

BSU AND COMMUNITY MULTIPURPOSE COOPERATIVE (BSUCMPC)

CDA Reg. No.: 9520-15000523 / CIN 0103150134

BSU Compound, Km 5, Balili, La Trinidad, Benguet

Telefax # (074) 422-1846 / (074) 422-1504

LOAN APPLICATION FORM

Date: _____ Date Received: _____

Name of Borrower : _____ Contact No.: _____

Present Address : _____

Home Ownership : _____ owned (not mortgaged); _____ renting; house owner: _____

_____ living with parents/relatives; _____ owned (mortgaged); bank name: _____

Provincial Address : _____

Date of Birth : _____ Age: _____ Civil Status: _____

() Employed () Self-employed Nature of Work: _____

Employers' / Business Name : _____

Employers' / Business Address: _____

Employers' / Business Contact No : _____

Name of Spouse : _____ No. of Dependents : _____

I hereby apply for a loan in the amount of _____ (P _____) for the purpose/s of:

- | | |
|---|---|
| <input type="checkbox"/> Agricultural/farm inputs | <input type="checkbox"/> Asset acquisition |
| <input type="checkbox"/> Business capital | <input type="checkbox"/> Industrial loan |
| <input type="checkbox"/> Housing/home loan | <input type="checkbox"/> Travel loan |
| <input type="checkbox"/> Appliance/financing loan | <input type="checkbox"/> Educational loan |
| <input type="checkbox"/> Household/commodity loan | <input type="checkbox"/> Medical/hospitalization |
| <input type="checkbox"/> Salary loan | <input type="checkbox"/> Emergency loan/Test loan |

Payable within _____ months/_____ year/s in _____ monthly _____ quarterly _____ semi-annually or _____ lump sum installment at the rate of _____ %per annum.

In consideration of the said loan, I/we hereby authorize to the Cooperative the following mode of payment:

- | | |
|--|--|
| <input type="checkbox"/> Salary deduction | <input type="checkbox"/> Over the counter payment (office) |
| <input type="checkbox"/> Automated Teller Machine (ATM) withdrawal | <input type="checkbox"/> Postdated checks (PDCs) deposits |
| <input type="checkbox"/> Field collection (c/o collectors) | <input type="checkbox"/> Others: _____ |

I bind myself and solidarity for the herein obligation and I further assign the following as security for the said loan:

- | | |
|--|--|
| <input type="checkbox"/> Share capital/fixed deposit | <input type="checkbox"/> Savings and time deposits |
| <input type="checkbox"/> Real estate property mortgage | <input type="checkbox"/> Bonuses and other benefits/claims |
| <input type="checkbox"/> Co-maker's share capital, savings and time deposits | |

Borrower's Signature

Spouse Printed Name & Signature

Co-maker's Name & Signature

Address:

Contact No.:

Co-maker's Name & Signature

Address:

Contact No.:

Co-maker's Name & Signature

Address:

Contact No.:

This is to certify that the above applicant/co-maker for the loan has the following balance/s as of the date of application:

APPLICANT

Fixed Deposit : _____
Savings Deposit/TD : _____
Outstanding Loan : _____

CO-MAKER (1)

Fixed Deposit : _____
Savings Deposit/TD : _____
Outstanding Loan : _____

CO-MAKER (2)

Fixed Deposit : _____
Savings Deposit/TD : _____
Outstanding Loan : _____

CO-MAKER (3)

Fixed Deposit : _____
Savings Deposit/TD : _____
Outstanding Loan : _____

Certified True and Correct:

LOAN ASSESSMENT

Approved Loan Amount: _____
Less:
Loan Balance : _____
CBU (share capital): _____
Interest
(pre-deducted/add-on): _____
LGF/APLL/INS. : _____
Service Fee : _____
Mutual Assistance: _____
Health Assistance : _____
Membership : _____
Other : _____
Net Amount : _____
Amortization : _____
Start of Payment: _____ Due: _____
Remarks: _____

Satellite Head

ANALYN B. GARCILIAN
Credit & Collection Officer

**FINANCIAL CAPACITY OF THE BORROWER
(CASH FLOW)**

CASH RECEIPTS

Net Salary/Income of Borrower	:	P	_____	
Spouse Income/Salary	:		_____	
Other Income (specify) _____	:		_____	
Total Cash In				P _____
Less Expenses				
Food	:	P	_____	
Utilities	:		_____	
Tuition Fees	:		_____	
Allowances	:		_____	
Contingencies	:		_____	
Other Payables	:		_____	
Total Expenses				P _____
Net Cash				P _____

I hereby certify to the correctness of the above information.

Borrower's Printed Name & Signature

RECOMMENDING APPROVALS

Satellite Head

C.I.B.I./Appraiser

ANALYN B. GARCILIAN
Credit and Collection Officer

APPROVALS

Chief Executive Officer

BOD - Chairperson

Certified correct as per BSUCMPC lending/credit policies:

Remarks: _____

Audit and Compliance Officer

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PROMISORY NOTE

KNOW ALL MEN BY THESE PRESENTS:

I, _____, single/married/widow
 to _____, both of legal age, Filipino, and resident of _____
 (hereafter called the "**Borrower**"),
 and I/We _____,
Co-maker (1) _____, Co-maker (2) _____,
 _____ single/married, all of legal age, Filipinos, and
Co-maker (3) _____
 residents of _____,
Co-maker 1 - Address _____, Co-maker 2 - Address _____

_____, Co-maker 3 - Address (hereafter called the "**Co-Makers**"), after having sworn to in accordance with law, hereby depose and state that:

1. I/WE acknowledge that I/WE have obtained a loan amounting to _____ (Php _____) from the BENGUET STATE UNIVERSITY AND COMMUNITY MULTIPURPOSE COOPERATIVE (BSUCMPC) at its office located at BSU Compound, Km 5, Balili, La Trinidad, Benguet which shall earn an interest at the rate of (____%) per annum until fully paid, and payable _____ within _____ months/____years;
2. I/WE hereby promise to pay JOINTLY and SEVERALLY to the BSUCMPC the above-stated loan in accordance with the hereto attached Disclosure Statement with Amortization Schedule hereto attached as **Annex "A"**;
3. I/WE shall exclusively use the proceeds of this loan for the purpose/s stated in my/our application;
4. I/WE understand and agree that failure on my/our part to pay two (2) successive monthly dues or interests, violation or non-compliance with any terms and conditions of this NOTE, shall cause this loan, including interest accruing thereon and such other charges and fees, to be due and payable in its entirety;
5. I/WE agree that the rate of interest charged herein shall automatically and correspondingly increase from the date of maximum rate of interest for the loan of this nature is increased by the policy of the Cooperative, or pursuant to the law;
6. I/WE agree that presentment of payment and notices of dishonor are waived. Holder may accept partial payment/s, but such acceptance shall not operate as waiver of rights and remedies herein granted, and the holder hereof reserves its of recourse against each and all endorsers;
7. Should co-maker assign this note, the liability of co-maker under this note shall be JOINT and SEVERAL;
8. Should it become necessary to collect this NOTE through an Attorney of Law, I/we hereby expressly agree to pay, JOINTLY and SEVERALLY, twenty percent (20%) of the total amount due on this NOTE as Attorney's fees exclusive of all cost and fees allowed by the law and other loan agreement executed in connection therewith;
9. In case of default in the payment of my loan, I/WE further authorize and empower the Cooperative or its successors and assigns, without need of formal notice and irrespective of the date of maturity, to deduct, set off and apply any amount or value from my Savings or Time Deposit Accounts as well as Capital Shares in order to pay, in whole or in part, the amount of my/our loan which became due and demandable;

10. I/we further expressly submit to the jurisdiction of the proper courts, or in place of execution of this NOTE, as the case maybe, at the option of the Cooperative in the event of litigation arising from this NOTE;

11. The content of this document have been read and explained to me/us and I/we have fully understood the same and their consequences.

IN WITNESS WHEREOF, I/we hereunto affix my/our signature/s or thumb mark this _____ day of _____ 20____ at La Trinidad, Benguet.

Borrower's Printed Name & Signature
I.D. No¹. _____
Valid until _____

Spouse Printed Name & Signature
I.D. No. _____
Valid until _____

Co-maker's Printed Name & Signature
I.D. No. _____
Valid until _____

Co-maker's Printed Name & Signature
I.D. No. _____
Valid until _____

Co-maker's Printed Name & Signature
I.D. No. _____
Valid until _____

Co-maker's Printed Name & Signature
I.D. No. _____
Valid until _____

SIGNED IN THE PRESENCE OF:

Satellite Head
TIN: _____

ANALYN B. GARCILIAN
Credit and Collection Officer
TIN: 297-384-592

Chief Executive Officer
TIN: _____

BOD – Chairperson
TIN: _____

Audit and Compliance Officer
TIN: _____

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES)
PROVINCE OF BENGUET) S.S
MUNICIPALITY OF LA TRINIDAD)

BEFORE ME, a Notary Public for the Province/City of _____, this _____ day of _____ 20____ personally appeared the above-named persons exhibiting to me their valid government issued identification cards as competent proof of their identities, known to me and to me known to me to be the same person/s who executed the foregoing instrument and who acknowledged to me that the same is his/her/their own voluntary act and deed and that of the cooperative represented.

The instrument refers to a Promissory Note consists of two (2) pages, signed by the parties and their instrumental witnesses.

WITNESS MY HAND AND NOTARIAL SEAL on the date and at the place above stated.

Doc. No.: ____;
Page No.: ____;
Book No.: ____;
Series of ____.

¹ It must be issued by the government (i.e., PRC License, Passport, Gov't Employee I.D., UMID, TIN, Postal, and the like)