



**UP PROVIDENT FUND, INC.**

**INFORMATION SLIP**

Equity Loan     Emergency Loan     Bridge Loan

Date Filed: \_\_\_\_\_

Name: \_\_\_\_\_

Surname                                      First Name                                      MI

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

Employee Number                                      Telephone Number

Campus: \_\_\_\_\_ Unit: \_\_\_\_\_

Monthly Net Pay including ACA/PERA                                      Php \_\_\_\_\_

Loan Balance as of \_\_\_\_\_                                      Php \_\_\_\_\_

Total Equity/Earnings as of \_\_\_\_\_                                      Php \_\_\_\_\_

Years in Service/Date of Membership \_\_\_\_\_

**Requirement:**

Latest 2 months payslip (Original & Photocopy)

**NO PAYSLIP NO TRANSACTION**

**Application Procedures:**

Filing & Processing: Monday (cut-off 12:00nn)

For Renewals: 3 months payment of loan (Except Bridge Loan)

Releasing of Loan Proceeds: Thursday

**Loan Requested:**

**New Loan**

Amount: \_\_\_\_\_

**Renewal**

Same Deduction

Full Equity

This is to authorize U.P. Provident Fund to deposit my loan proceeds to my account

Name: \_\_\_\_\_

Bank: \_\_\_\_\_

Account No: \_\_\_\_\_

\_\_\_\_\_  
Signature over Printed Name