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| Loan App # | LOAN APPLICATION | | Date: |
| <input type="checkbox"/> Consumption Loan | <input type="checkbox"/> Medical/Health/Wellness Loan | <input type="checkbox"/> Educational Loan | <input type="checkbox"/> Emergency Loan |
| No. of months: | | Amount: | |

| | | | |
|--|------------|---|---------------|
| COA ID No.: | Last Name: | First Name: | Middle Name: |
| Permanent Address: | | Office Name/Address: | |
| Date of Birth: | Age: | Birth Place: | Position: |
| Tel No./Mobile No.: | | Email Address: | Civil Status: |
| Mode of payment: <input type="checkbox"/> deposit to bank LBP Branch/Account Number _____ Other Bank Name/Branch/Account Number _____ | | <input type="checkbox"/> pick-up <input type="checkbox"/> mailing | TIN No.: |
| Information on Pending Administrative/Criminal Case – With pending administrative/criminal case? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | | If Yes, please state the charge: | |
| Information on Service of Penalty under any Administrative/Criminal Case- Is serving/Will serve penalty? <input type="checkbox"/> Yes _____ <input type="checkbox"/> No | | If YES, indicate penalty and start/end of service Penalty: Start: _____ End: _____ | |

I hereby certify to the correctness of the foregoing data. Also, I authorize the COA Accounting Office or SLAGA to deduct from my salary/capital contribution/dividend the installments due thereon under the conditions of the Promissory Note below. Moreover, I authorize SLAGA to deduct any cost relating to above modes of payment, such as bank charge, mailing fee, and fare cost.

 Borrower's Signature

Note: Documentary Stamp Tax (DST) of P1.50 on each P200.00 or fractional part thereof for loan amount exceeding P250K shall be deducted from the loan proceeds, aside from the Service Fee of 2%, Collection Fee (for salary deduction) of 2% and Insurance Premium.

PROMISSORY NOTE OF THE BORROWER

In consideration of the loan of P _____ granted to me, I bind myself to pay the SLAGA the said amount under the following terms and conditions:

- a. The loan shall be paid in _____ equal successive monthly installment of P _____, each with interest of _____% per annum using the Effective Interest Rate (EIR) method.
- b. Any installments not paid when due shall bear a surcharge of 1% per month in addition to the usual interest on the principal without need of notice.
- c. In case of default in the payment of any installment, transfer to another office, resignation, or travel abroad, or leave without pay, the entire balance of the loan shall become immediately due and payable without need for demand/notice and the same shall automatically be deducted from my capital contributions and dividend, if not sufficient, shall be deducted from my salary (**Applicable to Regular – COA Employees & Special – SLAGA Employees Members only**).
- d. As a borrower, I assign and convey unto the SLAGA any amount due or that may be due me from SLAGA, or any money due me for whatever reason or cause, including my terminal leave benefits (subject to Authorization Letter (in affidavit form) to deduct all my financial obligations), or whatever may be due me from the COA, or any other government agency, as may be necessary to cover the settlement of the herein loan or balance thereof including interests and surcharges until the whole balance is fully paid. (**Applicable to Regular – COA Employees & Special – SLAGA Employees Members**)
- e. In the event that this obligation is not paid in accordance with the terms and conditions hereon, and the SLAGA is compelled to institute a court action to enforce collection, I agree to pay the costs of suit, venue of which shall be in any competent court in Quezon City.

Done in Quezon City, this _____ day of _____, 20 _____.

BORROWER'S SIGNATURE

VERIFICATION OF EXISTING LOANS OF BORROWER WITH OTHER FINANCIAL INSTITUTIONS (FI)
 (to be filled up by the authorized representative of FI)

| Financial Institution | Required Monthly Amortization | Actual Monthly Amortization | Loan Balance as of Verification | Status of Amortization | Verified By | |
|-----------------------|-------------------------------|-----------------------------|---------------------------------|------------------------|--------------|-----------|
| | | | | | Printed Name | Signature |
| PWA | | | | | | |
| PHILGASEA | | | | | | |
| CCU/CMC | | | | | | |
| CREMC | | | | | | |