SAVINGS AND LOAN ASSOCIATION OF GOVERNMENT AUDITORS, INC.
SLAGA Office, Commission on Audit Compound, Commonwealth Avenue, Quezon City
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LOAN APPLICATION FORM

Loan App #			Date:
☐ Consumption Loan	☐ Medical/Health/Wellness Loan	☐ Educational Loan	☐ Emergency Loan
Purpose:		No. of months:	Amount:

Last Name:	First Name:	Name Extension: (e.g., Jr.,II)	Middle Name:

Complete Mother's Maiden Name:

Permanent Home Address:	Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.,	House No.

Street Name	Subdivision	Barangay	Municipality/City	Province/State/ Country (if abroad)	Zip Code

Present Home Address:	Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.,	House No.

Street Name	Subdivision	Barangay	Municipality/City	Province/State/ Country (if abroad)	Zip Code

Date of Birth:		Birth Place:	Office Name/ Address:	
Age:	Gender:	Civil Status:	COA ID No.:	Other Govt Issued ID Type & No.:
Nationality:		Tel No./Mobile No.:	Position:	Monthly Basic Salary:
Email Address:			TIN No.:	Net Pay:

Mode of payment: [ ] pick-up [ ] mailing [ ] deposit to bank

LBP Account No.: _____ Other Bank Name/Branch:_____

LBP Branch: _____ Bank Account No.:_____

Are you or a member of your family a Politically Exposed Person (PEP)? [ ] Yes [ ] No If Yes, please explain briefly: _____ _____	Information on Pending Administrative /Criminal Case – With pending administrative/ criminal case? [ ] Yes [ ] No If Yes, please state the charge:	Information on Service of Penalty under any Administrative/Criminal Case- Is serving/Will serve penalty? [ ] Yes [ ] 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.

I hereby authorize the Savings and Loan Association of Government Auditors (SLAGA, Inc.) to collect, use and process my personal information in accordance with the Data Privacy Act of 2012 for the purpose of this loan application.

_____
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						