PUBLIC SAFETY MUTUAL BENEFIT FUND, INC

LOAN DOCUMENTS SUBMISSION FORM

A. <u>Checklist to be filled up by the Applicant</u>

NAME OF BORROWER: _____
(RANK) (FIRST NAME) (MIDDLE NAME) (LAST NAME)

LOAN TYPE: ☐ POLICY ☐ SALARY LOAN PLUS ☐ EMERGENCY ☐ MULTI-PURPOSE LOAN
☐ CALAMITY ☐ KABALIKAT

AMOUNT OF LOAN: _____ TERM: _____ ☐ NEW LOAN ☐ RE-LOAN

PLEASE CHECK DOCUMENTS SUBMITTED:

- ☐ Application Form and Promissory Note
- ☐ Authority to Deduct duty notarized
- ☐ Payslip of borrower (latest 2 months)
- ☐ Corporate ID (not expired/back to back) with 3 specimen signatures
- ☐ Certificate of Non-pending Case (*not applicable for Policy Loan)*
- ☐ Certificate of Active Duty Status from Station/Unit (*not applicable for Policy Loan)*
- ☐ Deed of Undertaking duly notarized (*for PNP personnel only)*
- ☐ Other documents : _____

FILED BY: _____ Date: _____
Name and Signature of Applicant or Representative

B. <u>Checklist to be answered by PSMBFI personnel receiving the loan application and other documents:</u>

1. Did the applicant <u>personally</u> submit the loan application and other documents to you? ☐ YES ☐ NO

   If the answer is **<u>YES,</u>** do you attest that: ***Specimen signatures were personally affixed by the applicant in your presence and verified that the said signatures are similar to the signature appearing the identification card/s presented?*** ☐ YES ☐ NO

   If the answer is **<u>NO,</u>** please answer the following:

   a. Did you require authorized representative to present his original copy of ID? ***Please obtain copies of the authorization and ID/s presented and attached the same to this document.*** ☐ YES ☐ NO

   b. Did you verify the way of **telephone call** to the applicant the veracity of the loan application? ***Please indicate telephone number*** _____ ☐ YES ☐ NO

   c. Did the member/applicant acknowledge his loan application? ☐ YES ☐ NO

2. Do you certify that:
   a. all required documents are submitted and are in original copies? ☐ YES ☐ NO

   b. the scanned and e-mailed documents are the honest and truthful reproduction of the original documents in your possession? ☐ YES ☐ NO

3. Do you certify that there are no conditions like medical illness, pending case, or any other condition known to you at the time of loan application, that will cause non-payment of loan amortization by the applicant? ☐ YES ☐ NO

By providing my signature below, I hereby confirm that all information disclosed above is correct and complete.

_____ Date: _____
Name and Signature of PSMBFI personnel

PSMBFI

PUBLIC SAFETY MUTUAL BENEFIT FUND, INC.
Lot 318 – 320, Corner 1st and 2nd Streets, Brgy. West Crame,
Bonnie Serrano Ave., San Juan City Trunk Lines: 02-8-726-7250, 02-8-727-3959
E-Mail: customerservice@psmbfi.com.ph

Regional Service Office / Head Office Select

Date of Application:

LOAN APPLICATION FORM

December 2024

Loan Type: ◯ Policy Loan ◯ Salary Loan ◯ Emergency Loan ◯ Multi-Purpose Loan ◯ Calamity Loan ◯ Kabalikat Loan ◯ Others:

Desired Loan Amount:	Duty Status:	Payment Terms:	Application Type:	Loan Purpose:
Php	Select	Select Months	Select	Select

Desired Loan Amount in Words:

Proceeds of Loan: ◯ Check Pick Up ◯ Check Mail to Region ◯ Deposit to Bank _____ ◯ InstaPay _____ ◯ InstaCredit _____

Authority to Credit:

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).

BORROWER'S DATA

Rank:	Last Name:	First Name:	Middle Name:	Suffix (Jr., Sr., I, II, III) if any:
Select				

Date of Birth:	Age:	Cellphone No:	Pay slip Account No:	

Unit Assignment:

Complete Home Address:

Right Thumb

Date Entered Service:	Retirement Date:	Email Address:

I hereby certify that the provided information is true and correct. Any misrepresentation or falsehood discovered during or after my loan application may cause the disapproval of my loan application or warrant the immediate payment of the loan due.

Signature over printed name of the borrower

COMPLIANCE TO CREDIT INFORMATION SYSTEM ACT (RA9510) In compliance, PSMBFI is authorize to submit my basic credit data as well as any regular updates or correction thereof to the Credit Information Corporation (CIC) for consolidation and disclosure as may be authorized by the CIC. Such credit data may be shared by CIC with other authorized lenders and other duly accredited reporting agencies for the purpose of establishing your credit worthiness

Signature over printed name of the borrower

AUTHORIZATION TO DEDUCT (For PNP Only)

Please accomplish a separate Authority to Deduct for other agency.

I hereby authorize PNP Finance Service (FS) to deduct from my salary/retirement benefits/commutation of leave credits/pension and pay the sum of _____ (P _____) every month for _____ months beginning_____ for payment of my loan amortizations until full settlement thereof with PUBLIC SAFETY MUTUAL BENEFIT (PSMBFI), I further authorize PSMBFI to access my personal information under my Unit/Office electronic payroll system.

In case of dismissal, resignation, separation, voluntary or compulsory retirement or termination from the service for whatever cause, I, as the borrower shall pay the outstanding remaining balance, including interest, costs, fines, fees, penalties, and other charges to PSMBFI from any and all pay and benefits due me or legal heirs from my untimely death.

I hereby expressly waive all my rights under Section 13 Rule 39 of the Rules of Court, Republic Act (RA) No. 675 (PNP law), RA 4917 (Retirement Benefits of Employees of Private Firms), RA 9510 (Credit Information System), RA 10173 (Data Privacy), and to any and all statutory provisions relating to the confidentiality of information.

I fully understand that the loan obligation is a contract between the PSMBFI and the undersigned borrower and thus, I hereby assume all the obligation that may arise therefrom. I understand that the PNP FS is not privy to the contract of loan executed with PSMBFI, but is merely authorized pursuant to GAA, to deduct loan obligation/s from the salaries of employees/retirees.

Thumbmarks

_____
Signature over printed name of the borrower

Right Left

SUBSCRIBED AND SWORN to before me the _____ day _____ at _____ Philippines.

Doc No. _____
Page No. _____
Book No. _____
Series of _____

DO NOT WRITE BELOW THIS LINE

Outstanding Balance:	Remarks:
Principal Amount:	
Monthly Amortization:	
Net Proceeds:	
Loan No: Voucher No:	
Evaluated by:	
Reviewed/Checked by:	

PROMISSORY NOTE/LOAN AGREEMENT

KNOW ALL MEN BY THESE PRESENT:

In consideration of the loan received from PUBLIC SAFETY MUTUAL BENEFIT FUND, INC., I hereby acknowledge the following:

1. Principal Amount : _____
   Loan Term : _____
   Monthly Amortization : _____

2. 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.

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

   a. Death of the member;
   b. Retirement or discharge from the service/employment from the organization;
   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.

4. If for any reason, the agency/organization from which I am receiving my salary is unable to deduct the monthly amortization from my salary, I shall immediately remit/pay directly the monthly amortization to PSMBFI Office. Otherwise, the unpaid installment shall earn interest at additional rate of _____% and shall continue accruing interest until fully paid.

5. Pre-termination of loan shall be subject to a fee equivalent to five (5%) percent of the principal balance plus any unpaid interest.

6. In case of dismissal, resignation, separation, voluntary or compulsory retirement or termination from the service for whatever cause, the outstanding remaining balance, including interest, costs, fines, fees, penalties, and other charges to PSMBFI, shall be deducted from my last payment, commutation of leaves, pension, and all benefits due me or legal heirs from my untimely death.

7. 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 _____ (___%) 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 San Juan City, Philippines shall be exclusive venue of any suit arising from this agreement.

8. I hereby affirm and acknowledge that I have carefully read and understood all of the foregoing stipulations.

_____
✓ Borrower's Signature Over Printed Name
✓ Date: _____

DEED OF UNDERTAKING
(Authorization to Deduct)

I _____, of legal age, Filipino citizen, single/married, and with postal address at _____, after having been duly sworn to in accordance with the law hereby depose and state that:

1. I am a member of the Philippine National Police (PNP) currently assigned at _____;

2. I obtain a loan from PUBLIC SAFETY MUTUAL BENEFIT FUND, INC. (PSMBFI) payable by way of automatic salary deduction from my monthly salary;

3. I hereby acknowledge that upon retirement (compulsory or optional), resignation from service, TPPD, or any other cause for severance from service, the monthly amortizations for the loan can no longer be deducted from my monthly salary, thus, I undertake to pay the outstanding balance of the said loan, if any, at the time of severance from service;

4. At the time of severance from service, I further authorize the Philippine National Police, in particular, the Retirement Claims and Funds Management Division, (RCFMD) and/or Pension and Gratuity Division (PGD) of PNP Retirement and Benefits Administration Service (PRBS), or Directorate for Finance, as the case maybe, to deduct the outstanding balance as of retirement date due to PSMBFI, from my Commutation of Accumulated Leave (CAL) claims and Lump Sum/Retirement Gratuity claims and monthly pension;

5. I am executing this Deed of Undertaking (Authorization of Deduct) voluntarily, without force or intimidation, and solely for the purpose of payment of my outstanding obligation with PSMBFI, if any, at the time of severance from service from the Philippine National Police;

6. I further attest to the truth of the foregoing statements.

IN WITNESS WHEREOF, I have affixed my hand and signature this _____ day of _____ in _____.

_____
Signature Over Printed Name
Affiant

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____ affiant exhibiting his Government Issued ID No. _____ bearing his photograph and signature as competent proof of identification.