

NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION, INCORPORATED

228 Gabaldon Street, Brgy. San Roque Norte, Cabanatuan City, Nueva Ecija

APPLICATION FOR FINANCIAL ASSISTANCE

NOT FOR SALE

Date Received: _____

Gentlemen:

The undersigned member of this Association desires to avail of its Financial Assistance in the amount of _____ (P_____) which shall be paid equal monthly installments for a period of _____ months.

PURPOSE: ✓ _____

TERMS AND CONDITIONS:

- Total amount due is inclusive of the interest on the amount borrowed of this financial assistance.
- Other charges shall be deducted in advance from the proceeds of this financial assistance.
- The payment of this financial assistance shall be through salary deductions and undersigned Member-Borrower agrees and hereby authorize the Payroll Division of the DepEd/Paymaster to deduct whatever amount is necessary to pay for the installment payment of this financial assistance from his/her salary and other compensation.
- The Member-Borrower certifies that he/she has not taken the computed value of his/her vacation and sick leave for the period covered for the payment of this financial assistance and the net salary due him/her during the said period is enough to cover the installment payments on their respective due dates. In cases of default, the Member-Borrower agrees that his/her deposits with the Association shall be debited to the extent of the amount due and that ***no withdrawal from the deposits shall be made until this financial assistance is fully paid.***
- In case of non-full payment after the end of the term, any remaining balance will be considered as past due, which will be charged with past due interest.

MEMBER/BORROWER: ✓ _____ (Print Name) ✓ _____ (Signature)

Position: ✓ _____ Age: ✓ _____
 School/Office: ✓ _____ Monthly Salary: ✓ _____
 Division No. ✓ _____ Station No. ✓ _____ Employee No. ✓ _____ Employee Status: ✓ _____

FINANCIAL ASSISTANCE VOUCHER

PARTICULARS		ACCOUNT TITLE	FAV NO. _____
FINANCIAL ASSISTANCE GRANTED	P _____	Financial Assistance	P _____ P _____
Less:		Unearned Discount	_____
Old Financial Assistance Balance	_____	Service Charges/Fees	_____
Interest	_____	Interest Past Due	_____
Service Fee	_____	Interest Rebates	_____
Collection Fee	_____	Deposit in Bank - Current	_____
Legal Fee	_____		
Interest P.D.F.A. ()	_____		
Others	_____		
Total Deductions	_____	TOTALS	P _____ P _____
Add: Interest Rebate ()	_____		
NET PROCEEDS	_____		
Prepared by: _____			
CERTIFIED CORRECT: _____			
(Accountant)			

I ACKNOWLEDGE RECEIPT of a copy of this statement prior to the consumption of the credit transaction and that I UNDERSTAND AND FULLY AGREE to the terms and conditions thereof.

✓ _____
 Member-Borrower
 (Print Name and Sign Above)



RIGHT THUMBMARK

THE ABOVE FINANCIAL ASSISTANCE IS APPROVED BY ANY ONE OF THE EXECUTIVE OFFICERS

RECEIVED this _____ day of _____, 20____ check no. _____ representing the proceeds of my financial assistance with the above-named Association as evidenced by the Promissory Note No. _____ dated _____, 20____ for a financial assistance of _____ Pesos (P _____)

CONTROL NO. ✓ _____ DIV. ✓ _____ STA. ✓ _____ EMPLOYEE NO. ✓ _____

 Recipient
 (Printed Name and Sign Above)