

HOLY CROSS SAVINGS & CREDIT COOPERATIVE

Gen. T. de Leon, Valenzuela City

APPLICATION FOR EMERGENCY/UTILITY LOAN

PANGALAN: _____ PETA: _____

ADDRESS: _____ TEL. NO. _____

ACCOUNT NO. _____ HALAGA NG INUUTANG: P _____

TYPE OF MEMBER: *(Please check)* REGULAR ASSOCIATE SENIOR

URI NG UTANG: EMERGENCY LOAN UTILITY LOAN

PARAAN NG PAGBABAYAD: ARAWAN LINGGUHAN BUWANAN

TAGAL NG PAGBABAYAD: ISANG BUWAN DALAWANG BUWAN TATLONG BUWAN IBA PA _____

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KATIBAYAN SA PAGKAKAUTANG AT PANGAKO SA PAGBABAYAD

Dahilan at alang-alang sa halagang tinanggap ko ay nangangako ako na magbabayad sa HCSCCO o sa utos nito ng halagang _____ (P _____) at ito'y babayaran ko bawat buwan na magsisimula sa ika-_____ ng _____ at gayun ding halaga tuwing ika-_____ ng bawat buwan pagkaraan ng unang hulog hanggang sa ang buong pagkakautang na ito ay mabayaran lahat.

Sa sandaling ang alinmang hulog ay di ko mabayaran ayon sa kasunduan sa itaas, ang aking saping puhunan/deposito/panagot na alahas at anumang benepisyo ay maaaring maibawas sa utang sa kapasyahan ng Kooperatiba.

NABASA KO AT NAINTINDIHAN ANG LAHAT NG NASASAAD SA KASULATANG ITO AT WALANG SINUMANG PUMILIT O TUMAKOT SA AKIN UPANG LAGDAAN ANG KATIBAYAN NG PAGKAKAUTANG AT PANGAKO SA PAGBABAYAD.

SIGNATURE OVER PRINTED NAME OF BORROWER

WITNESS:

(SIGNATURE OVER PRINTED NAME)

CTC NO. _____
ISSUED ON: _____
ISSUED AT: _____

=====

(TO BE FILLED-UP BY HCSCCO STAFF)

LAGDA NG TUMANGGAP NG KAHILANGAN

KAHILANGAN BILANG: _____

PETA NG PAGTANGGAP: _____ AMOUNT APPROVED: P _____ RATING: _____

POLICY NO. _____

PARISH OF THE HOLY CROSS CREDIT COOPERATIVE
Gen. T. de Leon, Valenzuela City

LOAN PROTECTION PLAN APPLICATION FORM

Name of Applicant: _____
 Address: _____
 Sex: _____ Civil Status: _____
 Date of Birth: _____ Age: _____
 Place of Birth: _____ Occupation: _____
 Nearest Relative: _____ Relationship: _____
 Amount of Loan: _____ Terms: _____
 Maturity Date: _____ Premium due: _____
 Date of Coverage: From _____ To _____

HEALTH DECLARATION

The following declarations are true and correct:

- a) I have not reached 64 ½ years of age.
- b) I possess sound mind and body and I am able to perform the normal activities in the pursuit of my livelihood.
- c) I have not been ill or have consulted a physician for any illness or disease in the past five (5) years.
- d) I have no deformity, tumour or abnormal growth on any part of my body or other physical defects.

I understand and agree that the insurance on this application is based on the truth of the foregoing representation and agree further that the PHCCCO reserves its right to reject and/ or rescind the application if found that there was a failure on my part whether intentional or unintentional to disclose material facts pertinent to risk.

I have fully read and understood the contents of this contract.

Issued and signed at Gen. T. de Leon, Valenzuela City on this ____ day of _____.

Signature of Applicant over Printed Name

ISSUED AND WITNESSED BY:

(Date)

Authorized Representative

(Date)

Date: _____

WAIVER OF LOAN PROTECTION PLAN FOR OLD AGE

Sa Kinauukulan:

Dahil sa aking edad na _____ na taon, nauunawaan ko na ang aking pagkakautang sa PARISH OF THE HOLY CROSS CREDIT COOPERATIVE na nagkakahalaga ng _____ (P _____) ay hindi na sakop ng Loan Protection Plan.

Witness/ Anak

Lagda ng May Utang na Kasapi

Date: _____

WAIVER OF LOAN PROTECTION PLAN FOR SICKNESS

Sa Kinauukulan:

Dahil sa kalagayan ng aking kalusugan, nauunawaan ko na ang aking pagkakautang sa Kooperatiba na nagkakahalaga ng _____ (P _____) ay hindi na sakop ng Loan Protection Plan.

Witness/ Anak

Lagda ng May Utang na Kasapi