



**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 Case/s  
 YES  NO  
 If yes, pls. specify \_\_\_\_\_  
**CERTIFIED BY** \_\_\_\_\_

**To be filled up by the DOJ-COOP**

**Gross Amount** P \_\_\_\_\_  
 Less: Service Fee \_\_\_\_\_  
 25 % Capitalization \_\_\_\_\_  
 Additional Share Capital \_\_\_\_\_  
 Handling Fee \_\_\_\_\_  
 Manulife Loan Secure \_\_\_\_\_  
 Previous Loan Balance \_\_\_\_\_  
 Other Loan Balance \_\_\_\_\_  
 Net Amount of Loan P \_\_\_\_\_

**Date Received:** \_\_\_\_\_  
 Gross Salary/mo. P \_\_\_\_\_  
 Net Salary/mo. P \_\_\_\_\_

**Monthly Installments**  
 Principal P \_\_\_\_\_  
 Interest \_\_\_\_\_  
 Total \_\_\_\_\_  
 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 are **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 that is ten percent (10%) higher than the provisions of the General Appropriation Act (GAA) after all deductions have been made, including this loan amortization.
4. Applicant for a 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 loan proceeds to cover the minimum requirement.
5. Applicant must have no pending criminal/administrative case.
6. **FINANCIAL ASSISTANCE LOAN (FAL)** may be availed **ONLY** if Salary and Multi-Purpose Loan have been exhausted. **OFFSETTING** of other loan balances is **NOT** allowed.
7. **CONSOLIDATION LOAN (Conso Loan)** may be availed with two or more existing loans that are at least three months old, except CAB. The minimum conso loan is Two Hundred Thousand Pesos (P200,000.00)
8. **Recreational LOAN (RL)** shall be granted to members who desire to have recreational hobbies. If the borrower cannot comply with the take-home pay requirement, a down payment in the form of equity may be required.
9. 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 AND CONSOLIDATION LOAN - RENEWAL IS UPON PAYMENT OF FIFTY PERCENT (50%), EXCEPT RECREATIONAL LOAN which is not renewable.** All loans are 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 hundredths, and Manulife Loan insurance.
10. 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	CONSOLIDATION LOAN	RECREATIONAL LOAN
101 days Above	<b>TOTAL OF ALL LOANS EXCEEDING P 500,000.00 (except Calamity Loan)</b>					501,000 – 1,000,000	501,000 – 1,000,000
61 – 100 days	8 months Salary but not to exceed P500,000	110,000 – 150,000	500,000			401,000 – 500,000	301,000 – 500,000
30 – 60 days	5 months Salary but not to exceed P300,000						
15 – 29 days	3 months Salary but not to exceed P200,000	40,000 – 100,000		35,000 – 50,000	31,000 – 50,000		50,000 – 100,000
1 – 14 days		10,000 – 30,000		5,000 – 30,000	10,000 – 30,000		

- Members with **NO LEAVE CREDITS** or **WITH PENDING ADMINISTRATIVE/CRIMINAL CASES** may avail up to **One Hundred percent (100%) of his/her paid-up capital, but not to exceed FIVE HUNDRED THOUSAND (P500,000.00)**.
- The Maximum age requirement for the availment/renewal of a 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:**

- Applicant may choose any of the following terms of payment and the corresponding interest rates, to wit:
  - For 12 Months Term - Five Percent (5%) per annum
  - For 24 – 36 Months Term – Six Percent (6%) per annum
  - For 48 Months Term – Seven Percent (7%) per annum
  - For 60 Months Term – Eight Percent (8%) per annum

**Computation of interest will be based on the diminishing balance method.**

**LOAN CHARGES:**

- Service Fee - 2%
- Capital Build Up - 2% (BR 31-2015)**
- 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]**
- Previous Loan balance, if there is any
- MANULIFE LOAN SECURE** premium rate shall be computed for every P 1,000.00 of approved loan and shall be based on the term of the member's loan as follows:

TERMS OF LOAN	PREMIUM RATE / P1000.00
Twelve (12) Months	P0.65 / month
Twenty Four (24) Months	P0.70 / month
Thirty Six (36) Months	P0.75 / month
Forty Eight (48) Months	P0.80 / month
Sixty (60) Months	P0.85 / month

**TERMS OF PAYMENT:**

- Salary Loan – Up to Thirty-Six (36) Months
- 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)**
- Short-Term Loan – P 5,000.00 – P 50,000.00 – Three (3), Six (6), and Nine (9) months
- Educational Loan – P 10,000.00 – P 50,000.00 – Twelve (12) Months
- Financial Assistance Loan – P100,000 & P200,000 (Up to 24 Months); P300,000, P400,000, & P500,000 (Up to 60 Months)
- Consolidation Loan – Up to Sixty (60) Months
- Recreational Loan – P50,000 – P100,000 (Up to 24 Months); P101,000 – P300,000 (Up to 36 Months), P301,000 - P500,000 (Up to 48 Months); P501,000 – P1,000,000 (Up to 60 Months)

The Manufacturers Life Insurance Co. (Phils.), Inc.  
 Head Office: 10th Floor NEX Tower, 5786 Ayala Avenue, Makati City, 1229 Philippines  
 Customer Care: (02) 884-7000  
 Domestic Toll-Free: 1-800-1-888-6268  
 Website: www.manulife.com.ph  
 Email: phcustomer@manulife.com

MGCL No     -

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

Policyholder					<input type="checkbox"/> Principal Borrower <input type="checkbox"/> Co-Borrower	
<b>PROPOSED INSURED'S INFORMATION</b>						
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"/> kgs	Place of Birth	
Permanent Residence Address (Number, Street, City & Province)					Citizenship	
Office Address (Number, Street, City & Province)					Self-Declaration Statement	
Contact Numbers (specify area code)					Check the box that applies:	
Residence	Office	Mobile	<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.			
Email	Occupation	TIN or SSS/GSIS		<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.		
Amount of Loan	Term of Loan	Maturity Date				

<b>STATEMENT OF HEALTH</b> (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? <i>If yes, please give details as to type, location and frequency:</i>	[ ] 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): \_\_\_\_\_