



APPLICATION FOR LOAN

Loan Type:	Terms of Payment:			
<input type="checkbox"/> Special Loan	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months	<input type="checkbox"/> 24 months	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Regular Loan	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months		
<input type="checkbox"/> Assistance Loan	<input type="checkbox"/> 2 months	<input type="checkbox"/> 4 months		

I hereby apply for a loan of.....PESOS with an interest of.....per annum. I desire this loan for the following provident/ productive purposes: (Explain fully).....

APPLICANT’S INFORMATION

Member’s Name:**Email address:**.....
Employer: St. Luke’s Medical Center (QC/GC/COM).....**Tel. No. /Mobile No.**.....
Home Address
Years in Service.....**Position**.....**Local/Ext.**.....
Spouse Name:.....**No. of Dependents**.....
Is spouse employed? (YES) or (NO) . **If Yes, Net Income (Monthly) : Php**.....
Collateral..... **Value: Php**
I hereby certify that all statements hereon are true and complete and submitted for the purpose of obtaining credit.

_____	_____
Date	Signature over Printed Name

CO-MAKER’S STATEMENT

Name of co-maker.....**Email address:**.....
Employer: St. Luke’s Medical Center (QC/GC/COM).....**Tel. No. /Mobile No.**.....
Home Address
Years in Service.....**Position**.....**Local/Ext.**.....
Spouse Name:.....**No. of Dependents**.....
Is spouse employed? (YES) or (NO) . **If Yes, Net Income (Monthly) : Php**.....
Collateral..... **Value: Php**
I hereby certify that all statements hereon are true and complete and submitted for the purpose of Applicant’s obtaining credit.

_____	_____
Date	Signature over Printed Name

CO-MAKER’S STATEMENT

Name of co-maker.....**Email address:**.....
Employer: St. Luke’s Medical Center (QC/GC/COM).....**Tel. No. /Mobile No.**.....
Home Address
Years in Service.....**Position**.....**Local/Ext.**.....
Spouse Name:.....**No. of Dependents**.....
Is spouse employed? (YES) or (NO) . **If Yes, Net Income (Monthly) : Php**.....
Collateral..... **Value: Php**
I hereby certify that all statements hereon are true and complete and submitted for the purpose of Applicant’s obtaining credit.

_____	_____
Date	Signature over Printed Name

(For Coop use only)
Approved by Credit Committee:

_____	_____	_____
Signature over printed name and date	Signature over printed name and date	Signature over printed name and date

Approved by Board of Directors:

_____	_____	_____
Signature over printed name and date	Signature over printed name and date	Signature over printed name and date

- Please attaché the following:
- 1. Photocopy of ID (Maker and Co maker)
 - 2. One month latest payslip of maker (only the Net Income will be displayed, hide the other details in the payslip)
 - 3. Limited Power of Attorney for loans above Php 100,000.00



Form No. KB Cr 13

LOAN NOTE

NO.....

P , 20

For value received. I/We, jointly and severally, promise to pay to the **St. Luke’s Medical Center Multi-Purpose Cooperative** or order, the sum of and.....PESOS: with interest on unpaid balances at the rate of 1.5% per month, payable ininstalments of andPESOS: the first payment to be made on and a like amount every thereafter until the full amount has been paid.

In case of any default in payments as herein agreed, the entire balance of this note shall become immediately due and payable, at the option of the holder. Each party to this note whether as maker, co-maker, endorser or guarantor, severally waives presentation of payment, demand, protest and notice of protest and dishonour of the same.

It is further agreed by party hereto, that in case payment shall not be made at maturity, he shall pay the cost of collection, and attorney’s fees in an amount equal to twenty percent of the principal and interest due on this note, but such charge in no event to be less than TEN PESOS.

In case of judicial execution of this obligation or any part of it the debtor waives all his rights under the provisions of Rule 3, Section 13 and Rule 39, Section 12 of the Rules of Court.

.....
Print & Signature of Maker

.....
Print & Signature of Co-Maker

.....
Print & Signature of Co-Maker

PLEDGE OF DEPOSITS

I / We, the undersigned, hereby pledge all deposits and payments on deposits which I / We now have or hereafter may have in this St. Luke’s Medical Center – Multi Purpose Cooperative as security for the loan as evidenced by the note dated , 20 in the amount ofAnd..... PESOS, executed by me/ us, payable to the St. Luke’s Medical Center – Multi Purpose Cooperative. This pledge is given to secure the payment of the above-described loan and interest, fines, costs, or expenses that may accrue thereon, and I/We hereby authorize this Multi-purpose Cooperative to apply any or all such deposits and payments on deposits to the payment of said loan and interest, fines, or expenses.

IT IS FURTHER AGREED THAT if I/We shall fail to pay any instalments on the loan when due, I/We promise to pay a fine in accordance with the terms of the By-Laws of this St. Luke’s Medical Center – Multi Purpose Cooperative.

.....
Print & Signature of Maker

.....
Print & Signature of Co-Maker

.....
Print & Signature of Co-Maker

AUTHORITY

I hereby authorize the Treasure / Cashier / Disbursing Officer / Paymaster of St. Luke’s Medical Center – Multi Purpose Cooperative. To collect from my salary every (payday) / month) the sum of andPESOS until the loan plus interest / fines / costs are fully paid in addition to my regular savings.

(Signature).....

NOTE:

- Co-Makers’ signature in the form signifies their obligation to pay the principal borrower’s loan in case the member – borrower is unable to pay the Cooperative for any reason at all.**
- Payments terms for the Co-Maker will be similar to the principal’s borrower’s loan. A grace period of one (1) month will be given before the first (1st) salary deduction.
- Notice will be given immediately to the Co-maker upon non-payment of principal borrower’s loan.

“EARN AND SAVE THE COOPERATIVE WAY”