CAVITE ZONE MULTIPURPOSE COOPERATIVE (CZWMPC)					
LOAN APPLICATION FORM					
			() = ()		Date of Application:
() Providential () Commodity Goods	()Education ()Ir	nsurance () Calamity	() Other type of loan	
I hereby apply for a loan on the amount, period and purpose specified herein. I further certify that the statement and data indicated here are true and correct and submitted for the purpose of obtaining credit. Any incorrect information may cause Cavite Zone Workers Multipurpose Cooperative to reject my loan application.					
LOAN INFORMATION (Write NA if NOT APPLICABLE)					
Amount of Loan		No. of Months Payable	Total Amount of Loan	Semi-Monthly ()	/ Monthly() Deduction
Purpose of Loan					
Name				Badge Number	
	Surname	First Name	Middle Name	Hire Date	
Department Home Address		Job Title		E-mail Address Mobile Phone No.	
Civil Status		Spouse Name			
Spouse Occupation & Employer					
Spouse Monthly Income		No. of Children Other Income (Php)			
FOR UNSECURED LOANS ONLY					
My Credit Cards	Credit Limit	My Monthly Expenses	Amount (Php)	My Monthly Expenses	Amount (Php)
1.		 Housing Transpo/Car 		4. Foods 5. Education	
3.				6. Other Expenses	
Note : Please attach photocopies of: 1. two (2) recent payslips, 2. borrowers' id and 3. photocopy of each guarantors' ID.					
Other requirements may be required depending on the amount of loan.					
For the amount received, I hereby promise to pay Cavite Zone Workers Multipurpose Cooperative (CZWMPC) without the need of notice or demand the amount of(PHP). Upon approval of this application, I authorize(the "Company") to deduct from my salary the monthly / semi-monthly					
amortization every payday that will be remitted to CZWMPC in payment of such total amount due. In the event that there is non payment of the amount due, a penalty of one percent (1%) and an interest for every default payment will be imposed. I further understand that in case of non-payment or resignation, separation or termination from service for any reason or absence without leave, the whole amount of my loan shall be due. In case, I hereby authorize CZWMPC to deduct all my obligations and all amount due from my separation pay, 13th month pay, convertible leaves and other compensation from the Company. If my final pay from the Company do not suffice my obligation, the remaining amount will be deducted to my guarantors whose signatures are affixed below. I fully and legally bind myself to the terms and conditions of the loan program and CZWMPC has the full authority to do such necessary actions. I also authorize CZWMPC to obtain and disclose information about me from my payroll, any reference source, any credit reporting agency or any third party for purpose of evaluating and verifying this application form. I shall hold CZWMPC free from liability that may arise from obtaining such information. If for any reason, excess loan proceeds erroneously credited to my account, I hereby authorize CZWMPC to deduct the excess amount from my payroll without further notice unless otherwise I pay it directly to CZWMPC.					
Please be informed that Cavite Zone Workers Multipurpose Cooperative is required to submit credit data to the CREDIT INFORMATION CORPORATION as mandated by Republic Act No. 9510. For more information, please visit www.creditinfo.gov.ph Signature of Guarantors					
By signing this application, I am fully aware that for any loan delinquency or non-payment of the member-borrower above, I will be responsible to pay the loan balance equally divided among the other two guarantors below based on the loan policies, terms and conditions of CZWMPC.					
Name :		Name :		Name :	
Badge No. :		Badge No. :		Badge No. :	
Address :		Address :		Address :	
Contact no. :		Contact no. :		Contact no. :	
Share Capital :		Share Capital :		Share Capital :	
Signature :		Signature :		Signature :	
TO BE ACCOMPLISHED BY CZWMPC OFFICE DEPOSITS EXISTING CZWMPC LOAN BALANCE LOAN COMPUTATION					
Share Capital				Amount of Loan	
Savings Deposit				Service Charge (2%)	
SIGNATURE OF	BORROWER			Capital Build-Up (1%)	
Signature Over Printed Name		TOTAL		Balance of Previous Loa	
			COMMITTEE'S ACTION		
Approved [] Disapproved [] Recommendation/Additional Instruction					
Chairperson					Prepared by:
Vice-Chairperson Secretary			() Check	() ATM	Checked by:
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