



# TAGUM COOPERATIVE

"where people invest their trust"

## APPLICATION ACCREDITED DepED EMPLOYEES SPECIAL LOAN

### APPLICANT

Date of Application \_\_\_\_\_

Name of Member \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

Age \_\_\_\_\_

Position/Designation \_\_\_\_\_

Birthdate \_\_\_\_\_

No. of Years in Service \_\_\_\_\_

Gender \_\_\_\_\_

Gross Monthly Salary \_\_\_\_\_

Civil Status \_\_\_\_\_

Net Monthly Salary \_\_\_\_\_

Telephone No. \_\_\_\_\_

Employee ID No. \_\_\_\_\_

Cellphone No. \_\_\_\_\_

DepED Station Code \_\_\_\_\_

Division Code \_\_\_\_\_

### FAMILY OF APPLICANT

Name of Spouse \_\_\_\_\_

Name of Employer \_\_\_\_\_

Telephone No. \_\_\_\_\_

Position/Designation \_\_\_\_\_

Cellphone No. \_\_\_\_\_

Spouse Monthly Income \_\_\_\_\_

Number of Children \_\_\_\_\_

Status of Residence \_\_\_\_\_

### UNDERTAKING

I, the loan applicant on record, together with my co-maker, wish to avail of a loan from **TAGUM COOPERATIVE** through the Accredited DepED Employees Special Loan under the following terms and conditions:

Loan Amount \_\_\_\_\_

Interest Rate per Annum \_\_\_\_\_

Loan Term in Months \_\_\_\_\_

Loan Purpose \_\_\_\_\_

Mode of Payment \_\_\_\_\_

**Through DepED Automatic Payroll Deduction System (APDS)**

I hereby authorized **TAGUM COOPERATIVE** and its duly designated representative(s) to conduct any credit investigation on my person in connection with this application. I hereby certify that all information presented in this form are true and correct to the best of my knowledge. I understand that any false claim made with this application shall be sufficient basis for its disapproval.

Signature of Member \_\_\_\_\_

Signature of Spouse \_\_\_\_\_

Community Tax Certificate No. \_\_\_\_\_

Community Tax Certificate No. \_\_\_\_\_

Place Issued \_\_\_\_\_

Place Issued \_\_\_\_\_

Date Issued \_\_\_\_\_

TIN \_\_\_\_\_

Date Issued \_\_\_\_\_

TIN \_\_\_\_\_

### CERTIFICATION

This is to certify that, \_\_\_\_\_, a Regular Teacher of \_\_\_\_\_ is receiving a monthly salary of P\_\_\_\_\_.

This certification is issued in connection with his/her loan application with **TAGUM COOPERATIVE**.

\_\_\_\_\_  
District Supervisor or Authorized Representative



**TAGUM COOPERATIVE***"where people invest their trust"***APPLICATION****ACCREDITED DepED EMPLOYEES SPECIAL LOAN****CO-MAKER**

Name of Member	_____	Name of Employer	_____
Address	_____	Address	_____
	_____	Telephone No.	_____
Age	_____	Position/Designation	_____
Birthdate	_____	No. of Years in Service	_____
Gender	_____	Gross Monthly Salary	_____
Civil Status	_____	Net Monthly Salary	_____
Telephone No.	_____	Employee ID No.	_____
Cellphone No.	_____	DepED Station Code	_____ Division Code

**FAMILY OF CO-MAKER**

Name of Spouse	_____	Name of Employer	_____
Telephone No.	_____	Position/Designation	_____
Cellphone No.	_____	Spouse Monthly Income	_____
Number of Children	_____	Status of Residence	_____

**UNDERTAKING**

I, the **co-maker** of \_\_\_\_\_, hereby voluntarily and willingly bind myself to pay jointly and solidarily all his/her unpaid obligations arising from this loan application with **TAGUM COOPERATIVE** in case his/her monthly loan amortizations/installments will not be deducted in the **DepED Automatic Payroll Deduction System (APDS)** due to non-execution or stoppage of his/her monthly deduction in the APDS or for whatsoever reasons.

In this regard, I hereby authorized **TAGUM COOPERATIVE** and its duly designated representative(s) to collect from me any unpaid obligations arising from this loan application.

Signature of Co-Maker	_____	Signature of Co-Maker's Spouse	_____
Community Tax Certificate No.	_____	Community Tax Certificate No.	_____
Place Issued	_____	Place Issued	_____
Date Issued	_____ TIN	Date Issued	_____ TIN