



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: _____

SAGIP ATM LOAN APPLICATION FORM

PERSONAL DATA

Name: _____
 Address: _____
 Age: _____
 Birth Date: _____
 Civil Status: _____
 Gender: _____
 Educational Level: _____
 Occupation: _____
 Area of Assignment: _____
 Status of Residence: RENTED OWNED

Share Capital: _____
 Savings: _____
 Salary Net: _____
 No. of years as member: _____
 Contact No. : _____
 Credit Rating: _____
 Name of Spouse: _____
 Occupation of Spouse: _____
 No. of Children: _____
 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

PROCESSED BY: _____
 Loan Processor

RECOMMENDING APPROVAL _____
 Loan Officer/Satellite Manager

APPROVAL: _____
 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