



**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 A COPY OF THE CURRENT SCHOOL ASSESSMENT FORM
- ☐ **SHORT TERM LOAN:** P _____ Maximum Loanable Amount is P 50,000.00; **Term Nine (9) Months**
- ☐ **CONSOLIDATION LOAN:** P _____ Maximum Loanable Amount is P 1,000,000.00. (BR No. ____-2025)
MINIMUM LOAN AMOUNT IS P200,000 – P 1,000,000 (UP TO 60 MONTHS)
- ☐ **RECREATIONAL LOAN:** P _____ Maximum Loanable Amount is P 1,000,000.00. (BR No. ____-2025)
MINIMUM LOAN AMOUNT IS P200,000 – P 1,000,000 (UP TO 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. **PLEASE PROVIDE A CERTIFICATE OF LEAVE CREDITS AND A CERTIFICATE OF NO PENDING CASE. (Page 3)**
- (IMPORTANT) 4. ALL LOAN APPLICATIONS SHALL BE ACCOMPANIED BY A MANULIFE LOAN INSURANCE FORM.
5. The Total Maximum Loanable Amount for all types of loans is P 1,000,000.00. ☐
6. 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 the need of any formal demand. I hereby agree to waive presentation of payment, demand, protest, 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, through 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: _____

Mobile Number: _____ Email Address: _____

Mode of Payment: ☐ Check ☐ ATM

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
100 days Above	TOTAL OF ALL LOANS EXCEEDING P 500,000.00 (except Calamity Loan)					501,000 – 1,000,000	501,000 – 1,000,000
61 – 99 days	8 months Salary but not to exceed P 500,000	110,000 – 150,000	500,000			401,000 – 500,000	301,000 – 500,000
30 – 60 days	5 months Salary but not to exceed P 300,000					200,000 – 400,000	101,000 – 300,000
15 – 29 days	3 months Salary but not to exceed P 200,000	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		

- 11. 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).**
- 12. 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:

- 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

D. For 60 Months Term – Eight Percent (8%) per annum

Computation of interest will be based on the 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 for 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 60 Months)
6. Consolidation Loan – Up to Sixty (60) Months
7. 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)

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

P
P
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)



The Manufacturers Life Insurance Co. (Phila.), Inc.
Head Office: 10th Floor NEX Tower, 6786 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

Individual Application
for Group Credit Life Insurance

MGCL No [] [] [] [] - [] []

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"/> Separated	<input type="checkbox"/> Married <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)					Zip Code [] [] [] []	Citizenship
Office Address (Number, Street, City & Province)					Zip Code [] [] [] []	Self-Declaration Statement Check the box that applies:
Contact Numbers (specify area code)	Residence	Office	Mobile	<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.		
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				
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?					<input type="checkbox"/> Yes <input type="checkbox"/> 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?					<input type="checkbox"/> Yes <input type="checkbox"/> 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?					<input type="checkbox"/> Yes <input type="checkbox"/> 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?					<input type="checkbox"/> Yes <input type="checkbox"/> 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 (skiling, scuba or sky) activities? If yes, please give details as to type, location and frequency:					<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Secondary Beneficiary	Date of Birth (YYYY/MM/DD)	Revocable <input type="checkbox"/>	Irrevocable <input type="checkbox"/>	Citizenship	Relationship to Applicant:

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): _____