

**PHILIPPINE AIR FORCE PROVIDENT FUND  
LOAN APPLICATION  
(TO BE FILLED OUT BY APPLICANT)**

New Loan   
 Reloan   
 Renewal

**(PLEASE FILL IN ALL THE SPACES PROVIDED)**

FAMILY NAME			FIRST NAME	MIDDLE NAME	SEX	AGE
					MALE <input type="checkbox"/>	
					FEMALE <input type="checkbox"/>	
PRESENT UNIT/ADDRESS (REQUIRED)				RANK	STATUS:	
					SINGLE <input type="checkbox"/>	WIDOW <input type="checkbox"/>
				SERIAL NO.	MARRIED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>
HOME ADDRESS (Pls. Indicate the complete address)					LENGTH OF SERVICE	UNIT
Tel Number/Local Nr	Cellphone Number		Date of Birth		Tax Identification Number (TIN)	

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**AUTHORIZATION FOR MONTHLY PAYROLL DEDUCTION**

To Whom It May Concern:

**THIS IS TO CERTIFY** that I am authorizing the CO, AFFC/ Chief, AFPFC to deduct from my salaries/wages the monthly deduction in the amount of \_\_\_\_\_ pesos (P\_\_\_\_\_) representing payment for the approved Educational/ Hospitalization/ House Repair Loan from PAF Provident Fund.

\_\_\_\_\_  
 Signature over printed name of Borrower  
 Military ID# \_\_\_\_\_  
 Civilian ID# \_\_\_\_\_

**NOTED BY:**

**APPROVED BY:**

\_\_\_\_\_  
 Operations Officer, PAF Provident Fund

\_\_\_\_\_  
 General Manager, PAF Provident Fund

**REQUIREMENTS:**

Please submit **1 ORIGINAL** and **1 PHOTOCOPY** of all the requirements.

- Duly accomplished Loan Application Form
- **Latest** 1 pay slip
- Discipline, Law and Order (DLO) Clearance
- Military ID/Civilian Employee ID

The Chairperson  
PAF Provident Fund  
Villamor Air Base  
Pasay City

The undersigned wishes to apply for:  Educational/  Hospitalization /  House Repair Loan in the amount of \_\_\_\_\_ pesos  
(P \_\_\_\_\_) payable in  12 months  24 months  36 months.

Truly yours,

\_\_\_\_\_  
Rank Name AFPSN  
(Signature over printed name)

\_\_\_\_\_  
Unit & Station

**AUTHENTICATION**

**THIS IS TO CERTIFY** that the loan applicant is a bonafide member of \_\_\_\_\_ is qualified to apply for the loan chosen above. (Unit)

\_\_\_\_\_  
**Unit Commander/Chief of Office**  
(Signature over printed name)

**NOTED BY:**

**APPROVED BY:**

\_\_\_\_\_  
Operations Officer, PAF Provident Fund

\_\_\_\_\_  
General Manager, PAF Provident Fund

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**PROMISSORY NOTE**

**KNOW ALL MEN BY THESE PRESENTS:**

In consideration for the amount received of \_\_\_\_\_ pesos (P \_\_\_\_\_) of which is hereby acknowledged as indebtedness to **PAF PROVIDENT FUND**.

I hereby undertake to pay the said institution or order herein-mentioned loan with interest 3% EIR per annum and payable in \_\_\_\_\_ months of equal installment effective \_\_\_\_\_ 20\_\_\_\_. If the equal installment shall have not been collected or paid on due date, said unpaid installment shall earn surcharges of 1% interest compounded monthly until fully paid. Without further securing the payment of the said loan, the Commanding Officer, Air Force Finance Center as my attorney-in-fact in payment of said loan and is authorized to deduct and collect through his authorized agent the sum of principal with interest in the amount of \_\_\_\_\_ pesos (P \_\_\_\_\_) from any of my monthly salary until said accounts shall have been fully paid.

It is my responsibility as borrower: 1) To monitor the status of the account: 2) To pay directly to PROVIDENT FUND in case CO, AFFC failed to effect billing of my account payment may have been deferred and/or cut-off for whatever circumstances. I further agree that in the event of my separation from the service (AFP) or employment before full payment of the loan, I bind myself to pay in full any outstanding amount of this loan.

In case of court litigation, I also promise and agree to pay Attorney's fee in the amount equivalent to 20% of the total account due and liquidated damages in the sub-equivalent to 10% of the total sum 30% payable as actual and consequential damages as maybe adjudges by the court including interest and submits myself to the jurisdiction of the court.

WITNESS my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ at Headquarters, Air Force Finance Center, Colonel Jesus Villamor Air Base, Pasay City.

\_\_\_\_\_  
**Signature over Printed Name of Borrower**

\_\_\_\_\_  
Unit & Station

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**APPROVED / DISAPPROVED:**

\_\_\_\_\_  
General Manager, PAF Provident Fund

**MARITAL CONSENT**

**TO WHOM IT MAY CONCERN:**

I, the undersigned, hereby authorize my spouse, \_\_\_\_\_ assigned at \_\_\_\_\_, to apply for \_\_\_\_\_ loan from PAF Provident Fund.

I acknowledge that the monthly payment for the said loan will be deducted from the monthly pay and allowances of my spouse.

Very truly yours,

\_\_\_\_\_  
Signature Over Printed Name  
(Spouse)

Note: (For married applicant only)  
Attach photocopy of Spouse's ID.

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**CERTIFICATION**

This certification is being issued to \_\_\_\_\_ in support to his/her application for \_\_\_\_\_ from the PAF Provident Fund.  
(Name of Borrower) (Type of Loan)

\_\_\_\_\_  
Unit Commander/Chief of Office  
(Signature over printed name)

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**DEED OF ASSIGNMENT**

**KNOW ALL NEW BY THESE PRESENTS:**

This Deed of Assignment, made and executed by and between \_\_\_\_\_ of legal age, single/married to \_\_\_\_\_ and a resident of \_\_\_\_\_ herein after called the ASSIGNOR and PHILIPPINE AIR FORCE PROVIDENT FUND duly Organized and existing under the laws of the Republic of the Philippines and with Official business address at Air Force Finance Center, Colonel Jesus Villamor Air Base, Pasay City, hereinafter called the ASSIGNEE, witnesseth that;

That the ASSIGNOR is indebted to the ASSIGNEE in the sum of principal with interest in the amount of \_\_\_\_\_ pesos (P\_\_\_\_\_) only and in full payment and complete satisfaction therefor, the ASSIGNOR does hereby ASSIGN, TRANSFER and CONVEY unto the ASSIGNEE his/her Commutation Pay/retirement benefits due from the Republic of the Philippines through my pay jurisdiction (AFPFC, PAFFC), of which Commutation Pay is due and payable to the ASSIGNOR.

That the ASSIGNEE does hereby accept this assignment in full payment of the above-mentioned debt of ASSIGNOR in the sum of \_\_\_\_\_ principal with interest in the amount of \_\_\_\_\_ pesos (P\_\_\_\_\_) only representing his/her PAF Provident Fund  Educational/ Hospitalization/ House Repair Loan.

IN WITNESS WHEREOF, the parties have hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ at Pasay City, Philippines.

**ASSIGNEE**

By:

\_\_\_\_\_  
General Manager, PAF Provident Fund

\_\_\_\_\_  
**Borrower**  
**(Signature over Printed Name)**

**Signed in the presence of:**

\_\_\_\_\_  
**Witness**  
**(Signature over Printed Name)**

\_\_\_\_\_  
**Witness**  
**(Signature over Printed Name)**

