



CALAMITY LOAN
APPLICATION FORM

HQP-SLF-066
(V05, 02/2020)

(To be filled out by applicant. Print this form back to back on one single sheet of paper)
Type or Print Entries

Pag-IBIG MID NO./RTN

APPLICATION NO.

DATE OF BIRTH

PLACE OF BIRTH

MOTHER'S MAIDEN NAME

NATIONALITY

SEX

MARITAL STATUS

CITIZENSHIP

EMAIL ADDRESS

PRESENT HOME ADDRESS

CELL PHONE NUMBER (Required)

HOME TELEPHONE NUMBER

Subdivision

Barangay

Municipality/City

Province/State/Country (if abroad)

ZIP Code

APPLICANT'S TAXPAYER IDENTIFICATION NUMBER (TIN)

SSS/GSIS NO.

PERMANENT HOME ADDRESS

BUSINESS TELEPHONE NUMBER

NATURE OF WORK

Subdivision

Barangay

Municipality/City

Province/State/Country (if abroad)

ZIP Code

DATE OF EMPLOYMENT

EMPLOYEE ID NUMBER

EMPLOYER/BUSINESS NAME

NAME OF TYPHOON/CALAMITY

DESIRED LOAN AMOUNT

EMPLOYER/BUSINESS ADDRESS

LOAN PURPOSE

Subdivision

Barangay

Municipality/City

Province/State/Country (if abroad)

ZIP Code

Non-Housing Related

Housing Related

☐ Home Enhancement

☐ House Repair

☐ Tuition/Educational Expense

☐ Minor home improvement

☐ Health and Wellness

☐ Others, please specify

☐ Livelihood

PREVIOUS EMPLOYMENT DETAILS FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)			
EMPLOYER/BUSINESS NAME	EMPLOYER/BUSINESS ADDRESS	FROM (mm/yy)	TO (mm/yy)

In the event of the approval of my application for Calamity 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/PACKAGE UNIT ID

NAME OF BANK/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 Calamity Loan 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 eDisbursement 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.

HEAD OF OFFICE OR AUTHORIZED SIGNATORY
(Signature over Printed Name)

DESIGNATION

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, 358, Sen. Gil Puyat Avenue., City of Makati the sum of Pesos:

(P_____) Philippine Currency, with an interest rate of 5.95% per annum, 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:

- I shall pay the amount of Pesos: _____ (P_____) through salary deduction, whenever feasible, over a maximum period of 24 months, with a grace period of three (3) months. In case of suspension from work, leave of absence without pay, insufficiency of take home pay during the term of the loan, payments should be made directly to the Pag-IBIG Fund office where the loan was released.
- Payments are due on or before the 15th day of the month starting on _____ and 23 succeeding months thereafter.
- Payments shall be applied according to the following order of priorities: Penalties, Interest and Principal.
- A penalty of 1/20 of 1% of any unpaid amount for every day of delay shall be charged to me.

Signed in the presence of:

Witness
(Signature over Printed Name)

Witness
(Signature over Printed Name)

Signature of Applicant over Printed Name

- I shall be considered in default in any of the following cases:
 - Any willful misrepresentation made in any of the documents executed in relation hereto;
 - Failure to pay any three (3) consecutive monthly amortizations;
 - Failure to pay any three (3) consecutive monthly membership savings;
 - Violation of any of the membership/STL/housing loan policies, rules, regulations and guidelines of the Pag-IBIG Fund.
- In the event of default, the outstanding loan obligation shall become due and demandable shall be deducted from the Total Accumulated Value (TAV), after exerting all collection efforts. As a consequence, thereof the outstanding loan obligation, consisting of the principal, interest and penalties shall be subjected to offsetting against my TAV. However, immediate offsetting of my outstanding Calamity Loan obligation may be effected immediately upon approval of my request, provided such request is based on the following justifiable reasons and upon validation by the Fund: Borrower's unemployment; illness of the member-borrower or any of his immediate family members as certified by a licensed physician, by reason thereof, resulted in his failure to pay the required amortization when due; or death of any of his immediate family members, by reason thereof, resulted in his failure to pay the required amortization when due.
- In the event of membership termination prior to loan maturity, any outstanding loan balance, including the unpaid interest, penalties and charges, shall be deducted from my TAV and/or any amount due to my beneficiaries in the possession of the Fund. In case of my death, the outstanding obligation shall be computed up to the date of death. Any payment received after date of death .shall be refunded to my beneficiaries.
- In case of falsification, misrepresentation or any similar acts committed by me, Pag-IBIG Fund shall automatically suspend my loan privileges indefinitely. I shall abide with all the applicable rules and regulations governing this lending program that Pag-IBIG Fund may promulgate from time to time.

AUTHORITY TO DEDUCT (Optional)

In case of retirement/separation from employment, I hereby authorize my employer to deduct any outstanding Calamity Loan 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 Calamity Loan or my employer fails for whatever reason, to deduct the same from said retirement/separation benefits, I hereby authorize Pag-IBIG Fund to apply whatever benefits are due me from the Fund to settle the said obligation.

SIGNATURE OF APPLICANT

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

RECEIVED BY

DATE

REVIEWED BY

DATE

APPROVED/DISAPPROVED BY

DATE

THIS FORM CAN BE REPRODUCED. NOT FOR SALE

NAME OF BORROWER

HEAD OF OFFICE/AUTHORIZED SIGNATORY
(Signature Over Printed Name)

loan provided he has paid at least 6 monthly amortizations prior to default and its consequent offsetting against the borrower's TAV. However, if he has paid less than 6 monthly amortizations prior to default, he may apply for a new loan only after two (2) years from the date of TAV offsetting.