

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 This authorization shall not be revised or rescinded without the conformity in writing of the CNBSLAI.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**



CNBSLAI

Cavite Naval Base Savings and Loan Association, Inc.

2x2 Latest ID Picture

Special Loan Application Form

Amount Applied (in words)	Amount in Figure	Term of Loan Single Payment within 12 months period	Loan Purpose
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BORROWER'S INFORMATION

Account No.				
	Last Name	First Name	Suffix (Jr., III)	Middle Name
Serial No.	Landline No.	Mobile No.	Birthdate (mmddyyyy)	Tax Identification No. [][] - [][] - [][][][]
Complete Present Address (House No./Street, Subdivision, Brgy/District/City/Municipality/Province)				Zipcode
Complete Permanent Address (House No./Street, Subdivision, Brgy/District/City/Municipality/Province)				Zipcode

CERTIFICATION

<p>"I hereby certify that the above informations are true and correct including the attachment hereto. I conforme that this application is subject to CNBSLAI policies, terms and conditions."</p>	<p>"I hereby certify that the borrower is a bonafide member of the Philippine Navy and the data as contained in the verification Data are true and correct"</p>	
	<p>Conformed:</p>	
Signature over printed name of Member-Borrower	Signature of Spouse/Parent	
Date: _____	Date: _____	
		<p>Commanding Officer, NFSU Manila</p> <p>Date: _____</p>

FOR CNBSLAI USE ONLY

Balances as of _____																
mm/dd/yyyy																
Capital Contribution:																
	Approved Loan Details:															
	Principal															
	Term of Loan															
	Approval:															
Loan Type	Principal	Outstanding Balance	To be deducted to loan													
LTL			<input type="checkbox"/>													
MPL			<input type="checkbox"/>													
EL			<input type="checkbox"/>													
CL			<input type="checkbox"/>													
PL			<input type="checkbox"/>													
PrL			<input type="checkbox"/>													
STL			<input type="checkbox"/>													
BBL			<input type="checkbox"/>													
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Signatories</td> <td style="width: 40%;">Signature</td> <td style="width: 40%;">Date</td> </tr> <tr> <td>LPO</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>CREDIT COMMITTEE</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>MGR/PRES</td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Signatories	Signature	Date	LPO			CREDIT COMMITTEE			MGR/PRES		
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LPO																
CREDIT COMMITTEE																
MGR/PRES																

RELEASING DETAILS:

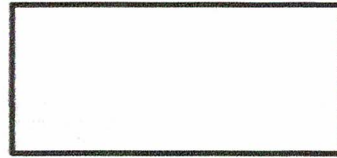
Voucher No.	Check No.	Date:	Posted by:	Released by:
Prepared by:				
			Date:	Date:

PROMISSORY NOTE

For the value received this ____ day of _____, 20____, I promise to pay the Cavite Naval Base Savings and Loan Association Inc., with head office located at Fort San Felipe, Cavite City the sum of _____ (P_____) plus Six Percent (6%) annual interest, Service Fee and Admin Fee to be collected in a single payment within twelve(12) months period from the date of loan.

Signature over printed name of Member-Borrower

Date: _____



Right Thumb Mark

FOR CNBSLAI USE ONLY

Requirements submitted:

- Notarized Power of Attorney
- Notarized Affidavit of no sharing from spouse / dependents
- Disbursement Voucher
- Commutation of Leave Order (OTNA authenticated)
- Retirement Order (OTNA authenticated)
- Monetization of Leave Credits (OTNA authenticated)
- Certificate of Last Payment (OTNA authenticated)
- Applicant and Spouse/Dependent ID with 3 specimen signatures
- Applicant LBP ATM Card (PN Payroll) (Photocopy-front only) / payroll account number be checked and verified
- Current Deposit Slip/SPI1 form issued by Landbank (any branch)
- Photocopy of AFP MIL ID and GOVERNMENT ID (back and front) with 3 signatures
- Latest 2x2 ID Picture
- Endorsement from OESPA or Provost Marshall for no pending case at Fort Bonifacio
- Personal appearance at Finance of the person availing the loan, the documents should be hand carried to PNFC by the member borrowers only.

Verified and checked by:

Signature over printed name

Date

SPECIAL POWER OF ATTORNEY

KNOWN ALL MEN BY THESE PRESENT

I, _____, Filipino of legal age, single/married and presently residing at _____, CONSTITUTED and APPOINTED by these presents do name constitute and appoint the Commander, Philippine Navy Finance Center thru Commanding Officer, Naval Finance Center Unit Manila also legal age to be my true and lawful Attorney-in-fact, for me and in my name, place and stead and for my own use and benefit to do and perform all of any of the following acts and things to wit;

To transfer from my accumulated leave benefits thru the Land Bank of the Philippines BSP Servicing Branch with Account No. _____ the following:

Name of Financial Institution (FI)/ Entity	LBP Account No. / Branch	Amount (Php)	Remarks
Cavite Naval Base Savings and Loan Association, Inc. (CNBSLAI)	1682-1032-87 Fort Bonifacio Branch		Full payment of the undersigned's loan obligation (net of service fee)
PN Provident Fund	1682-1018-53 Fort Bonifacio Branch		Service Fee (0.05% of the total remittance to FI)

To do and execute any and all other acts in connection with the above given purpose and to execute and sign whatever documents are needed and necessary in order to carry into effect this Special Power of Attorney.

HEREBY GIVING AND GRANTING unto said Attorney-in-fact full power and authority to full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done and above premises hereby ratifying and confirming all that said Attorney-in-fact shall lawfully do cause to be done by virtue of all these presents.

This SPECIAL POWER OF ATTORNEY shall be binding unless otherwise revoked by the signatories in expressed writing.

IN WITNESS WHEREOF I have hereunto set my hand this _____ day of _____ 20____ at _____.

(Affiant)
AFP ID No. _____

ACKNOWLEDGEMENT

BEFORE ME on this _____ day of _____ 20____ personally appeared _____ with AFP ID shown above known to me to be the same person who executed the foregoing instrument and acknowledge the same as his free and voluntary act and deed.

WITNESS MY HAND AND SEAL on the date and place first above written.

Date

CERTIFICATION

This is to certify that the undersigned did not issue certificate of no sharing of benefit in favor to my spouse / dependents for purposes of settlement.

This certification is being issued to support undersigned's application of Special Loan.

Signature over printed name of Borrower