DON EMILIO DEL VALLE MEMORIAL HOSPITAL

EMPLOYEES MULTI-PURPOSE COOPERATIVE

Bood, Ubay, Bohol

Coop Loan Form 001

Requirements:
1. Completely filled up Loan Application
2. Copy of Payslip
3. Copy of Coop Members Inquiry Report
4. CIR

☐ New ☐ Renewal
Date Applied: _____
Amount Applied: _____
Approved Amount: _____

LOAN TYPE: ☐REGULAR LOAN : _____Personal _____Project ____ Multi-Purpose
☐SPECIAL LOAN ☐ EMERGENCY LOAN ☐ BONUS ☐ OTHERS (Specify) _____

LOAN PURPOSE: _____

PERSONAL INFORMATION

Name: _____Present Address: _____
First Name Middle Name Surname
Date of Birth _____ Sex: ☐ Female ☐ Male Civil Status: _____
House: ☐ Owned ☐ Lease ☐ Living with relatives No. of Cars Owned: _____
Position: _____Contact Number:_____ TIN/SSS/GSIS No._____
Basic Monthly Salary: _____ Monthly Expenses: _____Net Income: _____
Name of Spouse: _____No. of Dependent Children:_____

Employer for the Past 5 years

Company Name	Period of Employment
_____	_____
_____	_____

Bank Accounts

Name of Bank	Branch	Type of Account
_____	_____	_____
_____	_____	_____

Other Assets	Assess Value
_____	_____
_____	_____
TOTAL	_____

PERSONAL DATA DISCLOSURE AUTHORIZATION

"I hereby acknowledge and authorize: 1) the regular submission and disclosure of my basic credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to the Credit Information Corporation (CIC) as well as any updates or corrections thereof; and 2) the sharing of my basic credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC."

_____
Signature of Applicant

DEVMH-EMPC Loan granted by virtue of this application, this office certifies and agrees:

1. That the borrower has no past due account in the COOP;
2. That regular employees applying for a loan has still net pay of P5, 000.00 and casual employees of 1,000.00 after deducting the mandatory deductions.
3. That member has already paid 3 months amortization upon renewal.
4. That assessment was made on co-makers capacity to pay in times of loaner's incapacity.

Recommending Approval:

JORAIDA O. SORIA
Credit Committee

Revision 06: September 14, 2023

DON EMILIO DEL VALLE MEMORIAL HOSPITAL
EMPLOYEES MULTI-PURPOSE COOPERATIVE
Bood, Ubay, Bohol

Amount of Loan: _____ Date of Note: _____
PN Number: _____ Maturity Date: _____

PROMISSORY NOTE

For value received, I/We jointly and severally promise to pay to the order of **the DON EMILIO DEL VALLE EMPLOYEES MULTI-PURPOSE COOPERATIVE (DEVMH-EMPC)** at its office located in Bood, Ubay, Bohol the sum of _____ (P_____), with the interest of _____ (%) percent per month, payable in _____months with a monthly installments of _____ (P_____) pesos beginning _____ until the entire obligations is fully paid subject further to the terms and conditions of the Cooperative.

The obligation contracted in this Note is resulting from a loan granted by DEVMH-EMPC to me/us. I agree and abide the policies, rules and regulation governing the Credit Policy Statement of the Cooperative.

Failure on my part to apply the said amount to the purpose for which it is granted would render the whole amount of the loan due and demandable. In case of any failure or default in payments as herein agreed or failure on my/our part to make prompt payment on any of the monthly stipulated due dates shall render the entire amount of loan or the balance thereof due and demandable. Each party to this note whether as a maker, co-maker, endorser or guarantor; severally waive presentation of payment, demand protest and notice of protest of the same. Any partial payment or performance of this note or any extension thereof granted shall neither alter novae nor vary the original terms of the obligation not discharge, and such partial payment of performance shall be considered as written acknowledgement of this obligation which interrupts the period of prescription.

To further secure this loan, I hereby pledge and assign to DEVMH-EMPC my salary and wage, allowances, incentives, bonuses, savings/time deposits/share capital, patronage refunds, interest of share capital. In case of my separation or resignation from Don Emilio del Valle Memorial Hospital's employment before full payment of this loan, I likewise pledge and assign my retirement or separation pay, pension including but not limited to our advance pension if any. For this purpose, I hereby appoint and designate with the understanding not to revoke this appointment/designation without written authority of DEVMH-EMPC, my employer or attorney-in-fact, to pay the loan by deducting or collecting from any or all of the aforementioned income due to me in such amount as to satisfy the principal, interest and penalties, if any, on said loan.

It is further agreed that in case payment shall not be made on the due date, I shall pay a penalty of **2%** per month plus collection cost, an attorney's fees in addition to the principal and interest due on this note and that said suit shall be subject to the jurisdiction of the court.

SEPARABILITY OF PROVISION In the event, any part of the note will be declared void and/or unenforceable, the same will not affect the whole contract and other subsisting provision hereof shall remain an full force and in affect.

With my marital consent:

_____ _____
Signature of borrower over Printed Name Spouse Name and Signature
Valid ID NO._____
ID Type _____
Valid Until _____

CO-MAKERS

1._____ **2._____**
Signature of Co-Maker Over Printed Name Signature of Co-Maker Over Printed Name

Valid ID No. _____ Valid ID No. _____
ID TYPE_____ ID TYPE_____
Valid until_____ Valid until_____
Contact No._____ Contact No. _____

Signed in the presence of:

_____ _____

ACKNOWLEDGEMENT
Republic of the Philippines
City/Municipality of UBAY)S.S.

BEFORE ME, personally appeared:

NAME & SIGNATURE	VALID ID No.	VALID ID TYPE
1. MEMBER -		
2. SPOUSE -		
3. CO-MAKER 1 -		
4. CO-MAKER 2 -		

Known to me and to me known to be the same persons who executed the forgoing PROMISSORY NOTE, including its annex/es and acknowledged to me that the same is their free and voluntary act and deed.

This instrument has been signed by the concerned parties and their witness, and sealed with my notarial seal. WITNESS MY HAND AND SEAL this _____ at _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of 20_____

CO-MAKER STATEMENT WITH AUTHORITY TO DEDUCT

I, _____, agree to become the CO-MAKER of Mr./Ms. Mrs._____
Voluntarily signed this co-maker statement for the loan amount not exceeding Php _____ for the period of _____ month (s) /year (s). I further agree to voluntarily and willingly bind myself to pay jointly and severally or solidarity all his/her unpaid obligations to DEVMH-EMPC, according to the terms and conditions of Promissory Note which I signed in case he/she fails to pay his/her obligations for whatever reason.

With this, I hereby authorized Don Emilio del Valle Memorial Hospital to deduct from my salaries, bonuses, allowances, separation pay, retirement benefits or whatever monetary grants, the amount due including interest and penalties at the request of DEVMH-EMPC if this loan is not paid by the borrower.
Furthermore, I hereby permit the coop to withhold the release of my Share Capital contribution until such time the principal borrower has found my replacement as co-maker or has paid in full his/her obligation.

Upon my membership termination, I hereby authorize DEVMH-EMPC to offset the borrower's outstanding obligation from my share capital contribution and last claims.

This authorization shall be effective until full payment of the loan herein contracted.

_____
Co-Maker Signature over printed name

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DON EMILIO DEL VALLE MEMORIAL HOSPITAL
EMPLOYEES MULTI-PURPOSE COOPERATIVE
Bood, Ubay, Bohol

DISCLOSURE STATEMENT ON LOAN/CREDIT TRANSACTIONS

1. Loan Granted: _____
2. Date Loan Granted: _____
3. Maturity Date: _____
4. Term of Loan: _____
5. Financial Charges
   a. Service Fee _____
   b. Filling Fee _____
   c. Notarial Fee _____
   d. Other Charges _____
   e. Insurance _____
   Total Financial Charges _____
6. Other Non-Financial Charges
   a. Retention _____
   b. Others (Loans) _____
   (groceries) _____
   Total Non-Financial Charges _____
7. NET PROCEEDS of Loan _____
8. Monthly Amortization _____
9. Effective Interest Rate _____
10. Conditional Charges that may be imposed
    a. Late Charges _____
    b. Penalties (2%) _____
    c. Others (specify) _____
11. Insurable amount computed after considering the capital build-up of the borrower.

Confirmation:

JAYSON C. NOBLE
Loan Officer

JORAIDA O. SORIA
Credit Committee

I acknowledge receipt of a copy of this statement to the Consummation of the credit Transaction.

_____
Name and Signature of Borrower

Approved by:

EMELIE M CABINTOY
Operation Manager

Approved by:

ELIZABETH C. AUPE, RN, MAN
BOD CHAIRPERSON

MA. CORAZON O. SARABOSING, RN, MAN, PhD
BOD VICE CHAIRPERSON

FE I. CUTAMORA, MPA
BOD MEMBER

JOAN K. LAWIS, CPA, MPA
BOD MEMBER

CHRISTOPHER M. SUAREZ, MD
BOD MEMBER

TERMS AND CONDITIONS.

- *The information and statement provided by the applicant are valid, true, and accurate.*
- *Members should not be engage in misrepresentations, falsity or omission herein will be construed to defraud DEVMH-EMPC and this will serve as a valid ground for the said loan application to be denied, if such application has been granted, the applicant will be held punishable by the law.*
- *For instance when personal information needs to be revised and updated, qualified members are hereby obliged to notify DEVMH-EMPC management. Failure to comply will result to penalty.*
- *Notifications, announcements and updates regarding your loan application will be provided in various means such as text, emails and other communications deemed appropriate by the management of Don Emilio Del Valle Memorial Hospital Employee Multi-Purpose Cooperative.*
- *As per data privacy act, Don Emilio Del Valle Memorial Hospital Employee Multi-Purpose Cooperative assures to safeguard and protect all of the personal information gathered from our respective clients/members.*
- *As per BOD resolution no.10 series of 2021, all loan applications made after November 5, 2021, will be temporarily on hold for buyout until the next General Assembly for 2022.*

By signing to this form, you hereby have agreed and accepted all the policy stipulated above.

_____

NAME AND SIGNATURE