



**DEPARTMENT OF JUSTICE  
EMPLOYEES' MULTI-PURPOSE COOPERATIVE**

DOJ Building, Padre Faura St., Ermita, Manila  
☎(02) 7617-7068 \* 0917-1378030\*0927-6144820

Date Received: \_\_\_\_\_

**CALAMITY LOAN APPLICATION FORM**

THE BOARD OF DIRECTORS  
DOJ COOP – MANILA  
GENTLEMEN:

I have the honor to apply for:

CALAMITY LOAN: P \_\_\_\_\_ Terms of Payment:  12  24 Months  
The Maximum Loanable Amount is P 20,000.00.

- NOTE:**
1. The Interest Rate at 6% Per Annum only, shall be an add-on in the monthly amortizations;
  2. Subject to Manulife Loan Insurance and Handling Fee;
  3. Balance of previous Calamity Loan shall be deducted from the Gross amount of loan;
  4. Subject to the net take home pay in compliance with the provisions of the General Appropriations Act (GAA) after all deductions have been made, including this loan amortization;
  5. Service Fee and leave credit requirements are WAIVED.

**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, so much 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).

**For Purposes of Loan Processing:**

Date of Birth: \_\_\_\_\_

Present Home Address: \_\_\_\_\_

Contact Number: Landline: \_\_\_\_\_ Mobile No./s: \_\_\_\_\_

Mode of Payment:  Check  ATM

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name and Signature

\_\_\_\_\_  
Official Station

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

<b>Gross Amount</b>	P		<b>Date Received :</b>	
Less: 25% Share Capital			Gross Salary/mo. P	
Handling Fee			Net Salary/mo. P	
Manulife Loan Insurance				
Previous Loan Balance			<b>Monthly Installments</b>	
Net Amount of Loan	P		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. **Calamity Loan (CL)** shall be available to all members affected by any form of natural calamities/disasters as declared by the President of the Republic, the National Disaster Risk Reduction Management Council (NDRRMC) or by the Local Government units concerned.
2. The updated address indicated in the Membership Form filed with the DOJ-COOP shall be the basis of determining the actual and present address of member availing Calamity Loan. Changing of address in order to avail CL will not be allowed except when a member submits pertinent documents to prove his/her change of residency.
3. Applicant must be included in the preceding and current regular payroll.
4. Applicant must have a net take home pay in compliance with the provisions of the General Appropriations Act (GAA) after all deductions have been made, including this loan amortization.
5. Maximum loanable amount of CL is **Twenty Thousand Pesos (P 20,000.00)** with payment options of **twelve (12) or twenty four (24) monthly installments, interest rate of Six percent (6%) per annum** and deduction of **Manulife Loan Insurance, but with no service fee and leave credit requirements.** A **Handling Fee of Twenty Five Pesos P 25.00** for Regular Members and **One Hundred Fifty Pesos (P 150.00)** for Associate Members (includes cost of Mailing) shall be charged if they opt to receive the proceeds through check.
6. Applicant must have contributed at least **Twenty Five percent (25%)** of the gross loanable amount. However, if his/her contribution/share capital is less than 25%, the balance will be deducted from the proceeds of his/her loan to cover the minimum requirement.
7. The grant of CL shall be an **exemption** from the provisions of **Board Resolution No. 27-2014**, which limits the total gross loanable amount for all types of loans being offered by DOJ-COOP to **Three Hundred Thousand Pesos (P 300,000.00).**
8. Only existing CL balance shall be deducted from the proceeds of the new CL.
9. All CL applications will be processed, scheduled and approved for payment by the Credit Committee on a first-come-first served basis, **except** when the loan being processed comes from one of the members of the Credit Committee, in which case, it should be approved by the Board of Directors.
10. In case of default in payment, without valid reasons, **one percent (1%) penalty** of the amount due per month of delay will be charged.

**LOAN CHARGES:**

1. Handling Fee – Twenty-Five Pesos (P 25.00) for Regular Members and One Hundred Twenty Five Pesos (P 150.00) for Associate Members (includes cost of Mailing).
2. Previous Loan balance, if there is any
3. **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



**Individual Application  
for Group Credit Life Insurance**

MCGL No       -

**THE MANUFACTURERS LIFE INSURANCE CO. (PHILS.), INC.**  
 Head Office: LKG Tower, 6801 Ayala Avenue, Makati City, 1226 Philippines  
 Tel. Nos. 88-4-LIFE (884-5433) / 884-7000 • Fax: 885-7412

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>BORROWER'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"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	Height	Weight	Place of Birth	
Residence Address (Number, Street, City & Province)				Office Address (Number, Street, City & Province)			
Zip Code [      ]				Zip Code [      ]			
Contact Numbers (specify area code)	Residence	Office	Mobile	Email			
Occupation			TIN or SSS/GSIS		Nationality		
Amount of Loan			Term of Loan		Maturity Date		

**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:

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) : \_\_\_\_\_