

NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION, INCORPORATED

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

NO ERASURE

**ATTACHED LATEST PAYROLL
EVERY RENEWAL**

PROMISSORY NOTE

AMOUNT OF PROMISSORY NOTE: P_____

DATE:_____

DUE DATE OF FINANCIAL ASSISTANCE:_____

FOR THE VALUE RECEIVED, I promised to pay the NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION, INC. the SUM OF

_____ PESOS (P_____),

with interest at the rate _____ (____%) PERCENT PER ANNUM, payable on or before _____, 20_____.

I, as Maker/Borrower, further pledge my savings deposit against the financial assistance and shall not withdraw any amount until this amount is fully paid.

In case of non full payment after the end of term, any remaining balance will be considered as past due, in which will be charged with past due interest. The Association reserves the right to consider the entire balance of the financial assistance due and demandable.

In the event this notice is placed in the hands of an attorney for collection I, as the Maker shall pay the TEN PERCENT (10%) of the amount due on the note as Attorney's Fee and expenses for litigation, which in no case shall not be less than fifty pesos (P 50.00)

MAKER OR BORROWER:✓ _____
(Print Name)

✓ _____
(Signature)

Home Address: ✓ _____

Government Issued I.D. (Type and Number) ✓ _____ Date Issued: ✓ _____ Placed Issued: ✓ _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20_____, to the Municipality/City of
✓ _____ exhibited to me his/her Government Issued I.D. (Type and Number) ✓ _____
issued at _____ on _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____

NOTARY PUBLIC

CERTIFICATION FOR CURRENT EMPLOYMENT (To be filled up by Principal/OIC/School Head or Officer)

Date:_____

TO WHOM IT MAY CONCERN:

This is to certify that ✓ _____, a permanent teacher/employee in this school/office is not presently on leave or intending to go on leave this current school year and the latest treasury warrant received is for the month of _____ He/she has no plans to RESIGN/RETIRE during the next twelve (12) months.

This certification is made in connection with his/her application for financial assistance with NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION, INC.

✓ _____
Principal/OIC/School Head or Officer)
(Print Name and Sign Above)

VERIFICATION OF NET SALARY

Date:_____

Div. ✓ _____ Sta. ✓ _____ Employee No. ✓ _____

Amount: _____

Net Pay for the month of _____