

**PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**

Lot 318 – 320, Corner 1st and 2nd Streets, Brgy. West Crame, Bonnie Serrano Ave., San Juan City
 Trunk Lines 726-8070, 726-1675, 727-3959, E-Mail psmbfi@info.com.ph

Extension Office/Branch

Loan Application Form

<input type="checkbox"/> Policy Loan REQUIRED DOCUMENTS: 1. Duly accomplished Application Forms (PN & ATD) 2. Photocopy of ID w/ 3 specimen signature 3. Photocopy of latest payslip BORROWER'S CRITERIA 1. Equity Plan member for at least 12 months and with updated contribution 2. Borrower should have made at least six (6) months payment on his/her existing loan to qualify for re-loan	Loan Type: <input type="checkbox"/> SL Plus <input type="checkbox"/> Emergency <input type="checkbox"/> Multi-Purpose <input type="checkbox"/> CL <input type="checkbox"/> Others _____ REQUIRED DOCUMENTS: 1. Duly accomplished Application Forms (PN and ATD) 2. Original & Photocopies of Payslip of Borrower (latest 2 months). 3. Original & Photocopies of Borrower's ID (not expired /back to back) with 3 specimen signature 4. Certification of Non-Pending Case 5. Certification of Active Duty Status 6. Endorsement stating that the borrower and/or his family are affected by the Calamity. (for Calamity Loan) BORROWER'S CRITERIA 1. Borrower's Equity Plan monthly equity contribution is reflected in his/her payslip. 2. Borrower must not be retireable within the term of the loan and application for loan filed at least 1 year prior to retirement. 3. Borrower should have made at least 30% payment of his/her existing loan to qualify for re-loan.
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LOAN PARTICULARS	
STATUS <input type="checkbox"/> New Loan <input type="checkbox"/> Renewal	PAYMENT TERMS <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 Months
AMOUNT IN WORDS	AMOUNT

BORROWER'S DATA					
RANK	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	PAYSIP ACCT NO.
PERMANENT ASSIGNMENT (UNIT / REGION)				TELEPHONE NO.	RIGHT THUMB PRINT
PERMANENT HOME ADDRESS				CELLPHONE NO.	
HOME ADDRESS				TIN NO.	
EMAIL ADDRESS			DATE ENTERED SERVICE DD/MM/YY		RETIREMENT DATE DD/MM/YY
NAME OF SPOUSE			SIGNATURE OF BORROWER		

PROCEEDS OF LOAN <input type="checkbox"/> Pick up <input type="checkbox"/> Mail to Region _____ <input type="checkbox"/> Deposit to _____	MODE OF PAYMENT For Policy Loan Only <i>(Please check one)</i>
Authority to Credit: This is to authorize Public Safety Mutual Benefit Fund, Inc. to credit proceeds of my loan to bank account/cash card number _____ <i>(please indicate bank and account number).</i>	<input type="checkbox"/> Automatic Salary Deduction <input type="checkbox"/> Over-the-counter payment <input type="checkbox"/> Deduction from loan proceeds <input type="checkbox"/> Charged to Equity Value upon termination of membership

COMPLIANCE TO CREDIT INFORMATION SYSTEM ACT (RA9510)

In compliance, PSMBFI will submit your basic credit data as well as any regular updates or correction thereof to the Credit Information Corporation (CIC) for consolidation and disclosure as may be authorized by the CIC. Such credit data may be shared by CIC with other authorized lenders and other duly accredited reporting agencies for the purpose of establishing your credit worthiness.

Signature of borrower over printed name

DO NOT WRITE BELOW THIS LINE

Outstanding balance: _____ Principal: _____ Monthly amortization : _____ Net Proceeds : _____	REMARKS: _____ _____ _____ _____
Loan No: _____ Voucher No. : _____	
EVALUATED BY: _____	
REVIEWED/CHECKED: _____	

PROMISORY NOTE/LOAN AGREEMENT

KNOW ALL MEN BY THESE PRESENT:

In consideration of the loan of _____ (P_____)
received from PUBLIC SAFETY MUTUAL BENEFIT FUND, INC., receipt of which is hereby
acknowledged, the said amount payable in ____ monthly installments of P_____, inclusive of
interest for a period of ____ months.

As security of this loan, I hereby assign all rights and interest on my Equity Plan Certificate of
Membership as member of PSMBFI, up to the extent of loan balance. In case the installments and
interest thereon are not paid when due, the unpaid installment shall earn interest at additional rate of
____% and shall continue accruing interest until fully paid.

All indebtedness under this loan shall become due and payable, and the Equity Value can be used to
pay off the indebtedness in case of:

- a.) Death of the member;
- b.) Retirement or discharge from the service/employment from the organization;
- c.) Voluntary termination of membership;
- d.) Dismissal with or without cause from service;
- e.) Awol; and
- f.) Any reason, in which event the total amount of loan plus interest shall be deducted from any benefits
from PSMBFI.

ESCALATION CLAUSE PENALTIES ATTORNEY'S FEES, COST & VENUE. In case of non-payment
of two (2) successive installments, the whole sum shall become immediately due and payable without
need of demand or notice, and I agree to pay by way of cash or deduction from my Equity Value as
penalty charges an additional amount equivalent to _____ (____ %) percents per annum of
the total amount due, until fully paid and _____ (____ %) of the total amount due as
attorney's fees plus cost of suit and other litigation expenses. Proper courts in Quezon City, Philippines
shall be exclusive venue of any suit arising from this agreement.

*If the partner agencies/organization does not deduct my monthly amortization from my salary,
I am willing to pay directly to the PSMBFI Office.*

BORROWER
SIGNATURE OVER PRINTED NAME