Manuel Guianga and Sirib Growers and Employees Multipurpose Cooperative (MAGSIGE MPC) Prk. 13, Villafuerte St., Calinan, Davao City Tel Nos. (082) 324-1569/(082) 297-4661/09489993459/09178525231 Member Application No. ____ Date of Application: ____ PROVIDENT LOAN APPLICATION FORM **EMERGENCY LOAN EDUCATIONAL LOAN ANNIVERSARY LOAN** PETTY CASH LOAN **HEALTH MAINTENANCE LOAN PERSONAL DATA** Name: Share Capital: Savings: Contact No. Address: Age: Occupation: Birth Date: Salary Net: **Civil Status:** Loan Amount: Gender: Loan term: Educational level: Loan Purpose: Other Information: (to be filled up by the loan officer): _____ CO-MAKER Name: Civil Status: Address: Gender: Contact No. Occupation: Birth Date: Share Capital: **UNDERTAKINGS** I, the loan applicant on record, together with my co-maker wish to avail a loan from MAGSIGE MPC. In this regard, I/We hereby authorize and grant consent to MAGSIGE MPC to obtain any information required relative to my credit and to disclose to any credit bureaus, reporting agency, business or persons with whom I have financial dealings as may be required by law. I/We jointly and severally agree to indemnify and save MAGSIGE MPC from any and all claims in damages or otherwise arising from any disclosure. Signature over printed name of borrower Signature of Co-maker Processed by: Loan Processor Loan Officer Approved by: **Authorized Approving Officer SALARY DEDUCTION AUTHORITY**

This is to authorize the deduction from my semi-monthly salaries the amount in the computed amortization of the approved loan amount in this application, representing my loan payment to MAGSIGE MPC. This Authority is deemed null and void after the last salary deduction date is effected or after my loan with MAGSIGE MPC is fully paid.

Name and signature of borrower	Date