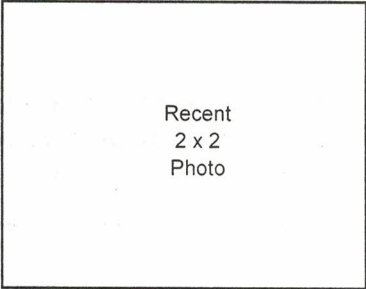




CAVITE NAVAL BASE SAVINGS AND LOAN ASSOCIATION, INC.
 (Authorized by the Bangko Sentral ng Pilipinas)
 Naval Station Pascual Ledesma, Fort San Felipe, Cavite City

DOCUMENT CODE: F14-00 072019



MULTI PURPOSE LOAN APPLICATION FORM

Amount Applied For (In words) _____ _____	Amount (In figure) _____	Requested term (No. of 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"/> CNBSLAI Employee	AFPSN _____	Emp. No. CIV - _____	Birth Date (mmdyyyy) _____	Tax Identification No. _____
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Unit Assignment and Address _____	Contact No _____
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Optional Retirement(mmdyyy): _____	Compulsory Retirement(mmdyyy): _____
Permanent Home Address _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Provincial Address _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

_____	_____	_____
Signature of Applicant	Date of Application	ID Presented

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
_____	_____	_____	_____

Approved By:	Signature	Date
LPO	_____	_____
Credit Committee	_____	_____
Credit Committee	_____	_____
Approving Authority	_____	_____

Voucher No	_____
Check No.	_____
Prepared By	_____
Posted By	_____
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 Naval Station Pascual Ledesma, Fort San Felipe, Cavite City, the sum of

_____ (Amount in words) (P _____) payable in _____ equal amortization amounting to _____

(P _____) effective _____ until _____ with contractual rate of _____% (Maturity Date)

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/answerable 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) Months Latest Original Payslips (For PCG & GHQ Personnel)
- ____ Photocopy of latest payslip validated and duly endorsed by CO, NFSU (For PN Personnel)
- ____ Enlistment/Re-enlistment Order/CAD/Appointment order/Retirement Order
- ____ Personal Action Form (PAF) for re-enlistment if remaining ETE is twelve (12) months and below
- ____ Photocopy of Two (2) latest pay slip (For CNBSLAI Employees)
- ____ SBL (For CNBSLAI Employees & Trustees)
- ____ Clearance from Unit Provost Marshall or IG
- ____ Original and duly signed Photocopy of valid ID
- ____ One (1) pc. Latest 2x2 picture
- ____ Authorization letter
- ____ Original and duly signed Photocopy of valid ID of authorized representative.

Requirements and Signature verified by:

Signature over Printed Name

Date

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: _____

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 : _____

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