



Bureau of Jail Management and Penology Mutual Benefit Association, Incorporated

144 Mindanao Avenue, Bahay Toro, Quezon City, Metro Manila

Tel./Fax: 02-926-6963 • 02-542-6671 • 0939-920-2510 • 0917-531-7992 Email Address: bjmpmbai@yahoo.com.ph

APPLICATION FOR LOAN

Application No. _____

Date Received _____

CLIC No. _____

TYPE OF LOAN: REGULAR EMERGENCY CALAMITY
 EQUITY MEDICAL

STATUS: New Loan Renewal

TERM(months): 6 12 18 24 36 48 60

Sir/Madam:

The undersigned, a member of BJMPMBAI, hereby request for a Salary Loan in the amount of _____ (P_____) under the terms and conditions stipulated in the Promissory Note at the back hereof.

The following documents are submitted for your evaluation, namely:

1. Latest payslip with Net Take Home Pay (NTHP) of at least P_____ and
2. BJMPMBAI/BJMP Identification Card (Xerox Front and Back of ID).

PURPOSE OF LOAN: (Pls. Check)

- Livelihood Health / Medical Needs House Improvement
 Education Augmented Family Income Others: _____

*NAME (Last, First, Middle) _____ DATE OF BIRTH (mm/dd/yy) _____

*RANK _____ DESIGNATION _____ PRESENT UNIT ASSIGNMENT & ADDRESS: _____

*RESIDENTIAL /PROVINCIAL ADDRESS: (Indicate house number, street, city/municipality) _____

*MOBILE/LANDLINE CONTACT NO. _____

NAME OF SPOUSE/BENEFICIARY AND ADDRESS: _____

*

* _____
(RANK /NAME AND SIGNATURE OF BORROWER)

(TO BE FILLED UP BY AUTHORIZED BJMPMBAI PERSONNEL)

STATUS OF EXISTING LOAN

(Date Granted)	(Original Amount)	(Maturity Date)	(Present Balance)	(Remarks)
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BORROWING CAPACITY (Loan Amount is computed based on one's capacity to pay or Net Take Home Pay(NTHP))

Other Loans:

_____ P _____
_____ P _____
_____ P _____
_____ P _____
_____ P _____

MAXIMUM AMOUNT P _____
Recommended Loan Amount P _____
Payable in _____ Months to begin on _____
and end on _____
Monthly Amortization/Payment P _____
NTHP after deducting MA P _____
REMARKS: _____

REMARKS: _____

Processed By:

Loan Processor

APPROVED DISAPPROVED

RECOMMENDED APPROVAL:

FOR THE BOARD OF DIRECTORS:

(GENERAL MANAGER)

(PRESIDENT)

PROMISSORY NOTE

LOAN AMOUNT P _____, 20____

FOR VALUE RECEIVED, I PROMISED TO PAY TO THE DEMAND OF THE BUREAU OF JAIL MANAGEMENT AND PENOLOGY MUTUAL BENEFIT ASSOCIATION, INCORPORATED (BJMPMBAI) AT ITS OFFICE IN METRO MANILA, PHILIPPINES, THE SUM OF _____ PESOS (P_____) PHILIPPINE CURRENCY WITH INTEREST OF _____ PERCENT (___ %) PER ANNUM.

In case I fail to pay the principal amount of this Note at maturity or on demand, as the case maybe, then the entire principal shall, at the option of the Association and without necessity of notice to me, immediately become due and payable; and I agree to pay the interest at the rate of _____ percent (%) plus 20% surcharge per month on the amount due compounded monthly until obligation is fully paid:

In case of non-payment and this note is referred to a lawyer for collection, I agree to pay a reasonable amount for attorney's fees and in the case of judicial suit for collection, to pay the Association all the outstanding amount, in addition to the cost of the suit and/or other incidental expenses;

I hereby authorized and empowered the Association at it's options at any time, without notice to pay, apply to the payment of this loan any or all moneys, securities and things of value which may hereafter be in its hands or deposits or otherwise to the credit of or belonging to me, and the Association is hereby authorized to sell at public or private sale such securities, or things of value for the purpose of applying the proceeds thereof to such payments;

I further agree in case of separation from the service /employment of whatever causes, that the unpaid balance, with its accumulated interest and such surcharges stipulated above, be deducted from my last payment, commutation of leave, refunds and/ or from my pensions;

If after one (1) month no deduction has been effected on my payslip, i will call/inform BJMPMBAI office. I will personally pay the amortization/s not deducted from my payslip. In any case, however, surcharge for non-payment will be imposed.

* _____
Signature over Printed Name of Borrower

AUTHORIZATION FOR PAYROLL/PENSION DEDUCTION AND REMITTANCE

TO WHOM IT MAY CONCERN:

I here by authorized the deduction from my payroll/pension and remittance of the amount of _____ Pesos (P_____) every month beginning _____, 20____ for payment of my obligation with BJMPMBAI until same obligation will be fully paid. This authorization shall not be rescinded without the conformity in writing of the BJMPMBAI. If the amount is not deducted and/ or remitted by my Finance Officer, I oblige to accelerate my payments to pay it personally and to update my accounts while the obligation is still subsisting.

IN CASE I AM SEPARATED FROM MY PRESENT EMPLOYMENT BEFORE THE FULL PAYMENT OF MY LOAN, I SHALL PAY THE BALANCE, INTEREST, FEES AND COSTS TO THE BJMPMBAI. I AUTHORIZE MY FINANCE OFFICER TO DEDUCT FROM MY PENSION/ALLOWANCE/BENEFITS AND I WAIVE MY RIGHTS UNDER RA 2310 AND RULE 39, NEW RULES OF COURT AS AMENDED. IF MY RETIREMENT PAY COMES FROM THE GOVERNMENT OR PRIVATE OFFICE, I LIKEWISE AUTHORIZED MY FINANCE OFFICER TO DEDUCT AND REMIT THE ACCOUNTS OUTSTANDING TO THE BJMPMBAI.

* _____
Signature over Printed Name of Borrower

CERTIFICATIONS

I hereby certify that the applicant is *not due for separation* during the terms of his/her loan

I hereby certify that the applicants has

- no pending case
- pending case

I herby undertake to deduct the amount indicated in the above authorization and remit the same to the Association. I shall inform the Association of any change in pay status of the borrower and shall issue no clearance until the obligation is fully paid and with written conformity of the Association.

Personnel Officer
Signature Over Printed Name

Legal Officer
Signature Over Printed Name

Finance Officer
Signature Over Printed Name

MEDICAL LOAN
CERTIFICATION

KNOW ALL MEN BY THESE PRESENTS:

I, _____, a member of
(Rank and Name of Borrower)

the BJMPMBAI, have been granted of a Medical Loan in the amount of Fifteen Thousand Pesos Only (P 15,000.00) with an interest rate of Five (5%) per annum payable within one (1) year and renewable only after full payment.

I understand to the best of my knowledge that said loan will be deducted _____
(P _____) covering the one (1) year advance payment of membership premium under Integrated Management Services Wellth Care, Inc. (IMS Wellth Care, Inc).

I hereby authorized the BJMP Finance Service Unit to deduct/obligate any outstanding loan balance including interest and surcharge, if any, from my last payment, commutation of leave, refunds and /or from my pensions on account of my retirement or separation from the government service.

Issued this _____ day of _____ 20__ at Quezon City, Philippines.

(Signature over printed name)
