



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

DOJ Building, Padre Faura St., Ermita, Manila
☎ (02) 7617-7068 * 0917-1378030*0927-6144820
Email Address: osjempc1989@gmail.com

Date Received: _____

NEW NORMAL LOAN
APPLICATION FORM

THE BOARD OF DIRECTORS
DOJ COOP – MANILA

GENTLEMEN:

I have the honor to apply for:

NEW NORMAL LOAN: P _____ Terms of Payment: 12 24 Months
The Maximum Loanable Amount is P 20,000.00.

- NOTE:**
1. The Interest Rate at 5% Per Annum only, shall be an add-on in the monthly amortizations;
 2. Subject to Manulife Loan Insurance and Handling Fee (**Manulife form to be attached herewith**);
 3. 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;
 4. **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, considerable amount of my share 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

Gross Amount	P	_____	Date Received :	_____
Less: 25% Share Capital		_____	Gross Salary/mo. P	_____
Handling Fee		_____	Net Salary/mo. P	_____
Manulife Loan Insurance		_____		
Previous Loan Balance		_____	Monthly Installments	
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. **New Normal Loan (NNL)** shall be available to all members.
2. Applicant must be included in the preceding and current regular payroll.
3. 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.
4. Maximum loanable amount of NNL is **Twenty Thousand Pesos (P 20,000.00)** with payment options of **twelve (12) or twenty four (24) monthly installments, interest rate of Five percent (5%) 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.
5. 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.
6. The grant of NNL 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)**.
7. **NO OTHER LOAN BALANCE** shall be deducted from the proceeds of NNL;
8. All NNL applications will be processed, scheduled and approved for payment by the Credit Committee or by an authorized officer 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.
9. 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	
BORROWER'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	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) : _____