

Personnel Officer

Signature over Printed Name

Bureau of Jail Management and Penology Provident Fund

PROVIDENCE NO

Finance Officer

Signature over Printed Name

144 Mindanao Ave, Bahay Toro, Quezon City Tel. 02-927-6383 Local 101

Application No Date Received		PLEASE CHOOSE ONE:	For Pick-up For Deposit	
	_	LBP ACCOUNT NO:		
TOTAL OF LOAN	DECLIFA D. EMEDICANON			
	REGULAR EMERGENCY NEW LOAN RENEWAL	OTHERS		
	months REVEWAL			
Sir/Madam:				
		· -	alary Loan in the amount of der the terms and conditions	
*	ory Note at the back hereof.	1		
 Latest payslij 	are submitted for your evaluation, nar with Net Take Home Pay (NTHP), or lent Fund/BJMP Identification Card (P	f at least P and) .	
PURPOSE OF LOAN: (PI	•			
, ,	() Health/Medical Needs	() House Impro		
() Education	() Augmented Family Incor	me Others:		
*NAME (Last, First, Midd	le)			
*RANK	DESIGNATION	PRESENT UNIT AS	SIGNMENT & ADDRESS:	
*RESIDENTIAL/PROVIN	CIAL ADDRESS: (Indicate house num	nber, street, city/municipality)		
*CONTACT NO. (Mobile	/Landline)			
*NAME OF SPOUSE/BEN	IEFICIARY AND ADDRESS:			
		*	-	
		(RANK NAME AND SIGNATURE OF BORROWER)		
BORROWING CAPACIT	TY (Loan Amount is computed based	on one's capacity to pay or Net	Take Home Pay (NTHP)	
PRINCIPAL AMOUNT LESS:	P Pro	ocessed by:	Recommending Approval:	
NOTARIAL FEE	P		SJO3 LENY B RECAMARA	
MEMBERSHIP F		Loan Processor	Loan Officer	
1 ST CAPCON LOAN BALANC	P E P			
NET PROCEEDS	P			
	CERTIE	ICATIONS		
	CERTIF	ICATIONS		
I hereby certify that the <i>due for separation</i> durin	applicant is not I hereby certify that		by undertake to deduct the amounted in the authorization and remit the	
his/her loan	no pending case	same	to the BJMP Provident Fund and to to the bJMP change in the pay state	

Legal Officer

Signature over Printed Name

PROMISSORY NOTE

LOAN AMOUNT P	, 20		
FOR VALUE RECEIVED, I PROMISED TO PAY TO AND PENOLOGY PROVIDENT FUN, THE SUM OF _			
AND PENOLOGY PROVIDENT FUN, THE SUM OF _ (P) PHILIPPINE CURRENCY WITH INTE ANNUM.	EREST OF	PERCENT	(%) PER
In case I fail to pay the principal amount of this Not principal shall, at the option of the BJMP Provident Fund and payable; and I agree to pay the interest at the rate ofdue compounded monthly until obligation is fully paid: In case of non-payment and this notice is referred to attorney's fees and in the case of judicial suit for collection, to I	without necessity of r percent (%) pl	notice to me, immedus 2% surcharge per on, I agree to pay a	diately become due and r month on the amount reasonable amount for
cost of the suit and/or other incidental expenses; I hereby authorize and empower the BJMP Provident I payment of this loan any or all moneys, securities and thing otherwise to the credit of or belonging to me, and the Associate securities, or things of value for the purpose of applying the pro I further agree in case of separation from the service/e accumulated interest and such surcharges stipulated above, be and/or from my pensions;	s of value which magiation is hereby autho ceeds thereof to such p mployment of whatev	y hereafter be in it rized to sell at pub payments; er causes, that the t	ts hands or deposits or lic or private sale such inpaid balance, with its
If after one (1) one month no deduction has been effect will personally pay the amortization/s not deducted from my primposed. Finally, I hereby authorize and empower BJMP Providenced of prior notice to the undersigned principal barrower.	payslip. In any case, ho	owever, surcharge fo	or non-payment will be
	*Signatur	e over Printed Nam	e of Borrower
AUTHORIZATION FOR PAYROLL/PER TO WHOM IT MAY CONCERN: I hereby authorize the deduction from my			
, 20 for payment of my obligation with a This authorization shall not be rescinded without the conform deducted and/or remitted by my Finance Officer, I oblige to accounts while the obligation is still subsisting.	ity in writing of the E	BJMP Provident Fur	nd. If the amount is not
IN CASE I AM SEPARATED FROM MY PRESENT EISHALL PAY THE BALANCE, INTEREST, FEES AND COSTS TO OFFICER TO DEDUCT FROM MY PENSION/ALLOWANCE/RULE 39, NEW RULES OF COURT AS AMENDED. IF MY PRIVATE OFFICE, I LIKEWISE AUTHORIZE MY FINAN OUTSANDING TO THE BJMP PROVIDENT FUND.	O THE BJMP PROVID BENEFITS AND I WA RETIREMENT PAY	ENT FUND. I AUT AIVE MY RIGHTS COMES FROM TH	HORIZE MY FINANCE UNDER RA 2310 AND IE GOVERNMENT OR
	*		
	Signatur	e over Printed Nam	e of Borrower
	☐ APPROVED	□disappro	OVED
	FOR THE BOARD O	F DIRECTORS:	
Notary Public	DIR. MARCOS B. VILLALON, CES E		

CHIEF EXECUTIVE OFFICER