# DEPARTMENT OF JUSTICE 

$7^{\text {th }}$ Floor, Unit 10, Vista GL Taft Residences
1344 Taft Avenue, Ermita, Manila
(02) 7617-7068 * 0917-1378030*0927-6144820

Email Address: osjempc1989 @gmail.com

## LOAN APPLICATION FORM

No. $\qquad$
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THE BOARD OF DIRECTORS
DOJ-COOP -MANILA GENTLEMEN:
I have the honor to apply for the following, with Terms of Payment of $\square 6 \square 9 \square 12 \square 24 \square 36 \square 48 \square 60$ Months


REMINDERS: 1. PLEASE USE ONE (1) LOAN APPLICATION FORM FOR EACH TYPE OF LOAN APPLIED.
(IMPORTANT) 2. PLEASE READ THE POLICY GUIDELINES AT THE BACK BEFORE ACCOMPLISHING THIS FORM.
(IMPORTANT) 3. ALL LOAN APPLICATION SHALL BE ACCOMPANIED BY MANULIFE LOAN INSURANCE FORM.
4. The Total Maximum Loanable Amount for all types of loan is $\mathrm{P} 1,000,000.00$.
5. In case the amount stated is not applicable, are you willing to receive a lower amount? $\square$ YES $\square$ NO

## PROMISSORY NOTE

For value received, I, $\qquad$ hereby promise to pay the Department of Justice Employees' Multi-Purpose Cooperative (DOJ-COOP) directly, or through its Treasurer, or through Payroll Deduction, the amount of ( P and every month thereafter until this loan, including interests and other charges, shall have been paid.


#### Abstract

I hereby agree that, in case of default in the payment of any installment, or in case of my disability, retirement, resignation, absence without official leave, and/or separation from the service, the entire unpaid balance of this loan, including interests and other charges, shall immediately become due and payable without need of any formal demand. I hereby agree to waive presentation of payment, demand, protest and notice of protest and dishonor of the same.

In case of the above mentioned cases, I hereby assign in favor of DOJ-COOP, without further notice, considerable amount of my capital deposit, including earned dividends, with DOJ-COOP and all monies and monetary benefits due, or to be due, from my present office, that would be sufficient to pay off the entire outstanding balance of this loan, including stipulated interests, service charges and fines. I, therefore, authorize the Department of Justice to deduct the necessary amounts from all monies due me and to remit the same directly to DOJ-COOP, thru its duly authorized representative.

I further agree that if I fail to pay any installments on the loan when due, I promise to pay a fine in accordance with the terms of the By-Laws and the Rules and Regulations of the DOJ-COOP. I also promise to abide by the Decision of the Board of Directors of DOJ-COOP on any matter relating to this loan. In case payment shall not be made at maturity, I shall pay costs of collection and attorney's fees in an amount equal to twenty percent of the principal and interest due on this promissory note and, in no event, shall such charge be less than ten pesos (P 10.00).


Date
For Purposes of Loan Processing:
Date of Birth:
Present Home Address:
Contact Number: Landline
Mode of Payment:

Applicant's Name and Signature
Civil Status: $\qquad$
Mobile No
Check $\square$ ATM
To be filled up by Head/Chief of Office/Authorized Official

Leave Credits as of
Vacation Leave
Sick Leave
Total
CERTIFIED CORRECT BY

With Pending Administrative/Criminal Cases $\square$ YES $\square$ NO If yes, pis. specify
CERTIFIED BY


## CRITERIA FOR LOAN APPROVAL:

1. Applicant must be in good standing. However, applicants who is a NEW MEMBERS may avail of all loans AFTER SIX (6) MONTHS from the approval of membership BUT NOT TO EXCEED THREE HUNDRED THOUSAND PESOS (P300,000.00) payable within two (2) years only. (BR NO. 37-2021)
2. Applicant must be included in the preceding and current regular payroll.
3. Applicant must have a monthly net take home pay of in compliance with the provisions of the General Appropriation Act (GAA) after all deductions have been made, including this loan amortization.
4. Applicant for loan must have contributed at least Twenty Five percent ( $25 \%$ ) of the gross loanable amount. If the contribution/share capital is less than $25 \%$, the balance will be deducted from the proceeds of the loan to cover the minimum requirement.
5. Applicant must have no pending criminal/administrative case.
6. The loan may be RENEWED UPON PAYMENT OF SIX (6) MONTHS OF PAYMENT FOR LOANS BELOW P300,000.00; TWELVE (12) MONTHS OF PAYMENT FOR LOANS ABOVE P300,000.00 (BR NO. _-2022) AND FOR FINANCIAL ASSISTANCE LOAN - RENEWAL IS UPON PAYMENT OF FIFTY PERCENT ( $50 \%$ ) and is subject to the provisions of BR No. 2005-12, which imposes a two percent ( $2 \%$ ) additional share capital account in the gross loan amount, rounded to the nearest hundreds.
7. Applicant can avail of the following loans subject to leave credits requirement as follows:

| LEAVE CREDITS | SALARY LOAN | MULTI-PURPOSE LOAN |  | SHORT TERM LOAN | $\begin{aligned} & \text { EDUCATIONAL } \\ & \text { LOAN } \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 61 days and Above | 8 months Salary but not to exceed P 500,000 | 110,000-150,0000 | 500,000 |  |  |
| $30-60$ days | 5 months Salary but not to exceed P 300,000 |  |  |  |  |
| 15-29 days | 3 months Salary but not to exceed P 200,000 | 40,000-100,000 |  | 35,000-50,000 |  |
| 1-14 days |  | 10,000-30,000 |  | 5,000-30,000 | 10,000-50,000 |

8. Members with NO LEAVE CREDITS or WITH PENDING ADMINISTRATIVE/CRIMINAL CASE may avail up to Eighty percent (80\%) of his paidup capital but not to exceed FIVE HUNDRED THOUSAND (P 500,000.00).
9. The Maximum age requirement for availment/renewal of loan shall be Fifty Nine (59) years old. Those who are Sixty ( 60 ) years old and above, may avail LOAN EQUIVALENT TO HIS/HER PAID-UP CAPITAL BUT NOT TO EXCEED THE MAXIMUM LOANABLE AMOUNT OF FIVE HUNDRED THOUSAND PESOS (P 500,000.00) (BR NO._-2022).

## INTEREST RATE:

1. Applicant may choose any of the following terms of payment and the corresponding interest rates, to wit:
A. For 12 Months Term - Five Percent (5\%) per annum
B. For $24-36$ Months Term - Six Percent (6\%) per annum
C. For $48-60$ Months Term - Seven Percent (7\%) per annum

Computation of interest will be based on diminishing balance method.

## LOAN CHARGES:

1. Service Fee- $2 \%$
2. Capital Build Up - 2\% (BR 31-2015)
3. Handling Fee - Twenty-Five Pesos (P 25.00) for Regular Members and Two Hundred Pesos (P200.00) for Associate Members (includes cost of Mailing) (BR NO. __-2021) [AMOUNT IS SUBJECT TO CHANGE DEPENDING ON COURIER CHARGES]
4. Previous Loan balance, if there is any
5. MANULIFE LOAN SECURE premium rate shall be computed per every $P 1,000.00$ of approved loan and shall be based on the term of the member's loan as follows:

| TERM OF LOAN | PREMIUM RATE / P 1000.00 |
| :--- | :---: |
| Twelve (12) Months | $\mathrm{P} 0.65 / \mathrm{month}$ |
| Twenty Four (24) Months | $\mathrm{P} 0.70 /$ month |
| Thirty Six (36) Months | $\mathrm{P} 0.75 /$ month |
| Forty Eight (48) Months | $\mathrm{P} 0.80 /$ month |
| Sixty (60) Months | $\mathrm{P} 0.85 /$ month |

## TERMS OF PAYMENT:

1. Salary Loan - Up to Thirty Six (36) Months
2. Multi-Purpose Loan - P10,000.00 - P50,000.00 - Up toTwenty Four (24) months; P 55,000.00 - P150,000.00 - Up toThirty Six (36) months (BR 15-2020)
3. Short-Term Loan - P 5,000.00 - P $50,000.00$ - Three (3), Six (6) and Nine (9) months
4. Educational Loan - P $10,000.00$ - P 50,000.00 - Twelve (12) Months
5. Financial Assistance Loan - Maximum P500,000.00 - Up to Sixty (60) Months or Five (5) Years

Individual Application for Group Credit Life Insurance

The Manufacturers Life Insurance Co. (Phils.), Inc
Head Office: 10th Floor NEX Tower, 6786 Ayala Avenue. Makati City, 1229 Philippines
MGCL No
Customer Care: (02) 884-7000
Domestic Toll-Free: 1-800-1-888-62
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com
Please answer completely and accurately. If possible use black ink. Any change should be initialled by proposed insured and/or owner/payor.


## PRIVACY CONSENT STATEMENT

We, Manulife Philippines (the Company), value and protect our clients' privacy as we understand that the use of your personal information is important to you, The collection and use of information is fundamental to our business as it allows us to evaluate, issue and administer the policy you have applied for.

## By signing below and submitting this application, you agree that:

- You understand that the Company is a member company of the Manulife Financial Group and it may have obligations to meet the requirements of both local and foreign regulatory authorities (including local and foreign tax authorities such as the U.S Internal Revenue Service) as well as other legal obligations from time to time relating to information sharing and tax reporting from time to time ("regulatory and legal requirements"),
- You consent to the use of information provided to the Company and you will provide us with information that we request from time to time and allow us to share/report such information with our local and foreign authorities (including local and foreign tax authorities) to meet said regulatory and legal requirement.
- You will notify us as soon as possible of any change in the information that you have provided to us, including any circumstances such as a change in your residence, address, telephone number and citizenship.
- You hereby waive any rights you may have that would prevent us from meeting reporting requirement mentioned above.

I declare that I have not reached $\qquad$ years of age. I possess sound health and am able to perform the normal activities in the pursuit of my livelihood. I understand and agree that the insurance issued on this application is based on the truth of the foregoing representations and is subject to the provisions of the GROUP CREDIT LIFE INSURANCE MASTER POLICY issued by The Manufacturers Life Insurance Company who reserves the right to reject the application or rescind the insurance if there was failure on my part, whether intentional or unintentional, to disclose material information pertinent to the insurance applied for.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau, my employer, or other organization, institution or person, that has any knowledge of me or my health, to give The Manufacturers Life Insurance Company any such information. A photographic copy of this authorization shall be as valid as the original.

Signature of Applicant: $\qquad$ Date $\qquad$ Place of Signing

