



**PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.**

Lot 318 – 320, Corner 1<sup>st</sup> and 2<sup>nd</sup> Streets, Brgy. West Crame,  
Bonnie Serrano Ave., San Juan City  
Trunk Lines 726-8070, 726-1675, 727-3959

**Loan Application Form**

<p><input type="checkbox"/> <b>Policy Loan</b></p> <p><b>REQUIRED DOCUMENTS:</b></p> <ol style="list-style-type: none"> <li>Duly accomplished Application Forms (PN &amp; ATD)</li> <li>Photocopy of ID w/ 3 specimen signature</li> <li>Photocopy of latest payslip</li> </ol> <p><b>BORROWER'S CRITERIA</b></p> <ol style="list-style-type: none"> <li>Equity Plan member for at least 12 months and with updated contribution</li> <li>Borrower should have made at least six (6) months payment on his/her existing loan to qualify for re-loan</li> </ol>	<p><b>Loan Type:</b> <input type="checkbox"/> <b>SL Plus</b> <input type="checkbox"/> <b>Emergency</b> <input type="checkbox"/> <b>Multi-Purpose</b> <input type="checkbox"/> <b>CL</b> <input type="checkbox"/> <b>Others</b> _____</p> <p><b>REQUIRED DOCUMENTS:</b></p> <ol style="list-style-type: none"> <li>Duly accomplished Application Forms (PN and ATD)</li> <li>Original &amp; Photocopies of Payslip of Borrower (latest 2 months).</li> <li>Original &amp; Photocopies of Borrower's ID (not expired /back to back) with 3 specimen signature</li> <li>Certification of Non-Pending Case</li> <li>Certification of Active Duty Status</li> <li>Endorsement stating that the borrower and/or his family are affected by the Calamity. (for Calamity Loan)</li> </ol> <p><b>BORROWER'S CRITERIA</b></p> <ol style="list-style-type: none"> <li>Borrower's Equity Plan monthly equity contribution is reflected in his/her payslip.</li> <li>Borrower must not be retireable within the term of the loan and application for loan filed at least 1 year prior to retirement.</li> <li>Borrower should have made at least 30% payment of his/her existing loan to qualify for re-loan.</li> </ol>
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LOAN PARTICULARS					
STATUS		PAYMENT TERMS			
<input type="checkbox"/> New Loan <input type="checkbox"/> Renewal		<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months <input type="checkbox"/> 36 months <input type="checkbox"/> 48 months <input type="checkbox"/> 60 Months			
AMOUNT IN WORDS				AMOUNT	
BORROWER'S DATA					
RANK	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	PAYSリップ ACCT NO.
PERMANENT ASSIGNMENT (UNIT / REGION)				TELEPHONE NO.	RIGHT THUMB PRINT
PERMANENT HOME ADDRESS				CELLPHONE NO.	
HOME ADDRESS				EMAIL ADDRESS.	
NAME OF SPOUSE		DATE ENTERED SERVICE		RETIREMENT DATE	
		DD/MM/YY		DD/MM/YY	
SIGNATURE OF BORROWER					
PROCEEDS OF LOAN				MODE OF PAYMENT <b>For Policy Loan Only</b> (Please check one)	
<input type="checkbox"/> Pick up <input type="checkbox"/> Mail to Region _____ <input type="checkbox"/> Deposit to _____				<input type="checkbox"/> Automatic Salary Deduction <input type="checkbox"/> Over-the-counter payment <input type="checkbox"/> Deduction from SL/EL/CL proceeds <input type="checkbox"/> Charged to Equity Value upon Termination of Membership	
<p><b>Authority to Credit:</b> This is to authorize Public Safety Mutual Benefit Fund, Inc. to credit proceeds of my loan to bank account/cash card number _____ (please indicate bank and account number).</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">SIGNATURE OF BORROWER</p>					

**DO NOT WRITE BELOW THIS LINE**

INVESTMENT DEPARTMENT	
Outstanding balance: _____ Principal: _____ Monthly amortization : _____ Net Proceeds : _____ EVALUATED BY: _____ REVIEWED/CHECKED: _____	<p><b>REMARKS:</b></p> _____ _____ _____ _____

For inquiries regarding your **loan application**, you may contact **PSMBFI Head Office (Investment /Insurance Department)** with telephone number **727-3959/725-4725** 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)

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

## PROMISORRY NOTE/LOAN AGREEMENT

KNOW ALL MEN BY THESE PRESENT:

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 security of this loan, I hereby assign all rights and interest on my Equity Plan Certificate of  
Membership as member of PSMBFI, up to the extent of loan balance. In case the installments and interest  
thereon are not paid when due, the unpaid installment shall earn interest at additional rate of \_\_\_\_%  
and shall continue accruing interest until fully paid.

All indebtedness under this loan shall become due and payable, and the Equity Value of Equity  
Plan can be used to pay off the indebtedness in case of:

- a.) Death of the member;
- b.) Retirement or discharge from the PNP/BFP/OTS-DOTC, NAPOLCOM & PSMBFI;
- c.) Voluntary termination of membership;
- d.) Dismissal with or without cause from service;
- e.) Awol; and
- f.) Any reason, in which event the total amount of loan plus interest shall be deducted from any  
benefits from PSMBFI.

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 I agree to pay by way of cash or deduction from my Equity Value as penalty  
charges an additional amount equivalent to \_\_\_\_\_ (\_\_\_\_ %) percents 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, Philippines shall be exclusive  
venue of any suit arising from this agreement.

*If the PNP/BFP/OTS-DOTC, NAPOLCOM & PSMBFI does not deduct my monthly amortization from  
my salary, I am willing to pay directly to the PSMBFI Office.*

\_\_\_\_\_  
BORROWER  
SIGNATURE OVER PRINTED NAME