



MULTI-PURPOSE LOAN APPLICATION FORM (MPLAF)

HQP-SLF-085
(V07, 09/2023)**INSTRUCTIONS:**

1. Accomplish this form in one (1) copy only. Print this form back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All data fields are mandatory. Otherwise, put N/A if not applicable.

LAST NAME DAMPIOS		FIRST NAME MARLON		NAME EXTENSION (e.g., Jr., II)		MIDDLE NAME VISTAL		MAIDEN MIDDLE NAME (for married women)		NO MIDDLE NAME (check if applicable only) <input type="checkbox"/>		DATE OF BIRTH JULY 14, 1984		PLACE OF BIRTH BAYBAY CITY			
COMPLETE MOTICR MAIDEN NAME DOLORES P. VISTAL		NATIONALITY FILIPINO		GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		MARRIAGE STATUS <input type="checkbox"/> Single/Unmarried <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated		CITIZENSHIP FILIPINO		EMAIL ADDRESS marlon.dampios@vsu.edu.ph		CELL PHONE NUMBER 09056839971		HOME TELEPHONE NUMBER 09515125062			
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. NAGA TINAG-AN ALBUERA LEYTE												APPLICANT'S TAXPAYER IDENTIFICATION NUMBER (TIN) 456-234-646		SSS/IDIS NO 06-4559518-7			
PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. NAGA TINAG-AN ALBUERA LEYTE												BUSINESS TELEPHONE NUMBER NONE		NATURE OF WORK OFFICE CLERK			
EMPLOYER/BUSINESS NAME VISAYAS STATE UNIVERSITY												LOAN TERM <input type="checkbox"/> Two (2) Years <input type="checkbox"/> Three (3) Years		DESIRED LOAN AMOUNT			
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name VISCA BAYBAY CITY LEYTE												LOAN PURPOSE <input type="checkbox"/> Non-Housing Related <input type="checkbox"/> Livelihood/additional capital in small business <input type="checkbox"/> Tuition/Educational Expenses <input type="checkbox"/> Payment of utility/credit card bills <input type="checkbox"/> Purchase of appliance & furniture/electronic gadgets <input type="checkbox"/> Housing Related <input type="checkbox"/> Other, specify		<input type="checkbox"/> Vacation/travel <input type="checkbox"/> Special events <input type="checkbox"/> Car repair <input type="checkbox"/> Health & wellness			
PREVIOUS EMPLOYMENT DETAILS FROM DATE OF Pag-IBIG MEMBERSHIP (use another sheet if necessary)												LOAN PURPOSE (continued)					
EMPLOYER/BUSINESS NAME VISAYAS STATE UNIVERSITY												EMPLOYER/BUSINESS ADDRESS VISCA, BAYBAY CITY, LEYTE		FROM (mm/yy) JUNE 2011		TO (mm/yy) PRESENT	

In the event of the approval of my application for Multi-Purpose Loan, I hereby authorize Pag-IBIG Fund to credit my loan proceeds through my Payroll Account/Disbursement Card that I have indicated on the right portion.

SIGNATURE OF APPLICANT

PAYROLL ACCOUNT/DISBURSEMENT CARD

LANDBANK

NAME OF BANK/BRANCH

BAYBAY BRANCH**APPLICATION AGREEMENT**

In consideration of the loan that may be granted by virtue of this application subject to the pertinent provisions of the Implementing Rules and Regulations of Pag-IBIG Fund, I hereby waive my rights under R.A. No. 1405 (Secrecy of Bank Deposits Act) and authorize Pag-IBIG Fund to verify/validate my payroll account/disbursement card. Furthermore, I hereby authorize my present employer, or any employer with whom I may get employed

in the future, to deduct the membership savings (MS) and monthly amortization due from my salary and remit the same to Pag-IBIG Fund. If the resulting monthly net take home pay after deducting the computed monthly amortization on MPL falls below the monthly net take home pay as required under the GAA/company policy, I authorize Pag-IBIG Fund to compute for a lower loanable amount.

I understand that should I fail to pay the monthly amortization due, I shall be charged with a penalty of 1/20 of 1% of any unpaid amount for every day of delay.

If for any reason excess loan proceeds are erroneously credited to my payroll account/disbursement card, I hereby authorize Pag-IBIG Fund to debit/deduct the excess amount from my account without need of further notice of demand. Should my account balance be insufficient, the Fund has the right to demand for the excess amount to be refunded.

I authorize Pag-IBIG Fund to disclose, submit, share or exchange any of my account information to legal and government regulating agencies, other banks, partner-merchants or third party in accordance with R.A. No. 9510 (Credit Information System Act), R.A. No. 10173 (Data Privacy Act of 2012), and other related or pertinent laws and regulations, as described in Pag-IBIG Fund's Freedom of Information (FOI) Manual. The credit information may also be transferred to service providers (e.g., Credit Information Corporation, Bankers Association of the Philippines - Credit Bureau), likewise in accordance with laws and regulations.

Furthermore, I have read, understood and agree to be bound by the terms and conditions governing the Disbursement Facility/Program and Pag-IBIG Fund's partner-banks' internal guidelines.

I certify that the information given and any or all statements made herein are true and correct to the best of my knowledge and belief. I hereby certify under pain of perjury that my signature appearing herein is genuine and authentic.

MARLON V. DAMPIOS

Signature of Applicant Over Printed Name

This office agrees to collect the corresponding monthly amortization on this loan and the MS of herein applicant through salary deduction, together with the employer counterpart, and remit said amounts to Pag-IBIG Fund on or before the 15th day of each month, for the duration that the loan remains outstanding. However, should we deduct the monthly amortization due from the applicant's salary but failed to remit it on due date, this office agrees to pay the corresponding penalty charged to applicant equivalent to 1/20 of 1% of any unpaid amount for every day of delay and penalty for non-remittance equivalent to 1/10 of 1% per day of delay of the amount payable from the date the loan amortization or payments fell due until paid.

EDGARDO G. TULIN

AUTHORIZED SIGNATORY

(Signature Over Printed Name)

VP for Admin & Finance

DESIGNATION

20741198007

Pag-IBIG EMPLOYER ID NO.

AGENCY CODE

BRANCH CODE

PROMISSORY NOTE

For value received, I promise to pay on due date without need of demand to the order of Pag-IBIG Fund with principal office at Petron MegaPlaza, 355, Sen. Gil Puyat Avenue., City of Makati the sum of Pesos:

(P _____) Philippine Currency, with an interest at the rate of 10.5% per annum (equivalent rate of 17.50% based on diminishing principal balance), with interest during the grace period and shall be amortized equally over the term of the loan.

I hereby waive notice of demand for payment and agree that any legal action, which may arise in relation to this note, may be instituted in the proper court of Makati City.

Finally, this note shall likewise be subject to the following terms and conditions:

1. I shall pay the amount of Pesos:

(P _____) through salary deduction, whenever feasible, over a period of two (2) years or three (3) years, with a grace period of 2 months. In case I am unable to pay through salary deductions for any of the following circumstances, such as but not limited to, suspension from work; leave of absence without pay; insufficiency of take home pay at any time during the term of the loan; or other circumstances analogous to the foregoing, payments should be made directly to the Pag-IBIG Fund office where the loan was released.

2. Payments are due on or before the 15th day of the month starting on

3. Payments shall be applied according to the following order of priorities. Penalties, Interest and Principal.

4. A penalty of 1/20 of 1% of any unpaid amount shall be charged to me for every day of delay.

Signed in the presence of:

MARIA FE A. BASLAN

Witness

(Signature Over Printed Name)

(Signature Over Printed Name)

AUTHORITY TO DEDUCT CHARGES

In case of retirement/separation from employment, I hereby authorize my employer to deduct any outstanding MPL balance from my retirement or separation benefits to fully settle my loan obligation. In the event that my retirement/separation benefits are not sufficient to settle the outstanding balance of my MPL or my employer fails for whatever reason, to deduct the same from said retirement/separation benefits, I hereby authorize Pag-IBIG Fund to enforce/execute benefits due me from the Fund to settle the said obligation.

SIGNATURE OF APPLICANT

MARLON V. DAMPIOS

Signature of Applicant Over Printed Name