

AUTHORITY TO DISCLOSE

The undersigned hereby consent Cavite Naval Base Savings and Loan Association and its representatives to disclose and share my personal information to:

- a) Credit information or in investigation companies, credit bureaus (including but not limited to, the Credit Information Corporation (CIC) pursuant to Republic Act No. 9510 and its implementing rules and regulations), financial institutions, consumer reporting or reference agencies, credit protection providers or guarantee institutions, insurers, underwriters;
- b) any judicial, government, supervisory, regulatory or equivalent body of the Philippines: such person or entity as required by laws or regulations of the country.

The foregoing constitutes my consent under the applicable confidentiality and data privacy laws of the Philippines and other jurisdiction and agree to hold CNBSLAI and its representatives, free and harmless from any and all liabilities, claims, damages and suits of whatever kind and nature, that may arise in connection with the implementation and compliance with the authorization conferred by the undersigned hereunder.

Borrower's signature over printed name

Date Signed : _____



CAVITE NAVAL BASE SAVINGS AND LOAN ASSOCIATION, INC.

(Authorized by the Bangko Sentral ng Pilipinas)
Naval Station Pascual Ledesma, Fort San Felipe, Cavite City

Recent
2 x 2 Photo

BACK-TO-BACK LOAN APPLICATION FORM

Amount Applied For (In words) _____ _____	Amount (in figures) _____	Term: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months	Loan Purpose: _____
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BORROWER'S DATA

Account No.	Last Name	First Name	Suffix (Jr, III)	Middle Name
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Branch of Service <input type="checkbox"/> Philippine Navy <input type="checkbox"/> Philippine Coast Guard <input type="checkbox"/> Pensioner <input type="checkbox"/> CNBSLAI Employee	AFPSN _____	Birth Date (mmddyyyy) _____	Emp. No. CIV - _____	Tax Identification No. _____	Control No. _____
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Unit Assignment and Address _____	Contact No _____
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Optional Retirement(mmddyyy): _____	Compulsory Retirement(mmddyyy): _____
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Permanent Home Address			
_____	Unit/Room No. Floor	Building Name	Lot/Block/Bldg No.
Street	Barangay/Subdivision	City/Municipality	Province

Provincial Address			
_____	Unit/Room No. Floor	Building Name	Lot/Block/Bldg No.
Street	Barangay/Subdivision	City/Municipality	Province

Landline No. _____	Mobile No. _____
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I hereby certify that the above information are correct including the attachment hereto. I conformed that this application shall be subject to CNBSLAI approved policies, terms and conditions.

Signature of Applicant _____	Date of Application _____	ID Presented _____
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FOR CNBSLAI USE ONLY

Capital Contribution:		Principal	Balance	To be deducted to loan	Billing ID
LTL	P	_____	P _____	_____	_____
MPL	P	_____	P _____	_____	_____
Educ. Loan	P	_____	P _____	_____	PIN _____
Calamity Loan	P	_____	P _____	_____	
Pension Loan	P	_____	P _____	_____	
Promo Loan	P	_____	P _____	_____	
STL	P	_____	P _____	_____	
Back-to-back	P	_____	P _____	_____	

Approved Loan Details:	Principal _____	Term of Loan _____	Monthly Amortization _____
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Approved By:	Signature	Date	Voucher No _____
LPO	_____	_____	_____
Credit Committee	_____	_____	Prepared By _____
Credit Committee	_____	_____	Posted By _____
Approving Authority	_____	_____	Date Posted _____

PROMISSORY NOTE

For the value received this ____ day of _____, 20 ____, I promise to pay the Cavite Naval Base Savings and Loan Association, Inc. at its head office located in 26 P. Gomez St., San Roque, Cavite City, the sum _____ of

(Amount in words)

(P _____) payable in;

- Equal amortization amounting to _____ (P _____) (Amount in words)

Effective _____ with contractual rate of _____ % or

- One time payment with contractual rate of _____ % plus interest it will incur on or before _____.

In case of default in payment on maturity date, I authorize CNBSLAI to deduct from my Capital Contribution the whole amount plus interest due thereon as specified on my deed of Assignment in CNBSLAI favor.

In the event that this Note is places in the hands of an Attorney for collection, I shall pay the cost of the Attorney's Fee and other Expenses incurred by CNBSLAI.

Signature over Printed Name

Date

Right Thumb mark

For CNBSLAI use only

Requirements Submitted:

- _____ Passbook
- _____ Original and duly signed Photocopy of valid ID
- _____ One (1) pc. 2 x 2 picture
- _____ Authorization letter
- _____ Original and duly signed Photocopy of valid ID of authorized representative.

Requirements and Signature verified by:

Signature over Printed Name

Date

DEED OF ASSIGNMENT ON CAPITAL CONTRIBUTION

This ASSIGNMENT is made and executed by:

ASSIGNOR

ASSIGNEE

Filipino, of legal age, married and a resident of

CAVITE NAVAL BASE SAVINGS & LOAN
ASSOCIATION, INC., duly organized under R.A.

WITNESSETH

That as security for the payment of the loan obtained by _____ from the ASSIGNEE in the amount of _____ Philippine currency (Php _____) with _____ percent (____%) payable on or before _____. The ASSIGNOR hereby transfers and assigns unto the ASSIGNEE whatever monies existing in his/her Capital Contributions with CAVITE NAVAL BASE SAVINGS & LOAN ASSOCIATION, INC., covered by Account No. _____, it being understood that the Assignee has the full control of the same said sum assigned, from and after this date, and at the same time cannot be withdrawn, monetized by the Assignor, his heirs, successors and assignees, unless said loan granted to him as well as the interest due thereon and expenses incurred have been fully paid. And in case of non-payment of said loan at maturity or anytime upon demand of the Assignee for any reason whatsoever, the Assignee is hereby fully authorized and empowered to withdraw such amount to fully satisfy my outstanding loan obligation.

With full, knowledge of the above stipulation and the penal provision of the Republic Act No. ____ as amended, I hereby affix my signature or thumb mark on this document, in Cavite City, Cavite.

Assignor

Assignee

ID Presented _____
ID No. _____
Date _____

ID Presented _____
ID No. _____
Date _____

SIGNED IN THE PRESENCE OF:

Name & Signature of Witness

Name & Signature of Witness

ID Presented _____
ID No. _____
Date _____

ID Presented _____
ID No. _____
Date _____