

**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**

**TO WHOM IT MAY CONCERN:**

I hereby authorize deduction from my payroll/pension and remittance of the amount of \_\_\_\_\_ PESOS (₱ \_\_\_\_\_) every month beginning \_\_\_\_\_, 20\_\_\_\_ for payment to my obligation with CNSBLAI 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 This authorization shall not be revised or rescinded without the conformity in writing of the CNBSLAI.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 Finance Officer on time, I shall pay the delinquent accounts and/or penalty thereof. I also authorize the Finance Officer to accelerate my payments and to update my account/s anytime the obligation is still subsisting. Further, I shall inform CNBSLAI to any change in my pay jurisdiction.

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

\_\_\_\_\_  
**Signature over Printed Name of Borrower**

I hereby authorize 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.

\_\_\_\_\_  
**Rank/AFP SN.**

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.

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature over Printed Name  
Commanding Officer/Chief of Office**

\_\_\_\_\_  
**Signature over Printed Name  
Agent/Disbursing Officer**



# CAVITE NAVAL BASE

**Savings and Loan Association, Inc.**

Naval Station Pascual Ledesma Fort San Felipe, Cavite City

Telefax: (046) 431-2518; Military line: 764-6757

e-mail: cnbslai@yahoo.com

\_\_\_\_\_  
Date

## AUTHORIZATION FOR PENSION DEDUCTION

**To whom it may concern:**

I hereby authorize that the amount of P\_\_\_\_\_ be deducted from my monthly pension for a period of \_\_\_\_\_ months. Furthermore, I hereby irrevocably assign/appoint the Chief, AFP Finance Center as my attorney-in-fact to ensure the implementation of such deduction until the full settlement of liquidation of my loan obligation with **CNBSLAI**.

\_\_\_\_\_  
Signature over printed name of Member/Borrower

**To whom it may concern:**

I hereby undertake to deduct the amount indicated in the foregoing authorization and cause the remittance of same to **CNBSLAI**.

**PATSY-LHEEN P. BASQUIÑAS**  
LTC PA (GSC)  
CO, RMU



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\_\_\_\_\_  
DATE

NAME OF APPLICANT					
PENSIONER ID NUMBER					
DATE OF EXPIRATION		NONE			
FINANCIAL INSTITUTION/SLAI		CNBSLAI			
TYPE OF LOAN		PENSION LOAN			
(NEW LOAN/RE-LOAN)					
GROSS LOAN AMOUNT					
MONTHLY AMORTIZATION					
TERM					
PREVIOUS AMORTIZATION TO BE STOPPED					
<b>OTHER UNPAID LOAN DEDUCTIONS</b>					
			<b>TRACKING</b>		
NR	AMOUNT	OCCURRENCE	NR. OF PAYMENTS	TERM (MOS)	REMARKS
1					
2					
3					
4					
5					
<b>TOTAL</b>					

I hereby authorize the above -mentioned Financial Institution to verify data of my pension and print/ secure a Certification of Monthly Pension and Deduction (CMPD) for the purpose of this loan.

\_\_\_\_\_  
(Pensioner's signature over printed name)

NOTED BY:

**Junimar Almanzor**  
\_\_\_\_\_  
CNBSLAI LIAISON



**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

**PENSION LOAN**

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  
 Philippine Navy      Control No. \_\_\_\_\_      Birth Date (mmdyyyy) \_\_\_\_\_  
 Philippine Coast Guard      AFPSN/Emp. No. \_\_\_\_\_      Tax Identification No. \_\_\_\_\_

Date of Retirement \_\_\_\_\_

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. \_\_\_\_\_

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, 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 \_\_\_\_\_ until \_\_\_\_\_ with contractual rate of \_\_\_\_\_%

Pre termination fee of \_\_\_\_\_% shall be applied for payment of loan before the 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):

\_\_\_\_\_ Latest 2 x 2 picture

\_\_\_\_\_ Photocopy of Pensioner's ID together with the original for verification purpose

\_\_\_\_\_ Retirement Order

*Guil. Ed*

Requirements and Signature verified by:

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

\_\_\_\_\_  
Date