



PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.

Lot 318-320, cor. 1st and 2nd St., Brgy. West Crame, Santolan Rd., San Juan, Metro Manila
 Trunk Lines: 726-8070, 726-1675 loc. 148, 149 & 150 • Direct Line: 724-3609
 E-mail: psmbfi@info.com.ph

THIS FORM IS NOT FOR SALE

DATE
CV NO.
LN NO.

Salary Loan Application Form

REQUIRED DOCUMENTS

1. Duly accomplished Application Forms (PN and ATD) No Erasures.
2. Original and Photocopies of Payslip of Borrower (latest 2 months).
3. Original & Photocopies of Borrower and Co-Maker PNP ID's (not expired / back to back) with 3 specimen signatures PNP ID.
4. Photocopy of Co-Maker's latest Payslip.
5. Certificate of Non-Pending Case from IIAS/RIAS.
6. Certification of Active Duty Status from Station/Unit Clearance

BORROWER/CO-MAKERS CRITERIA

1. Borrower and Co-Makers Equity Plan monthly equity contribution, has already been deducted from his/her Continuous Form Check as reflected in his/her latest payslip.
2. Borrower and Co-Makers must be the same salary (If re-loan, required minimum Take Home Pay plus one-half (½) of applicable monthly amortization)
3. Borrower should have made at least 30% payment of his/her existing loan to qualify for re-loan

LOAN PARTICULARS					
STATUS		PAYMENT TERMS			
<input type="checkbox"/> New Loan	<input type="checkbox"/> Renewal	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 18 Months	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 36 Months <input type="checkbox"/> ___ Months
PROCEEDS OF LOAN <input type="checkbox"/> Pick-Up Personally <input type="checkbox"/> Mail To _____					
AMOUNT IN WORDS				PESO VALUE	
BORROWER'S DATA					
RANK	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	PAYSLIP ACCT NO
				DD/MM/YY	
PRESENT ASSIGNMENT (UNIT / REGION)				TELEPHONE NO.	RIGHT THUMB PRINT
PERMANENT HOME ADDRESS				TELEPHONE NO.	
NAME OF SPOUSE			HOME ADDRESS		
SIGNATURE OF BORROWER _____				RETIREMENT DATE	
				DD/MM/YY	

DO NOT WRITE BELOW THIS LINE

INVESTMENTS DEPARTMENT	
QUALIFIED FOR : Loan Amount _____ _____ (P _____) Term _____	REMARKS _____ _____ _____ _____ _____ _____ _____
EVALUATED BY	
REVIEWED / CHECKED BY	
APPROVED / DISAPPROVED	

PSMBFI CLAIM STUB

LAST NAME	FIRST NAME	MIDDLE NAME	LOAN AMOUNT
			MO. AMORTIZATION
REMARKS			LOAN NO.
			FOLLOW-UP DATE

For inquiries regarding your loan application, you may contact PSMBFI Head Office (Investments Department) with telephone number 727-3959 or you can visit the PSMBFI Regional Extension Office located at all PNP Regional Headquarters nationwide. **No fixers allowed.** Transact only in designated PSMBFI Offices. The following are the duly authorized representatives that can transact on behalf of the borrower: (must submit a Special Power of Attorney duly notarized on the place where the principal executed the document, e.g. residence)

- 1) Designated Liaison officer of the applicant's office
- 2) Direct dependent

PROMISSORY NOTE

KNOW ALL MEN BY THESE PRESENTS:

In consideration of the loan of _____ (P _____) received from PUBLIC SAFETY MUTUAL BENEFIT FUND, INC., receipt of which is hereby acknowledged, the said amount payable in _____ monthly installments of P _____ inclusive of interest for a period of _____ months.

As a security of this loan, I hereby assign all my rights and interest, as member of PSMBFI. In case the installments and interest thereon are not paid when due, the unpaid installment shall earn interest at additional rate of _____%.

All indebtedness under this loan shall become due and payable in case of:

- a. Death of the member,
- b. Retirement or discharge from the Philippine National Police (PNP)
- c. Voluntary termination of membership, or
- d. Dismissal with or without cause from service.
- e. AWOL
- f. Any reason in which event the total amount of salary loan plus interest shall be deducted from any benefits due from PSMBFI.

CO-MAKER/SURETY. We hereby assure faithful performance of the obligation of the BORROWER arising from the LOAN mentioned above and bind themselves solidarily with BORROWER and hereby assume to answer payment, jointly and severally, the BORROWER's total obligation including interest, penalties and other charges expenses, attorneys fees and litigation expenses, when applicable, to PSMBFI in the event that the BORROWER does not pay or incur default.

"Default" shall include the failure of the borrower to pay the monthly installments caused by non deduction from the salary due to reduced take home pay as prescribed by Sec. 36 of GAA FY 2002 in which case, the co-makers/surety hereby jointly and severally assume the installment obligations of the principal borrower., until the BORROWER's automatic deduction is restored.

ESCALATION CLAUSE PENALTIES, ATTORNEY'S FEES, COST & VENUE. In case of non-payment of (two) 2 successive installments, the whole sum shall become immediately due and payable without need of demand or notice, and BORROWER agrees to pay as penalty charges an additional amount equivalent to _____ (____%) percent per annum of the total amount due, until fully paid and _____ (____%) of the total amount due as attorney's fees plus cost of suit and other litigation expenses. Proper courts in Quezon City, Philipines shall be the exclusive venue of any suit arising from this agreement.

If the PNP Finance Service does not deduct my monthly amortization from my salary, I am willing to pay directly to the PSMBFI Office.

CO-MAKER
SIGNATURE OVER PRINTED NAME

BORROWER
SIGNATURE OVER PRINTED NAME

CO-MAKER
SIGNATURE OVER PRINTED NAME

1. CO-MAKER'S DATA

2. CO-MAKER'S DATA

RANK	PAYSLIP ACCOUNT NO.	BIRTHDATE / / DD MM YY	RANK	PAYSLIP ACCOUNT NO.	BIRTHDATE / / DD MM YY
LAST NAME	FIRST NAME	MIDDLE NAME	LAST NAME	FIRST NAME	MIDDLE NAME
UNIT/ASSIGNMENT	RETIREMENT DATE / / DD MM YY		UNIT/ASSIGNMENT	RETIREMENT DATE / / DD MM YY	
HOME ADDRESS			HOME ADDRESS		

**PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.
 AUTHORIZATION FOR PAYROLL DEDUCTION & REMITTANCE
 AND DEED OF UNDERTAKING**

THE DIRECTOR
 PNP Finance Service Camp Crame, Q.C.

Sir:

I, _____ a member of the Philippine National
 (RANK) (FIRST NAME) (LAST NAME) (MIDDLE NAME)
 Police presently assigned at _____ and a loan applicant of
 PSMBFI, together with my co-makers named hereunder, do hereby authorize the PNP Finance Service to deduct
 from my monthly payroll/ retirement benefits/pension/commutation of leave and pay the amount of
pesos (P.....) every month for _____ months,
 beginningfor payment of my salary loan amortization to PUBLIC SAFETY
 MUTUAL BENEFIT FUND, INC. until my obligation has been fully paid.

In case of separation, dismissal, resignation/ retirement or termination from the service for whatever cause,
 I shall pay the outstanding balance, interest, and cost to PSMBFI. For this purpose, I hereby authorize the BPAD/
 PNP Finance Service to deduct from my separation, death or retirement benefits/pension and, remit the amount for
 the payment of my outstanding account with the PSMBFI. I hereby waive my rights under Sec. 77, RA 6975 and
 RA4917.

This authority shall be in force until my loan is fully paid and does not relieve me of my obligation to see to
 it that the deductions are made from my salary and remitted to PSMBFI.

.....
 Borrower's Printed Name & Signature
 Address.....
 Rank.....Unit.....
 Payslip Account No.

Sir:

In case of default by the principal borrower, we, _____ and
 _____, having bound ourselves jointly and solidarily to the terms and
 conditions of the loan as co-makers, agree and hereby authorize the PNP Finance Service to deduct, without need
 of prior notice, from our payroll/retirement benefits/ pension/ commutation of leave the amount of the salary loan
 amortization and/or the outstanding obligation of the principal borrower with PSMBFI.

.....
 1) CO-MAKER'S printed name & signature
 Address.....
 Rank Unit
 Payslip Account No.

.....
 2) CO-MAKER'S printed name & signature
 Address.....
 Rank Unit
 Payslip Account No.

I HEREBY CERTIFY that the above
 borrower is a bonafide member of this
 Unit/Office and that he/she is not due for
 Retirement/ Separation during the term of the
 loan, and that he/she has no pending case

I HEREBY UNDERTAKE, to deduct the
 amount indicated in the foregoing authorization
 and remit the same to PSMBFI I shall not
 permit either change in the amount or stoppage
 of payment. I shall inform PSMBFI of any
 change in jurisdiction of the borrower.

.....
 Signature over printed name
 COMMANDING OFFICER/ADMIN. OFFICER

.....
 Signature over printed name
 DISBURSING OFFICER