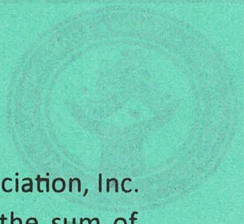




**PROMISSORY NOTE**



For the value received, I promise to pay the Cavite Naval Base Savings and Loan Association, Inc. at its head office located in Naval Station Pascual Ledesma, Fort San Felipe, Cavite City, the sum of

(Amount in words)

(P \_\_\_\_\_) payable in equal monthly amortization amounting to \_\_\_\_\_ (P \_\_\_\_\_)

(Amount in words)

effective \_\_\_\_\_.

I also promise to pay my account **due direct to the Treasurer in case no deduction** has been made from my salary. In case of default in payment of the monthly amortization, the entire unpaid loan shall immediately become due and demandable. That all my Capital Contributions and the dividend earned and/or to be earned with CNBSLAI shall be liable/answer for the above loan in case I become delinquent.

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

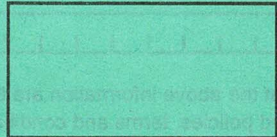
In consideration of the above loan granted, I hereby authorized the Philippine Navy Finance Center/Philippine Coast Guard Finance/AFP Finance Office/CNBSLAI Management to deduct from my salary/pension and other receivables the amount of

(Amount in words)

(P \_\_\_\_\_) as monthly amortization and to be remitted to CNBSLAI until said loan has been fully paid.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

  
Right Thumb mark

For CNBSLAI use only

Requirements Submitted (Write N/A if not applicable):

- \_\_\_\_\_ Two (2) Latest Original Pay slips
- \_\_\_\_\_ Enlistment/Re-enlistment Order/CAD/Appointment order/Retirement Order
- \_\_\_\_\_ SBL (For CNBSLAI Employees & Trustees)
- \_\_\_\_\_ Clearance from Provost Marshall or IG
- \_\_\_\_\_ Original and duly signed Photocopy of valid ID
- \_\_\_\_\_ Photocopy of Pension Loan Validation
- \_\_\_\_\_ Original and duly signed photocopy of Pensioner's ID
- \_\_\_\_\_ Authorization letter
- \_\_\_\_\_ Original and duly signed Photocopy of valid ID of authorized representative.

Requirements and Signature verified by:

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

# AUTHORIZATION FOR PAYROLL/PENSION DEDUCTION AND REMITTANCE

(The APDR portion applicable to the co-maker(s) will be implemented when the borrower fails to pay.)

## TO WHOM IT MAY CONCERN:

I/We hereby authorize deduction from my payroll/pension and remittance of the amount of \_\_\_\_\_ PESOS (P\_\_\_\_\_) every month beginning \_\_\_\_\_, 20\_\_ for payment to my obligation with the CNBSLAI until same obligation has been fully paid. This authorization shall not be revised or rescinded without the conformity in writing of the CNBSLAI. If not deducted and/or remitted by my/our Finance Officer on time, I/we shall pay the delinquent accounts and/or penalty thereof. I/We also authorize the Finance Officer to accelerate my/our payments and to update my/our accounts anytime the obligation is still subsisting. Further, I shall inform CNBSLAI to any change in my pay jurisdiction.

IN CASE I/WE ARE SEPARATED FROM OUR EMPLOYMENT BEFORE THE MATURITY OF MY/OUR LOAN, I/WE SHALL PAY THE BALANCE, INTERESTS, FEES, AND COSTS TO CNBSLAI. I/WE AUTHORIZE MY/OUR FINANCE OFFICE TO DEDUCT FROM MY/OUR PENSION / ALLOWANCES / BENEFITS, AND I/WE WAIVE MY/OUR RIGHTS UNDER RA 2310 AND 239, NEW RULES OF COURT. IF MY/OUR RETIREMENT PAY COMES FROM THE GOVERNMENT OR PRIVATE OFFICE I/WE LIKEWISE AUTHORIZE THE PAYMASTER THEREOF TO DEDUCT AND REMIT THE ACCOUNTS OUTSTANDING WITH THE CNBSLAI.

\_\_\_\_\_  
CO-MAKER

Signature Over Printed Name  
Rank,AFPSN,SVC, Payjur No.

\_\_\_\_\_  
BORROWER

Signature Over Printed Name  
Rank,AFPSN,SVC, Payjur No.

\_\_\_\_\_  
CO-MAKER

Signature Over Printed Name  
Rank,AFPSN,SVC, Payjur No.

I hereby certify that the borrower is a Bonafide member of this Unit / Office and that He / she is not due for separation in the near future, and that he / she has no pending case.

I hereby undertake to deduct the amount indicated in the foregoing authorization and remit the same to CNBSLAI. Any change or stoppage of payment shall be effected only upon written request from CNBSLAI.

\_\_\_\_\_  
Signature Over Printed Name  
Commanding Officer/Chief of Office

\_\_\_\_\_  
Signature Over Printed Name  
Agent/Disbursing Officer

**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.

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Borrower's signature over printed name

Date Signed : \_\_\_\_\_

**AFFIDAVIT OF UNDERTAKING/AUTHORIZATION**

That I, \_\_\_\_\_ of legal age single/married, Filipino Citizen and with residence address at \_\_\_\_\_ after having been duly sworn to in accordance into law hereby depose and say :

1. That I have availed a loan with CNBSLAI with an aggregate amount of \_\_\_\_\_ (P \_\_\_\_\_) this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ with a monthly amortization of \_\_\_\_\_ (P \_\_\_\_\_) through payroll deduction.
2. That in case my monthly amortization is under stated to pay same, I promise to pay personally such deficit to CNBSLAI.
3. That in case of my legal separation from the PN, AFP service, I promise and willing to deduct the outstanding balance and corresponding fine from any benefits due to me.
4. That in case of my retirement from the military/government service, any amount from my Loan Balances to include penalties incurred from my loan obligation shall be deducted automatically from my accumulated leave balance or benefits I will received from the rationalization plan of the Government. Furthermore, I respectfully request PN/AFP Finance center through their government depository bank to deduct aforementioned amount from my leave credit/rationalization plan and to be credited to the account of CNBSLAI with the following details:

Bank	:	LBP, Cavite City Branch
Account Name	:	Cavite Naval Base Savings & Loan
Savings Account No.	:	0311-0810-98

5. That I hereby authorize Cavite Naval Base Savings and Loan Association, Inc., any of its Officers, Trustees and staff to deduct on my behalf, from my receivables (accumulated leave balance/rationalization plan) incident to my retirement and to pay the same, any obligations loans, payments to CNBSLAI; and to transact with, coordinate, follow-up and to sign on my behalf, before the LBP with respect to the aforementioned transactions.

In witness, whereof, my signature affix below to attest my Affidavit of Undertaking this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Affiant

Signed in the Presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Republic of the Philippines,  
Province of \_\_\_\_\_, S.S  
City / Municipality of \_\_\_\_\_,

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ affiant exhibiting to me his/her ID no. \_\_\_\_\_ issued on/at \_\_\_\_\_ valid until \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Doc No. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of: \_\_\_\_\_