authorized Signatory
NPCSLA				
NPC COOP				
HR / Regional / Plant Counterpart				
Others (For Regions)				

**TO BE ACCOMPLISHED BY HR / REGIONAL / PLANT COUNTERPART**

**CERTIFICATION OF LEAVE CREDITS**

Leave Credits as of \_\_\_\_\_ Certified by: \_\_\_\_\_

**TO BE ACCOMPLISHED BY NPC - PF LOAN ANALYST**

**LOAN COMPUTATION**

Approved Amount of Loan \_\_\_\_\_ Php \_\_\_\_\_ Amount of Loan Approved : \_\_\_\_\_  
 Less: LRI \_\_\_\_\_ Check No. \_\_\_\_\_ Check Date: \_\_\_\_\_  
 Filing Fee / Processing Fee \_\_\_\_\_  
 Accrued Interest \_\_\_\_\_  
 Others \_\_\_\_\_  
 Total Deductions \_\_\_\_\_  
 Net Amount \_\_\_\_\_ Php \_\_\_\_\_

Repayment Period	Interest Rate	Monthly Amortization	Date of 1st Monthly Amortization
mos.	%	<b>P</b> _____	

Processed by: \_\_\_\_\_ Audited by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
 Loan Analyst Financial Analyst Section Chief NPC - PF Administrator

**CHECKLIST OF REQUIREMENTS**

**RULES AND REGULATIONS**

Duly accomplished application form supported by the following documents

**GENERAL REQUIREMENT:**

- \* Latest Payslip (Borrower and Co-Maker)
- \* Borrower's and Co-makers Company ID

**ATTACHMENT**

- \* Medical Claim  
SOA, O.R., Doctors Certificate and Doctors Prescription if any
- \* Calamity Claim (Fire / Flood / Other Calamities)  
Brgy. Clearance, Pictures Before & After, O.R./Bill of Materials
- \* Death Claim  
Death Certificate, O.R.
- \* Birth Certificate / Marriage Contract as maybe applicable

**ALLOWED DEPENDENTS:**

- \* Parents
- \* Siblings regardless of age that is dependent due to illness / physical defect
- \* Nephews and Nieces who are dependent  
Unemployed children above 21 years old
- \* In-laws are not included

\* Post Audit Requirements are original and photocopy of proof of utilization shall be required from the member thirty (30) days from loan approval

**VIOLATION**

- \* Failure to submit Post Audit Requirement
- \* Loan not used for its intended purpose/s
- \* Misrepresentation of facts and falsification of public documents
- \* Failure to pay monthly amortization

**SANCTIONS**

- \* Loan is declared due and demandable
- \* Conversion of interest rate of 15% retroactive on the date of first amortization
- \* All loan privileges including payment of equity dividend are suspended to commence one (1) year after full payment of the one and demandable loan.
- \* Penalty of 2% per month to any unpaid intentional or unintentionally shall be collected from the borrower from the day it becomes due and demandable until fully paid
- \* Equity dividend bonus/es and other claims shall be applied to fully pay arrearages & surcharges.
- \* Loan privileges are suspended until full payment of arrearages and surcharges

Note: All documents should be presented in original and photocopy. For Plants, HR should certify all the documents prior to submission to the NPC PF Office.

Signature Over Printed Name \_\_\_\_\_ Signature Over Printed Name \_\_\_\_\_ Signature Over Printed Name \_\_\_\_\_  
 Applicant Co-Maker 1 Co-Maker 2