

**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

\_\_\_\_\_  
 Co-maker's Name & Signature

\_\_\_\_\_  
 Co-maker's Name & Signature

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Contact No.: \_\_\_\_\_

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) _____	:		_____
<b>Total Cash In</b>			P _____
<b>Less Expenses</b>			
Food	:	P	_____
Utilities	:		_____
Tuition Fees	:		_____
Allowances	:		_____
Contingencies	:		_____
Other Payables	:		_____
<b>Total Expenses</b>			P _____
<b>Net Cash</b>			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: \_\_\_\_\_

REX VINCENT T. DICOS  
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) \_\_\_\_\_,  
 \_\_\_\_\_ Co-maker (3) \_\_\_\_\_ single/married, all of legal age, Filipinos, and  
 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. No<sup>1</sup>. \_\_\_\_\_  
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: \_\_\_\_\_

REX VINCENT T. DICOS  
Audit and Compliance Officer  
TIN: 704-319-981

### 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 \_\_\_\_.

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