

Loan Requirements

- Accomplished Loan Application Form
- Latest Pay slip
- Photocopy of Valid ID, front and back (Not Expired) with 3 signatures
- Photocopy of ATM Card (front only)

Instructions

1. Make sure to fill-out all necessary details and double check fields that needs signature on all pages of the Loan Application Form. STRICTLY NO ERASURES
2. Make sure that attached pay slip is current.
3. Make sure that attached Photocopy of Valid ID (front and back) is not expired and has (3) three specimen signatures beside it.
4. Make sure that attached Photocopy of ATM Card is clear and readable. If your card's account number is blurred, kindly write your account number beside your card.
5. Email all scanned documents to bjmpmbai@yahoo.com.ph

For follow-up on your application kindly contact us through our email address or our contact numbers:

Landline: 8-542-66-71

Mobile Numbers: 09399202510 / 09175317992



Bureau of Jail Management and Penology Mutual Benefit Association, Incorporated

144 Mindanao Avenue, Bahay Toro, Quezon City, Metro Manila
Tel./Fax: 02-926-6963 • 02-542-6671 • 0939-920-2510 • 0917-531-7992 Email Address: bjmpmbai@yahoo.com.ph

APPLICATION FOR LOAN

Application No. _____
Date Received _____
CLIC No. _____

PLEASE CHOOSE ONE:

- For Pick-up
 For Mailing
 For Deposit

TYPE OF LOAN: REGULAR EMERGENCY CALAMITY
 EDUCATIONAL EQUITY MEDICAL HOUSING VEHICLE

STATUS: New Loan Renewal

TERM(months): 6 12 18 24 36 48 60 Others _____

Sir/Madam:

The undersigned, a member of BJMPMBAI, hereby request for a Salary Loan in the amount of _____ (P _____) under the terms and conditions stipulated in the Promissory Note at the back hereof.

The following documents are submitted for your evaluation, namely:

1. Latest payslip with Net Take Home Pay (NTHP) of at least P _____ and
2. BJMPMBAI/BJMP Identification Card (Xerox Front and Back of ID).
3. Certification of Loan Balance from BJMP MPC (Coop), BJMP SLAI and Provident Fund (if needed)

PURPOSE OF LOAN: (Pls. Check)

- Livelihood Health / Medical Needs House Improvement
 Education School Needs Augment Family Income Others: _____

✓ NAME (Last, First, Middle) _____ PLACE & DATE OF BIRTH (mm/dd/yy) _____

✓ RANK _____ DESIGNATION _____ PRESENT UNIT ASSIGNMENT & ADDRESS: _____

✓ RESIDENTIAL /PROVINCIAL ADDRESS: _____ DATE APPOINTED IN THE BJMP: _____

✓ CITY ADDRESS: _____ CONTACT NUMBERS (CP, EMAIL, ETC.): _____

✓ NAME OF BENEFICIARY/PERSON TO BE NOTIFIED IN CASE OF EMERGENCY AND ADDRESS: _____

✓ _____
(RANK, NAME AND SIGNATURE OF BORROWER)

(TO BE FILLED UP BY AUTHORIZED BJMPMBAI PERSONNEL)

STATUS OF EXISTING LOAN

(Date Granted)	(Original Amount)	(Maturity Date)	(Present Balance)	(Remarks)

BORROWING CAPACITY (Loan Amount is computed based on one's capacity to pay or Net Take Home Pay(NTHP))

BJMP MPC	P _____	MAXIMUM AMOUNT	P _____
BJMP SLAI	P _____	Recommended Loan Amount	P _____
PROVIDENT FUND	P _____	Payable in _____ Months to begin on _____	
REMARKS: _____		and end on _____	
		Monthly Amortization (MA) / Payment	P _____
		NTHP after deducting MA	P _____
		REMARKS: _____	

Processed By: _____

Loan Processor

APPROVED DISAPPROVED

RECOMMEND APPROVAL:

FORTHEBOARD OF DIRECTORS:

(GENERAL MANAGER)

(PRESIDENT)

PROMISSORY NOTE

LOAN AMOUNT P _____, 20__

FOR VALUE RECEIVED, I PROMISED TO PAY TO THE DEMAND OF THE BUREAU OF JAIL MANAGEMENT AND PENOLOGY MUTUAL BENEFIT ASSOCIATION, INCORPORATED (BJMPMBAI) AT ITS OFFICE IN METRO MANILA, PHILIPPINES, THE SUM OF _____ PESOS (P _____) PHILIPPINE CURRENCY WITH INTEREST OF _____ PERCENT (___ %) PER ANNUM.

In case I fail to pay the principal amount of this Note at maturity or on demand, as the case maybe, then the entire principal shall, at the option of the Association and without necessity of notice to me, immediately become due and payable; and I agree to pay the interest at the rate of _____ percent (%) plus 2% surcharge per month on the amount due compounded monthly until obligation is fully paid:

In case of non-payment and this note is referred to a lawyer for collection, I agree to pay a reasonable amount for attorney's fees and in the case of judicial suit for collection, to pay the Association all the outstanding amount, in addition to the cost of the suit and/or other incidental expenses;

I hereby authorize and empower the Association at it's options at any time, without notice to pay, apply to the payment of this loan any or all moneys, securities and things of value which may hereafter be in its hands or deposits or otherwise to the credit of or belonging to me, and the Association is hereby authorized to sell at public or private sale such securities, or things of value for the purpose of applying the proceeds thereof to such payments;

I further agree in case of separation from the service /employment of whatever causes, that the unpaid balance, with its accumulated interest and such surcharges stipulated above, be deducted from my last payment, commutation of leave, refunds and/ or from my pensions;

If after one (1) month no deduction has been effected on my payslip, i will call/inform BJMPMBAI office. I will personally pay the amortization/s not deducted from my payslip. In any case, however, surcharge for non-payment will be imposed. Finally, I hereby authorize and empower BJMPMBAI to assign to any financial institutions this PN without the need of prior notice to the undersigned principal borrower.

✓ _____
Signature over Printed Name of Borrower

AUTHORIZATION FOR PAYROLL/PENSION DEDUCTION AND REMITTANCE

TOWHOMITMAYCONCERN:

I hereby authorized the deduction from my payroll/pension and remittance of the amount of _____ Pesos (P _____) every month beginning _____, 20__ for payment of my obligation with BJMPMBAI until same obligation will be fully paid. This authorization shall not be rescinded without the conformity in writing of the BJMPMBAI. If the amount is not deducted and/ or remitted by my Finance Officer, I oblige to accelerate my payments to pay it personally and to update my accounts while the obligation is still subsisting.

IN CASE I AM SEPARATED FROM MY PRESENT EMPLOYMENT BEFORE THE FULL PAYMENT OF MY LOAN, I SHALL PAY THE BALANCE, INTEREST, FEES AND COSTS TO THE BJMPMBAI. I AUTHORIZE MY FINANCE OFFICER TO DEDUCT FROM MY PENSION/ALLOWANCE/BENEFITS AND I WAIVE MY RIGHTS UNDER RA 2310 AND RULE 39, NEW RULES OF COURT AS AMENDED. IF MY RETIREMENT PAY COMES FROM THE GOVERNMENT OR PRIVATE OFFICE, I LIKEWISE AUTHORIZED MY FINANCE OFFICER TO DEDUCT AND REMIT THE ACCOUNTS OUTSTANDING TO THE BJMPMBAI.

✓ _____
Signature over Printed Name of Borrower

CERTIFICATIONS

I hereby certify that the applicant is *not due for separation* during the terms of his/her loan

I hereby certify that the applicants has

- no pending case
- pending case

I herby undertake to deduct the amount indicated in the above authorization and remit the same to the Association. I shall inform the Association of any change in pay status of the borrower and shall issue no clearance until the obligation is fully paid and with written conformity of the Association.

Personnel Officer
Signature Over Printed Name

Legal Officer
Signature Over Printed Name

Finance Officer
Signature Over Printed Name



**Bureau of Jail Management and Penology
Mutual Benefit Association, Incorporated**

144 Mindanao Avenue, Bahay Toro, Quezon City, Metro Manila Tel.: 02-926-6963

**REPUBLIC OF THE PHILIPPINES
(QUEZON CITY) S.S.**

PROMISSORY NOTE AND AUTHORITY TO DEDUCT

I, _____, of legal age, single/ married, with residence and postal address at _____, after being sworn to in accordance with law, depose and say:

1. That for value received, I promised to pay on maturity and or on demand to the Bureau of Jail Management and Penology Mutual Benefit Association, Inc. (BJMPMBAI) at its office the sum of _____ pesos, (P_____) with interest of _____ percent (_____%) per annum;
2. That for purposes of paying my loan obligation, I authorize the BJMP Finance Officer or his duly authorized representative to deduct from my monthly payroll/pension the monthly loan amortization as scheduled until it is fully paid;
3. That as a member on account of this loan I also unconditionally assigns the proceeds of my life insurance to guarantee full payment of my loan. Thus, if I die, I authorize BJMPMBAI to automatically deduct all or part of my insurance proceeds for the satisfaction of my unpaid loan;
4. That in case the amortization was not deducted and or remitted by the Finance Officer or his duly authorized representative to BJMP MBAI, I oblige myself to pay it personally and if I failed to pay, then the entire principal shall become due and demandable with interest of 5% to 12% per annum depending on the type of loan availed of plus 2% surcharge both compounded monthly until the obligation is fully settled. Further, notice is not necessary;
5. That in case of my separation from employment for any cause, I authorize the Finance Officer or his duly representative to deduct the entire outstanding loan balance from my leave credits pay, gratuity pay and other benefits that may be granted or in case of my retirement, the entire outstanding loan balance be deducted from my leave benefits, gratuity benefits, pension and or other benefits allowed by law and remit the same to the BJMPMBAI;
6. That if transferred to other government agency, I authorize the Finance Officer or the duly authorized representative where I was transferred to deduct the monthly loan amortization from my monthly payroll pay until full payment or to deduct the entire amount of my loan balance from my leave credits pay or gratuity pay in case of separation or retirement. If employed in a private company, I authorize the payroll/finance officer of said company to deduct the monthly loan amortization from my monthly salary until full payment or in case of separation or retirement, to deduct the entire outstanding loan balance from separation pay, retirement pay and other sources of benefits like in CBA, etc. and remit the same to BJMPMBAI.
7. That in case my account was referred to a lawyer or to a collecting agency to enforce payment, I agree to pay the Attorney's fees/collecting agency fees/charges and if in a judicial suit, to pay the Attorney's fee, the entire amount of my account plus 25% charge in case of judgement in addition to the cost of the suit and other incidental expenses;
8. That finally, I acknowledged that this Promissory Note and Authority to Deduct is part and parcel of the loan application I signed and filed with the BJMPMBAI and the provisions of the loan application including terms and conditions of this Promissory Note and Authority to Deduct shall be applied to govern the rules between the me and the Association.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20___, in Quezon City, Philippines.

(Affiant)

SUBSCRIBED and sworn to before me, this _____ day of _____, in Quezon City, Philippines, with the affiant exhibiting his/her Community Tax Certificate No. _____ issued on _____ at _____.

NOTARY PUBLIC

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

Commission Serial No. _____
Until December 31, _____
Roll of Attorney _____
IBP No. _____/ Date/Place of Issue
PTR No. _____/Date/Place of Issue



166 Salcedo St., Legaspi Village, Makati City 1229 P.O. Box 1903+
 T (+632) 818-8671 F (+632) 818 -2291 or 95, (632) 818-2302

Policyholder
Group Policy Number
Amount of Loan Approved
Term of Loan
Date of Release
Maturity Date
Premium Due

Individual Application for Group Loan Redemption Insurance Coverage

1 General Information

Name of Borrower (Last, First, M.I.) Male Female

Residence Address (no., street, municipality)

Province	Nationality	Age	TIN
Date of Birth	Tel. No.	Occupation/Specific Job	Source of Income

Employer's Name & Address

2 Beneficiary

Name	Relationship to PI	Birthday	Age

Trustee if any beneficiary is under 18 years of age: _____ Relationship of Trustee to Minor Beneficiary: _____

In the event of a claim, Beneficial Life Insurance Company, Inc. shall pay to the Policyholder the proceeds under the Policy which shall not exceed the loan balance at the time of the death of the Insured Debtor. The excess from the proceeds, if any, shall be paid to the designated beneficiary/ies, and in the absence of the latter, shall be paid in accordance with the group policy contract.

2 Declaration and Representations

I hereby warrant and declare, to the best of my knowledge, that on the date of release of my loan, I am in good health and physically able to perform the usual activities in the pursuit of my livelihood, and that:

- Within the last two (2) years, I have not made any application for insurance which has been declined, postponed, withdrawn or accepted on a basis other than applied for, EXCEPT _____
- I have not had any symptoms or sought advice for, or have been treated for high blood pressure, stroke, heart trouble diabetes cancer or tumour, chest pain, bleeding from the bowel, or blood in your sputum, or has treatment for any of these conditions been recommended by a physician or other practitioner, EXCEPT _____
- Within the last five (5) years, I have not been admitted or been advised to be admitted as an in-patient to a hospital or clinic, EXCEPT for _____
- I don't have any health symptoms or complains for which a physician has been consulted or treatment has been received, i.e. persistent fever, unexplained weight loss, loss of appetite, pain or swelling, etc., EXCEPT _____
- Please enumerate any disease or consultation being done if any. _____
- Are you pregnant? If so, how many months? (female applicant only) _____

3 Signatures

By signing this form and continuing to avail of BenLife's products and services, I hereby:

- Certify that the above statements are true and complete and that all exceptions have been stated. I have not withheld any relevant information which might have otherwise affected the acceptance of my proposal. I understand and agree that the insurance applied for will become effective only upon acceptance by BenLife and the initial premium being fully paid by me. Any material falsity or misrepresentation in the foregoing, upon discovery thereof within one (1) year from the effectivity date of the insurance policy shall entitle BenLife to declare such policy null and void from the beginning.
- Authorize any physician, hospital, clinic, insurance company or other organization, institution or person, that has any of my health record, to give BenLife or its legal representative, any and such all information; and agree that a photocopy of this Authorization shall be effective and valid as original.
- Agree that these information (personal and sensitive) can be processed, shared, disclosed, transferred or used by BenLife including its shareholders, directors and employees, its affiliates and subsidiaries, advisors, representatives, external auditors, and its thrd party service providers within the rules set by the Data Privacy Act of 2012, as may be amended from time to time to, and relevant regulations, to communicate with me on BenLife's products and services; conduct data analytics, profiling and automate data processing; comply with regulatory requirements, legal and contractual obligations of BenLife; and for other reasonable purposes related to the services provided or improvement/upgrade in systems and business processes.

DISCLOSURE:

In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the following link: www.insurance.gov.ph.

Printed Name	Date Signed
Your Signature	Name of Witness
Place of Signing	Witness Signature

For Benlife Use Only

Remarks: _____
 Class Rating: _____
 Sub-standard Rating: _____
 Others: _____