

**BESAO MULTIPURPOSE COOPERATIVE**

Kin-iway, Besao, Mountain Province

APPLICATION FOR SALARY LOAN

Passbook Number: _____

Date of Application: _____

Date of Membership: _____

Amount of Share Capital: _____

Membership Office: _____

I hereby apply for a loan amounting to _____
 (P_____) for a period of _____ months, to be paid monthly at the rate of 1% per
 month at diminishing balance and a pre-deducted service fee of _____% per annum.

Name of Borrower: _____

Employer: _____

Address: _____

Address of Employer: _____

Date of Birth: _____ Age: _____

Occupation: _____

Place of Birth: _____

Salary: _____

Civil Status: _____ Gender: _____

Contact Number: _____

I. PURPOSE OF LOAN (Please Specify)

II. OUTSTANDING OBLIGATIONS (Credit of Loan from other banks, institution agencies)

CREDITORS

AMOUNT

REMARKS

Applicant's Name & Signature _____ Date _____

Signature of Spouse/Consent: _____ Date _____
 (Name & Signature)

Co-Maker's Name & Signature _____ Date _____

Other Statistical Data of Member-Borrower (to be filled up by the loan officer)

	Amount	Remarks
1. Loan: _____	P _____	_____
2. Loan: _____	P _____	_____
3. Accumulated Int & Fns: _____	P _____	_____
4. Filing Fee _____	P _____	_____
5. Notarial Fee _____	P _____	_____
6. Loan Insurance _____	P _____	_____
7. Passbook _____	P _____	_____
8. Death Aid _____	P _____	_____
9. Share Capital _____	P _____	_____

I hereby certify that the above records are true and correct.

PACITA P. MANKIW

Acting-Loan Officer

APPROVALS

The Treasurer/Cashier:

At a meeting of the majority of the members of the Board of Directors, held at Besao, Mountain Province on _____, the loan application of Mr. /Mrs. _____ is _____.

BOARD OF DIRECTORS**JOSEPH D. MANOGAN**

Acting-Manager

REMARKS

BESAO MULTIPURPOSE COOPERATIVE

Kin-iway, Besao, Mountain Province

PN # : _____

Date Granted: _____

Amount Granted: _____

Date Due: _____

PROMISSORY NOTE

TO WHOM IT MAY CONCERN:

I, _____ promise to diligently pay the Besao Multipurpose Cooperative the monthly amortization of my salary loan and the monthly interest as contained in the attached schedule of Monthly Installment for a period of _____ months from _____ to _____.

In the event that, I fail to pay my monthly amortization for one (1) month, I hereby authorize the treasurer/cashier of the agency where I am employed to deduct all amortizations due for the period with one percent (1) of the amount collected as collection fee.

Name/Signature/Thumb Mark of Borrower

Noted By:

Treasurer/Disbursing Officer

ACKNOWLEDGEMENT

Republic of the Philippines }
Mountain Province } S.S
Municipality of Besao }

SUBSRIBED AND SWORN to before me this _____ day of _____ 20____ at _____, affiant exhibiting to me his/her CTC No. / I.D. No. _____ issued on _____ at _____.

Doc. No. _____

Page No. _____

Book No. _____

Series of 20 _____