

**SAVINGS AND LOAN ASSOCIATION OF GOVERNMENT AUDITORS, INC.**

SLAGA Office, Commission on Audit Compound, Commonwealth Avenue, Quezon City

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**REQUEST FOR PAYMENT****Date:****ACCOUNTS PAYABLE****DEATH ASSISTANCE****DIVIDEND****OTHERS****Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)**Present Address:****Permanent Address:****Place of Birth:****Date of Birth (mm/dd/yyyy):****Civil Status:****Gender:****Nationality:****Contact No.:****COA ID No.:****E-mail Address:****Position:****Office Assignment/Address:****LBP Branch****LBP Account No.:****Employment Status:** ( ) Active ( ) Retired  
( ) Resigned ( ) Deceased**Date:** \_\_\_\_\_**I hereby certify that the above information are true and correct:**\_\_\_\_\_  
(Signature of Applicant)**SLAGA ACTIONS****Documentary Requirements:**

- Duly Accomplished Form
- COA ID (Photocopy w/ 3 specimen signatures)
- Death Claims per attached Checklist

**Member's Data:**

**Capital Contribution:** \_\_\_\_\_

**Accounts Payable:** \_\_\_\_\_

**Loan Balance:** \_\_\_\_\_

**Co-maker of:** \_\_\_\_\_

**Verified by (Loan Officer):****Validated by (Accountant):**\_\_\_\_\_  
Name & Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Name & Signature\_\_\_\_\_  
Date**Reviewed and Approval by (Manager):**\_\_\_\_\_  
Name and Signature  
Date: \_\_\_\_\_