

Sick Leave

CERTIFIED CORRECT BY

DEPARTMENT OF JUSTICE EMPLOYEES' MULTI-PURPOSE COOPERATIVE

DOJ Building, Padre Faura St., Ermita, Manila (02) 7617-7068 * 0917-1378030*0927-6144820 Email Address: DOJ-COOP1989 @gmail.com

LOAN APPLICATION FORM No._____

	LUAN APPLICATION FURIN	<u>l</u> NO
THE BOARD OF DIRECTORS DOJ-COOP –MANILA GENTLEMEN:		
I have the honor to apply for the follo	owing:	
SALARY LOAN: Month/s (up The Maximum Loanable Amount	o to 8 Mos.) Terms of Payment: t is <u>P 500,000.00.</u> (BR No. 15-2020)	☐ 12 ☐ 24 ☐ 36 Months
MULTI-PURPOSE LOAN: P The Maximum Loanable Amount	Terms of Payment: is <u>P 150,000.00.</u>	12 24 36 Months
SHORT TERM LOAN: P The Maximum Loanable Amount		3 6 9 Months
(IMPORTANT) 3. ALL LOAN APPLICATION 4. The Total Maximum Loan	CY GUIDELINES AT THE BACK BEFO SHALL BE ACCOMPANIED BY MAN able Amount for all types of loan is <u>F</u>	RE ACCOMPLISHING THIS FORM. ULIFE LOAN INSURANCE FORM.
	PROMISSORY NOTE	
amount of	(P);	hereby promise to pay the Department o h its Treasurer, or through Payroll Deduction, the), payable in monthly installments o the first payment to be made or nterests and other charges, shall have been paid.
absence without official leave, and/or separa	tion from the service, the entire unpaid I payable without need of any formal	or in case of my disability, retirement, resignation balance of this loan, including interests and othe demand. I hereby agree to waive presentation o
my capital deposit, including earned dividen- present office, that would be sufficient to pa	ds, with DOJ-COOP and all monies a ay off the entire outstanding balance of Department of Justice to deduct the n	OP, without further notice, considerable amount on monetary benefits due, or to be due, from my of this loan, including stipulated interests, service eccessary amounts from all monies due me and to
of the By-Laws and the Rules and Regulation DOJ-COOP on any matter relating to this lo	ns of the DOJ-COOP. I also promise to ban. In case payment shall not be ma percent of the principal and interest d	promise to pay a fine in accordance with the terms abide by the Decision of the Board of Directors of de at maturity, I shall pay costs of collection and ue on this promissory note and, in no event, shall
Date Ap	oplicant's Name and Signature	Official Station
For Purposes of Loan Processing: Date of Birth:	Civil Status:	
-		
Contact Number: Landline:	Mobile No./s:	
Mode of Payment: ☐ Check ☐	」ATM lled up by Head/Chief of Office/Autho	orized Official
Leave Credits as of Vacation Leave	With Pe	ending Administrative/Criminal Case/s YES NO

If yes, pls. specify **CERTIFIED BY**

ross Amount	Р	Date Received :	
ess: Service Fee		 Gross Salary/mo. P	
25 % Capitalization			
Additional Share Capital		 ·	
Handling Fee		 Monthly Installments	
Manulife Loan Secure		 Principal P	
Previous Loan Balance		 Interest	
Other Loan Balance		 Total	
Net Amount of Loan	Р	 Period of Collection	
CTION TAKEN BY THE CREDIT O		 ason:	
REDIT COMMITTEE			

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
- 5. Applicant must have no pending criminal/administrative case.
- 6. The loan may be **<u>RENEWED</u>** 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	440,000, 450,0000	
30 – 60 days	5 months Salary but not to exceed P 300,000	110,000 – 150,0000	
15 – 29 days	3 months Salary but not to	40,000 – 100,000	35,000 - 50,000
1 – 14 days	exceed P 200,000	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%)
 - 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 toTwenty 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 0 0 0 0 0 0 - 0 0

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 initialled by proposed insured and/or owner/payor. 1 Principal Borrower Policyholder [] Co-Borrower **BORROWER'S INFORMATION** (First) (Middle) Name (Title) (Last) Place of Birth Height Weight Date of Birth (YYYYMM/DD) Sex [] Male Civil [] Single [] Married [] Female Status [] Separated [] Widowed Office Address (Number, Street, City & Province) Residence Address (Number: Street, City & Province) Zip Code [Zip Code [Mobile Email Contact Numbers Office Residence (specify area code) TIN or SSS/GSIS Nationality Occupation Term of Loan Maturity Date Amount of Loan STATEMENT OF HEALTH (Please use back portion if spaces provided below are not sufficient) Have you ever been declined, postponed, charged higher than standard premium rates, or offered modified benefits for life, critical [] Yes [] No illness, disability, or health insurance? Have you ever had, been told that you have, had symptoms of or been treated for cancer, growth of any kind, diabetes, raised blood [] Yes [] No 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? 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 [] Yes [] No 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? Do you currently have any signs or symptoms of illness or disease for which you have not sought medical advice? [] Yes [] No · Heart disease, stroke, elevated blood pressure, chest pain or other cardiovascular diseases? · Cancer, leukemia, Hodgkin's disease, tumor or other malignancies? Please use space provided to provide full details on any "YES" answers to questions #s 1 to 4 Do you engage in aviation, racing (automobile, go-kart, cycle, boat or snowmobile), or diving (skiing, scuba or sky) activities? [] Yes [] No If yes, please give details as to type, location and frequency: Relationship to Applicant: Secondary Beneficiary: 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. Place of Signing Signature of Applicant: Date Witness (Signature over printed name):