



**DEPARTMENT OF JUSTICE
EMPLOYEES' MULTI-PURPOSE COOPERATIVE**
7th 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. _____

**THE BOARD OF DIRECTORS
DOJ-COOP –MANILA
GENTLEMEN:**

I have the honor to apply for the following, with **Terms of Payment** of ☐ 6 ☐ 9 ☐ 12 ☐ 24 ☐ 36 ☐ 48 ☐ 60 Months

- ☐ **SALARY LOAN:** ____ Month/s (up to 8 Mos.) **Maximum Loanable Amount is P 500,000.00.**
Maximum Terms of Payment up to 36 Months
- ☐ **MULTI-PURPOSE LOAN:** P _____ **Maximum Loanable Amount is P 150,000.00.**
Maximum Terms of Payment up to 36 Months
- ☐ **FINANCIAL ASSISTANCE LOAN:** P _____ **Maximum Loanable Amount is P 500,000.00. (BR No. ____-2023)**
P100,000 & P200,000 (Up to 36 Months); P300,000, P400,000, & P500,000 (Up to 60Months)
- ☐ **EDUCATIONAL LOAN:** P _____ **Maximum Loanable Amount is P 50,000.00; Term Twelve (12) Months**
ATTACH COPY OF CURRENT SCHOOL ASSESSMENT FORM
- ☐ **SHORT TERM LOAN:** P _____ **Maximum Loanable Amount is P 50,000.00; Term Nine (9) 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 P 1,000,000.00.**
5. In case the amount stated is not applicable, are you willing to receive a lower amount? ☐ YES ☐ NO

PROMISSORY NOTE

For value received, I, _____ 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 _____), payable in monthly installments of _____ (P _____); the first payment to be made on _____ and every month thereafter until this loan, including interests and other charges, shall have been paid.

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	Applicant's Name and Signature	Official Station
For Purposes of Loan Processing:		
Date of Birth: _____	Civil Status: _____	
Present Home Address: _____		
Contact Number: Landline: _____	Mobile No./s: _____	
Mode of Payment: <input type="checkbox"/> Check <input type="checkbox"/> ATM		

<u>To be filled up by Head/Chief of Office/Authorized Official</u>	
Leave Credits as of _____	With Pending Administrative/Criminal Case/s
Vacation Leave _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sick Leave _____	If yes, pls. specify _____
Total _____	CERTIFIED BY _____
CERTIFIED CORRECT BY _____	

To be filled up by the DOJ-COOP

Gross Amount	P	_____	Date Received :	_____
Less: Service Fee		_____	Gross Salary/mo. P	_____
25 % Capitalization		_____	Net Salary/mo. P	_____
Additional Share Capital		_____		
Handling Fee		_____	Monthly Installments	
Manulife Loan Secure		_____	Principal P	_____
Previous Loan Balance		_____	Interest	_____
Other Loan Balance		_____	Total	_____
Net Amount of Loan P		_____	Period of Collection	_____

ACTION TAKEN BY THE CREDIT COMMITTEE

☐ **APPROVED**

☐ **DISAPPROVED** Reason: _____

CREDIT COMMITTEE

(Print Name and Signature)

POLICY GUIDELINES ON THE AVAILMENT OF LOANS:

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. **FINANCIAL ASSISTANCE LOAN (FAL) may be availed ONLY if Salary and Multi-Purpose Loan has been exhausted. OFF-SETTING of other loan balance is NOT allowed.**
3. Applicant must be included in the preceding and current regular payroll.
4. 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.
5. 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.
6. Applicant must have no pending criminal/administrative case.
7. 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.
8. Applicant can avail of the following loans subject to leave credits requirement as follows:

LEAVE CREDITS	SALARY LOAN	MULTI-PURPOSE LOAN	FINANCIAL ASSISTANCE LOAN	SHORT TERM LOAN	EDUCATIONAL LOAN
100 days Above	TOTAL OF ALL LOANS EXCEEDING P 500,000.00 (except Calamity Loan)				
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

9. Members with **NO LEAVE CREDITS** or **WITH PENDING ADMINISTRATIVE/CRIMINAL CASE** may avail up to **Eighty percent (80%) of his paid-up capital** but not to exceed FIVE HUNDRED THOUSAND (P 500,000.00).
10. 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 (P 200.00) 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	P 0.65 / month
Twenty Four (24) Months	P 0.70 / month
Thirty Six (36) Months	P 0.75 / month
Forty Eight (48) Months	P 0.80 / month
Sixty (60) Months	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 to Twenty Four (24) months; P 55,000.00 – P150,000.00 – Up to Thirty 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 – P100,000 & P200,000 (Up to 24 Months); P300,000, P400,000, & P500,000 (Up to 60Months)

Please answer completely and accurately. If possible use black ink. Any change should be initialled by proposed insured and/or owner/payor.

Policyholder					<input type="checkbox"/> Principal Borrower <input type="checkbox"/> Co-Borrower	
PROPOSED INSURED'S INFORMATION						
Name (Title) (Last)		(First)		(Middle)		
Date of Birth (YYYY/MM/DD)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Height <input type="checkbox"/> cm <input type="checkbox"/> ft/in	Weight <input type="checkbox"/> lbs <input type="checkbox"/> kls	Place of Birth	
Permanent Residence Address (Number, Street, City & Province)					Citizenship	
Office Address (Number, Street, City & Province)					Self-Declaration Statement	
Zip Code []					Check the box that applies:	
Contact Numbers (specify area code)	Residence	Office	Mobile			
Email	Occupation		TIN or SSS/GSIS			
Amount of Loan	Term of Loan		Maturity Date			
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> I acknowledge that I am not a United States Citizen, United States Permanent Resident Alien (Green Card Holder) or a United States Resident. </div> <div> <input type="checkbox"/> I acknowledge that I am a United States Citizen, United States Permanent Resident Alien (Green Card Holder) or a United States Resident. </div> </div>						

STATEMENT OF HEALTH (Please use back portion if spaces provided below are not sufficient)		
1	Have you ever been declined, postponed, charged higher than standard premium rates, or offered modified benefits for life, critical illness, disability, or health insurance?	[] Yes [] No
2	Have you ever had, been told that you have, had symptoms of or been treated for cancer, growth of any kind, diabetes, raised blood pressure, chest pain, heart attack, stroke, Transient Ischemic Attack (TIA), Hepatitis B or C (including Hepatitis B carrier), mental illness, rheumatoid arthritis, HIV or AIDS, alcoholism and/or drug addiction, any disease or disorder of the heart, arteries, or veins, brain or nervous system, lungs, blood, kidney(s), liver, bowel, stomach, pancreas, or any other major illness or disorder?	[] Yes [] No
3	During the past 5 years, have you attended or are you currently attending or do you plan to attend any hospital, clinic, or doctor for any illness or injury, medical advice, operation, or treatment and/or for any diagnostic test (e.g. ECG, Xray, blood test, etc.) not mentioned, (exclude minor ailments like common colds, flu, minor accidental injuries which you have recovered, routine health check up with normal results) and/or are you taking medication on a regular or ongoing basis?	[] Yes [] No
4	Do you currently have any signs or symptoms of illness or disease for which you have not sought medical advice? • Heart disease, stroke, elevated blood pressure, chest pain or other cardiovascular diseases? • Cancer, leukemia, Hodgkin's disease, tumor or other malignancies?	[] Yes [] No
Please use space provided to provide full details on any "YES" answers to questions #s 1 to 4		
5	Do you engage in aviation, racing (automobile, go-kart, cycle, boat or snowmobile), or diving (skiing, scuba or sky) activities? If yes, please give details as to type, location and frequency:	[] Yes [] No
6	Secondary Beneficiary	Relationship to Applicant:
	Date of Birth (YYYY/MM/DD)	
	Revocable [] Irrevocable []	
	Citizenship	

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 _____ 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: _____ Date: _____ Place of Signing: _____

Witness (Signature over printed name): _____