



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

<p><b>Gross Amount</b> P _____</p> <p>Less: Service Fee _____</p> <p>25 % Capitalization _____</p> <p>Additional Share Capital _____</p> <p>Handling Fee _____</p> <p>Manulife Loan Secure _____</p> <p>Previous Loan Balance _____</p> <p>Other Loan Balance _____</p> <p>Net Amount of Loan P _____</p>	<p><b>Date Received :</b> _____</p> <p>Gross Salary/mo. P _____</p> <p>Net Salary/mo. P _____</p> <p><b>Monthly Installments</b></p> <p>Principal P _____</p> <p>Interest _____</p> <p>Total _____</p> <p>Period of Collection _____</p>
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**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** can avail of all loans **payable within two (2) years only**.
2. Applicant must be included in the preceding and current regular payroll.
3. 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.
4. 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.
5. Applicant must have no pending criminal/administrative case.
6. The loan may be **RENEWED** upon payment of at least **Six Months (6)** of monthly amortizations for all types of loans.
7. Applicant can avail of the following loans subject to leave credits requirement as follows:

LEAVE CREDITS	SALARY LOAN	MULTI-PURPOSE LOAN	SHORT TERM LOAN
61 days and Above	8 months Salary but not to exceed P 500,000	110,000 – 150,000	
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

8. 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)**.
9. 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 up to **Eighty percent (80%) of his/her paid-up capital only**. Loan of more than 80% of paid up capital may still be availed, provided he/she has at least 60 days Leave Credits per month of salary or its equivalent but not to exceed **FIVE HUNDRED THOUSAND PESOS (P 500,000.00)**.

**INTEREST RATE:**

1. Applicant may choose any of the following terms of payment and the corresponding interest rates, to wit:
  - A. For Salary and Multi-Purpose Loan – Six Percent (6%) per annum
  - B. For Short Term Loan – Six Percent (6%) per annum
2. 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 One Hundred Fifty Pesos (P 150.00) for Associate Members (includes cost of Mailing).
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

**TERMS OF PAYMENT:**

1. Salary Loan – Up to Thirty Six (36) Months
2. Multi-Purpose Loan – P 10,000.00 – P 50,000.00 – Up to Twenty Four (24) months to Pay; and P 55,000.00 – P150,000.00 – Up to Thirty Six (36) months to Pay (**BR 15-2020**)
3. Short-Term Loan – P 5,000.00 – P 50,000.00 – Three (3), Six (6) and Nine (9) months to Pay;



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