Republic of the Philippines

DepEd PROVIDENT FUND

Division of Capiz

CO-MAKER'S INFORMATION				
Name:				
Present Address:				
Home Address:				
Date of Birth:				
Position:				
Monthly Salary:				
Office/School:				
Employee No Div. Code:				
Station Code: TIN:				
SIGNATURE:				
GREEMENT				
Should the principal borrower be separated from the service and there are no retirement nor separation benefits due				
him/her, I hereby agree to assume all his/her outstanding obligations for the grant of this loan upon proper notification by the Provident Fund Secretariat. Accordingly, I hereby authorize the deduction from my monthly salary the amortization for the outstanding obligations of the principal borrowed until his/her loan has fully paid.				
Co-maker's Signature Date				
CERTIFICATION OF EMPLOYMENT AND CREDIBILITY				
Date				
is a permanent employee of this office and nding administrative and/or criminal case charge against s sufficient to cover monthly installment of this loan: and tion: (5) the information reported by the said applicant is				

District Supervisor/AO-IV (PERSONNEL)
Signature Over Printed Name

DIVISION OFFICE ACTION

Checked by Provident Secretariat Members:	
Ma. Sharon S	S. Barrientos
Atty. Benjie E	B. Doce, CPA, MBA
Josephine T.	Manuel
Cecil Joy D. D	Diocson
	() Approved
	() Disapproved
	MIGUEL MAC D. APOSIN, EdD, CESO V
	Schools Division Superintendent
	Head Secretariat, Division of Capiz
Western Visayas, Duran Street, Iloilo City	cute this authority to authorized the Department of Education, Region VI, through Payroll Services Division (PSD) to deduct the amount of amortization of the principal borrowe with Employee No.
	, Division Code who obtained a Provident Fund in
	including the interest of for 12/24/36/60 months,
to pay his/her monthly amortization, the under	ts are fully paid. In the event, however, that the principal borrower fails ersigned Co-maker with Employee No
	inue to be enforced and shall ceased only when the principal amount
	signatures below to attest the authenticity of this authorization herein,, Banica, Roxas City, Philippines.
Principal Borrower Employee No: (Signature Over Printed Name)	Co-Maker Employee No: (Signature Over Printed Name)

Republic of the Philippines
Department of Education
Region VI- Western Visayas
DIVISION OF CAPIZ
Banica, Roxas City

KNOW THAT ALL MEN BY THESE PRESENTS:

	, Principal Borrower of the Provide		
granted in	promise to pa	promise to pay to the DepEd Provident Fund	
hrough the Cash Division, the sum of the $__$	for the period o	of months, the first	
ayment of which shall commence in	and every 15 th of the month there	eafter.	
	Principal B	Borrower	
	(Signature Over	r Printed Name)	
		D: : 1 D	
	Maker of		
nereby agree that should he/she fail to pay his/ obligation to the DepEd Provident Fund. I furthe	The state of the s	_	
of my payment to the National Secretariat to the		sii Division and present receipts	
in my payment to the National Secretariat to the	Septa i Tovident i dila.		
	Co-M	laker	
	(Signature Over	r Printed Name)	