



**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: \_\_\_\_\_

**HIGH-VALUED CROP ASSISTANCE LOAN APPLICATION FORM**

**PERSONAL DATA**

Name: _____	Share Capital: _____
Address: _____	Savings: _____
Age: _____	Salary Net: _____
Birth Date: _____	No. of years as member: _____
Civil Status: _____	Contact No. : _____
Gender: _____	Credit Rating: _____
Educational Level: _____	Name of Spouse: _____
Occupation: _____	Occupation of Spouse: _____
Area of Assignment: _____	No. of Children: _____
Status of Residence: <input type="checkbox"/> RENTED <input type="checkbox"/> OWNED <input type="checkbox"/> OTHERS: specify _____	

**EMPLOYMENT**

Position: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date Employed: \_\_\_\_\_  
Monthly Salary: \_\_\_\_\_

**BUSINESS**

Type of Business: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No. \_\_\_\_\_  
Monthly Income: \_\_\_\_\_

**MEMBER'S ASSET**

Value of Residence: \_\_\_\_\_  
Vehicle Owned: \_\_\_\_\_  
Real Estate Property: \_\_\_\_\_  
Other Valuables: \_\_\_\_\_

**MEMBER'S MONTHLY INCOME**

Salary: \_\_\_\_\_  
Spouse Income: \_\_\_\_\_  
Business: \_\_\_\_\_  
Other Income: \_\_\_\_\_

**MONTHLY EXPENSES**

Food: \_\_\_\_\_  
Utilities (light bill,water bill,etc.) \_\_\_\_\_  
Education: \_\_\_\_\_  
Transportation: \_\_\_\_\_  
Others: \_\_\_\_\_

**OTHER EXPENSES**

Housing: \_\_\_\_\_  
Vehicle Fuel & Maint. \_\_\_\_\_  
Other Expenses: \_\_\_\_\_  
**MAGSIGE MPC LOANS:** \_\_\_\_\_

**UNDERTAKINGS**

I, the loan applicant on record, together with my co-maker wish to avail a loan from MAGSIGE MPC under the following terms and conditions:

**LOAN TYPE:** \_\_\_\_\_  
**LOAN AMOUNT:** \_\_\_\_\_  
**LOAN PURPOSE:** \_\_\_\_\_

**TERM OF PAYMENT:** \_\_\_\_\_  
**SECURITIES OFFERED:** \_\_\_\_\_

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 an 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

\_\_\_\_\_  
Name and Signature of Spouse

\_\_\_\_\_  
Name and Signature of Co-maker

\_\_\_\_\_  
Name and Signature of Co-maker

<b>PROCESSED BY:</b> _____	<b>RECOMMENDING APPROVAL</b> _____	<b>APPROVAL:</b> _____
Loan Processor	Loan Officer/Satellite Manager	Loan Manager/CEO

**CRECOM APPROVAL**

\_\_\_\_\_  
Chairperson

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

**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