



UP PROVIDENT FUND - DILIMAN/SYSTEM/BAGUIO

A. Roces Sr. Avenue, corner Laurel Streets,
UP Campus, Diliman, Quezon City 1101

INFORMATION SLIP

(Multi-Purpose Loan)

Name: _____
Last Name First Name MI

Date of Birth: _____ Age: _____ Employee #: _____

Permanent Address: _____

Campus: _____ Unit: _____

Telephone Number: _____ Residence: _____ Office: _____

Monthly Net Pay(including ACA & PERA) _____ Amount Requested: _____

Signature

Requirements:

	Principal Borrower	Co-Borrower
1. HRD Certificate of permanent employment (for new loan application only)	<input type="radio"/>	<input type="radio"/>
2. Latest 2 months pay slip (xerox copy)	<input type="radio"/>	<input type="radio"/>
3. Non-Negotiable Promisory Note with Deed of Assignment	<input type="radio"/>	<input type="radio"/>
4. Net Take Home Pay Requirement:		
A. Pricipal Borrower		
For 50,000 & BELOW - Net Pay Should be at least P7,000.00.		
For 50,100 - 100,000 - Net Pay Should be at least P8,000.00.		
B. Co-Borrower		
For 50,000 & BELOW - one co-borrower with equal to or greater than the Net Pay of the borrower or two co-borrowers with at least P7,000.00 Net Pay each		
For 50,100 - 100,000 - two co-borrowers each must have a net pay of at least P10,000.00		

This is to authorize U.P. Provident Fund to deposit my loan proceeds to my account. And, I fully understand that I am holding UPPFI free from any liability and/or damages that may happen arising from this authorization.

Name: _____
Bank: _____
Account No: _____

Signature

CO-BORROWER

Name: _____
Last Name First Name MI

Date of Birth: _____ Age: _____ Employee #: _____

Permanent Address: _____

Campus: _____ Unit: _____

Telephone Number: Residence: _____ Office: _____

Monthly Net Pay(including ACA & PERA) _____

CO-BORROWER

Name: _____
Last Name First Name MI

Date of Birth: _____ Age: _____ Employee #: _____

Permanent Address: _____

Campus: _____ Unit: _____

Telephone Number: Residence: _____ Office: _____

Monthly Net Pay(including ACA & PERA) _____

Furthermore, I authorize the U.P. Provident Fund, Inc. to obtain access of my payroll information from the U.P. Accounting Office to review my paying capacity in case of default or failure to pay the amortizations of this loan.

I authorize the Payroll Section to deduct from my salaries, emoluments and other benefits, dues and loan amortizations owing to the UP Provident Fund, Inc. before any and all deductions owing to third parties, except those deductions owing to government

Failure to pay the required monthly amortization after 3 months is considered delinquent and is subject to surcharge of 1/2 of 1% per month, compounded monthly. Furthermore, in case of default (3 months non-payment of monthly amortization), the co-borrower(s) becomes liable for the whole sum remaining unpaid, including interest, penalties & surcharges

Further, I hereby authorize UPPFI to offset my equity (earnings and member's contributions (in this order of application) against the outstanding loan balance (principal plus interest and surcharge) in the event that this loan becomes overdue for

I also authorize UPPFI to credit the savings account number I have written above for the net proceeds of this loan

I fully understand that I am holding UPPFI free from any liability and/or damages that may happen arising from this authorization.

Signature over printed name of Principal Borrower

Signature over printed name of Co-Borrower(s)

